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Textbook and Colour Atlas

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Foreword to the 7th edition

In each of the six editions published since 1999, it has been our goal to provide readers with the latest scientific information, and to illustrate this with outstanding colour photographs of high-quality anatomical preparations, pictures derived from contemporary imaging modalities and digitally coloured schematic representations. The same approach has been rigorously pursued in this, the seventh, edition. Numerous suggestions from students and practising veterinary colleagues have been incorporated into this new version. Throughout this process, the overwhelmingly positive responses to our earlier work inspired and challenged us in equal measure to maintain our previously established standards.

The addition of a chapter on avian anatomy has transformed the book into a comprehensive volume covering the anatomy of domestic animals. Based on our colour text and atlas "Anatomie der Vögel" (2009; published in English as "Avian Anatomy" in 2016), this new chapter focuses on the anatomical features that are particular to the class Aves. More detailed descriptions and additional illustrations pertaining to the fundamental and clinical/applied anatomy of birds can be found in "Avian Anatomy".

To acknowledge the lasting contribution that our book has made to veterinary anatomy, a further priority in developing the seventh edition was to preserve its essential purpose. Thus, the newly integrated learning and teaching materials are intended not only to satisfy the increasing demands of anatomical study and clinical practice, but also, ideally, to inspire enthusiasm in our readers for a discipline that is often regarded as "dry". If we make any progress toward reaching this desired goal, we will have achieved a great deal.

The new edition covers essential aspects of systemic, topographic and clinical anatomy and aims to promote understanding of the complex relationships between anatomical structures and their associated functions. The contemporary approach of combining a veterinary anatomy textbook and colour atlas is further enhanced by the inclusion of imaging and pictures of anatomical sections. In this way, we seek to address the challenges of modern-day veterinary practice by providing practitioners with a tool for interpreting sectional representations obtained using diagnostic imaging modalities.

This edition has also been designed to facilitate modular interdisciplinary education in organ structure and function. Far more than ever before, veterinary curricula require students to acquaint themselves with the fundamentals of anatomy through independent study and critical evaluation. However, this can result in knowledge deficits that are often quite profound. This 7th edition strongly supports independent learning by organising information based on systems and topography. Presentation of fundamental anatomical content in this discipline-oriented manner facilitates understanding of applied anatomy in clinical contexts, as required in modular learning and teaching settings. To further ensure scientific rigour, anatomical terms used in the 7th edition are taken consistently from the most recent version of the Nomina Anatomica Veterinaria (2017).

Our combined text and colour atlas has in recent years been recognised internationally, earning acclaim from students and colleagues around the world. This is reflected in the appearance of licensed editions in 11 additional languages. Of particular note are the translations into Portuguese, Spanish, Italian, Polish, Turkish, Japanese and Chinese. Further translations are currently in preparation. Arguably the world's most widely translated veterinary textbook, it serves as a valuable tool for students, helping them to prepare for and successfully complete their veterinary examinations. Moreover, as a companion reference book, it has an established role in facilitating proficiency in clinical practice. These are pleasing outcomes in which we take a certain degree of pride.

Updating of the educational content in this edition would not have been possible without the assistance of numerous colleagues. We have, in the past, had opportunity to express our deep appreciation to co-authors who contributed written content and images to earlier editions, to colleagues responsible for preparing anatomical specimens and to co-workers who brought their technical expertise to bear in ensuring that the various editions have been so aesthetically pleasing. In particular, we thank Dr. Polsterer (Vienna) for the schematic illustrations and Ms Schura (Munich) for her expertise in digital colouring.

Several colleagues in the scientific community have provided helpful suggestions and contributions to this latest edition, in the form of both text and images. We acknowledge and express our thanks to Professor Latorre (Murcia, Spain) and Dr. Hartmann (Stephanskirchen) for providing clear and informative arthroscopic images and pictures of the guttural pouch of the horse. Dr. Witter (Vienna) and Dr. Schöpper (Vienna) also deserve particular thanks for their contributions to the chapter on the common integument, and to the description of the teeth. Sincere thanks are due to Professor Kneissl (Vienna) and Professor Ludewig (Vienna) for revising and updating the section on diagnostic imaging. A further debt of gratitude is owed to Associate Professor Paulsen (Vienna) for contributing recent findings to the chapter describing the lymphatic organs. Professor Budras (Berlin) supplied important suggestions regarding the common integument. Selected material relating to hoof trimming, provided by Dr. Hagen (Leipzig) for the online component of the 6th German edition, has been incorporated into this new edition. With reference to the chapter on avian anatomy, we extend our thanks to Dr. Donoso (Universidad de Concepción, Chile) for furnishing us with a valuable image of a claw on the wing of a Chilean bird.

Particular thanks are due to Dr. Corinna Klupiec for her scholarly and technically competent translation of the additional text and image labels appearing in the 7th English edition. Her profound bilingual and anatomical skills have once again been demonstrated in this publication. Our thanks also go to Professor Simoens (Ghent) for his expert suggestions and for his critical appraisal and revisions of the text and image labels.In closing, we wish to thank Dr. Schäfer, Ms Schwarz and Ms Wallstein who, on behalf of the publisher, have provided active and helpful stewardship throughout the production of this 7th edition.

Vienna and Munich, in autumn 2019

Horst Erich König and Hans-Georg Liebich

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1 Introduction and general anatomy

H.-G. Liebich, G. Forstenpointner and H. E. König

1.1 History of veterinary anatomy

G. Forstenpointner

The doctrine of morphology as the scientific study of the form and structure of organisms was founded by **Aristotle**. He defined morphology as the search for a common construction plan for all structures, while adhering to a strict methodological process. Where similarities can be found, the relation between form and function requires further clarification. This scientific approach set Plato's best student apart from the early Greek natural philosophers and to this day is the principle method employed in all areas of basic research.

Presumably Aristotle performed anatomical research through dissections. References found in his work **Historia Animalium** indicate that he published another treatise, Parts of Animals, which sadly did not survive. This work dealt mainly with the digestive and reproductive systems. Here Aristotle recorded his impressions with schematic illustrations. Many of his observations were naturally incomplete, which often led him to erroneous conclusions. However, many of his thoughts on function remain worth reading: for example, his explanation of quadruped locomotion recorded in The Gait of Animals. Being a teacher, Aristotle's greatest motivation for research was gaining knowledge for knowledge's sake. This motivation was carried on by his student, **Theophrastos of Eresos**, and by Roman researchers in natural science such as **Plinius** and **Aelian**.

Almost two thousand years passed before the humanists of the 15th and 16th centuries renewed the Aristotelan access to comperative morphology. Especially in Italy, the study of animal and human bodies led to many new discoveries in this field. These findings were meticulously recorded in a demandingly artistic manner and are today famous works of art.

Leonardo de Vinci, by far the most famous artist of this period, embodied this new quest for knowledge and understanding, as is evidenced in his multifaceted research.

Other excellent researchers were **Fabrizio d'Acquapendente**, who completed the first work in comparative embryology (De formatu foetu, 1600), and **Marcello Malpighi**, who studied the development of the chick embryo (Opera omnia, 1687). Even though initial progress was impeded by an unstable political situation as well as by the religious establishment, these scientists were forerunners in their fields and heralded in a golden age of comparative anatomy. This trend continued until the end of the 19th century and was characterised by a period of extraordinary productivity of many notable naturalists.

Richard Owen, a renowned English anatomist, and the Germans **Johann Friedrich Meckel** and **Caspar Friedrich Wolff** played dominant roles in the resurgence of comparative anatomy as a discipline in Europe. Since the turn of the 20th century, the field of zoological research has been subject to constant redirection. This has led to the development of new disciplines which abandoned the orginal intentions of comparative anatomy as intended by its founders.

Anatomical knowledge is not achied for its own sake, but is a prerequisite for successful medical practice. Throughout the ages, due to religious and ethical boundaries, human dissections were highly restricted or forbidden outright. Recorded exceptions were seldom, one being from the Hellenic school of Alexandria under the leadership of Herophilus and Erasistratos. These vivisections on criminal convicted contributed to a greater understanding of neuroanatomy. Furthermore, Aristotle's singular work on human anatomy was drawn from the dissection of a miscarried foetus.

Since animal dissections were the only possibility of studying the principles of form and function, these findings were extrapolated to human anatomy. **Claudius Galenus**, who served under the Emperors Marcus Aurelius and Commodus, became the most famous and influential doctor in Rome.

The results and interpretation which he gained through consequent research laid the unchallenged foundation of anatomical knowledge that lasted throughout the following 1500 years. Galen considered himself a physician by trade, however his understanding of anatomy and physiology was based upon Aristotle's publications, such as The nature of Things. He ardently pursued research in these two disciplines Aristotle's methodology. Because Galen's teachings were intelligible and rational, they endured as the unchallenged foundation of anatomical and physiological knowledge for over 1500 years.

Even though his anatomical conclusions were sound, Galen's interpretations of some systems, such as the heart and large vessels, were erroneous. Due to the lack of human autopsies, Galen's extrapolations of animal dissection results were often misguided. For example, he suspected that the Rete mirabile epidurale would

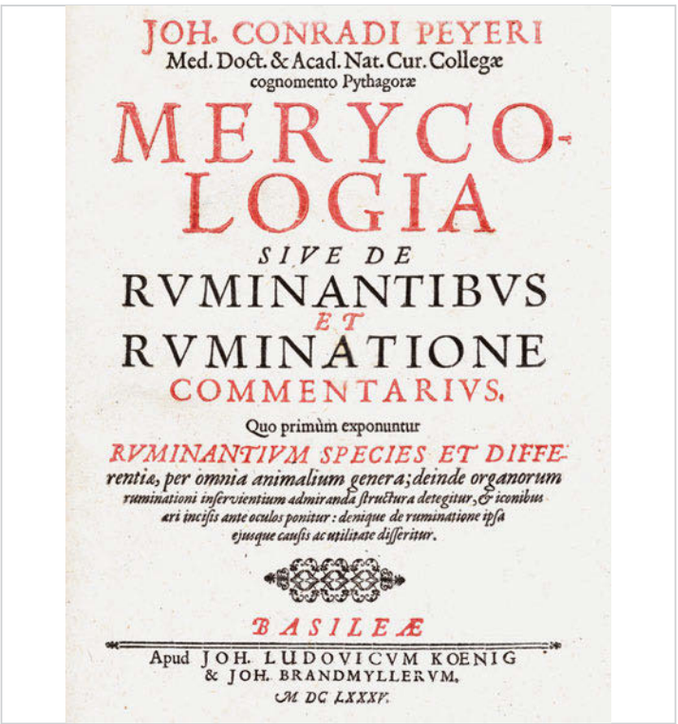

JOH. CONRADI PEYERI
Med. Doct. & Acad. Nat. Cur. Collegæ
cognomento Pythagoræ
MERYCO-
LOGIA
SIVE DE
RVMINANTIBVS
ET
RVMINATIONE
COMMENTARIVS.
Quo primùm exponuntur
RVMINANTIVM SPECIES ET DIFFE-
rentiæ, per omnia animalium genera; deinde organorum
ruminationi inservientium admiranda structura detegitur, & iconibus
ari incisis ante oculos ponitur: denique de ruminatione ipsa
ejusque causis ac utilitate disseritur.
BASILEÆ
Apud JOH. LUDOVICVM KOENIG
& JOH. BRANDMYLLERVM,
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Fig. 1.1 Cover of Merycologia. (Johann Konrad Peyer, Basel, 1685)

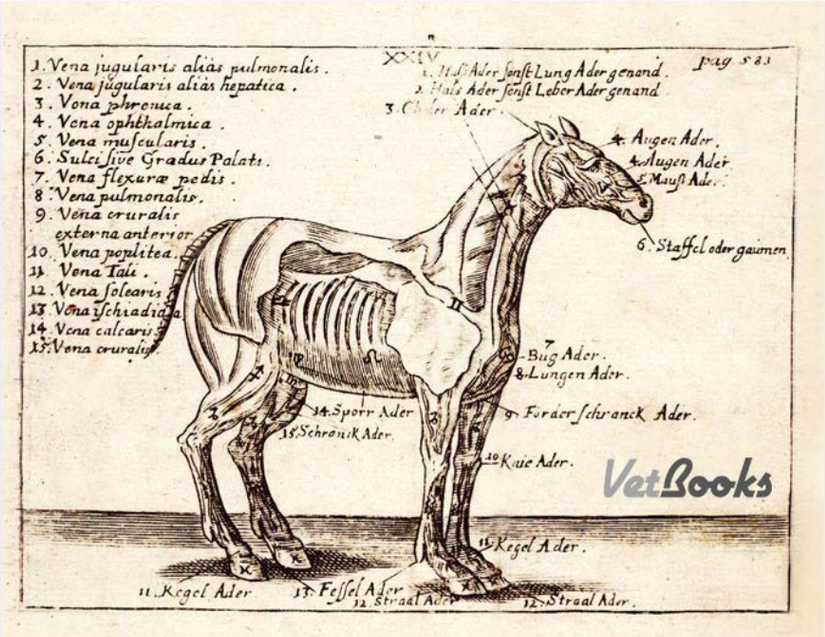


Fig. 1.2 Early illustration of the blood vessels of the horse. (Seifert von Tennecker, pseudonym Valentin Trichter, 1757)

also be found in humans even though now we know it is a typical structure of ruminants. Further, he concluded that humans must have a caecum built like that of herbivores or a uterus with cotyledons.

In the tradition of Galen, an anatomical atlas of the pig (Anatomia porci, written by Copho or Kopho) was published in Salerno around 1100–1150. This was not the first anatomy book in veterinary medicine, but rather was meant as an anatomical teaching tool for students of human medicine. The generally accepted myth then and today – that the pig resembles the human more than any other animal – relies greatly on the similar eating habits and the availability of subject material in those days.



Fig. 1.3 Illustration of the equine musculature. (Dell'Anatomia e dell' Infirmita del Cavallo; Carlo Ruini, Venice, 1598)

During the Renaissance, anatomical studies on human corpses were no longer taboo. With his monumental work on human anatomy (De humani corporis fabrica, 1543), **Andreas Vesalius** marked the hesitant beginning of a revolutionary new attitude toward the human body. Early anatomists still considered themselves naturalists, compiling many fundamental discoveries of morphology through continuing studies of animal anatomy. Vesalius was the first to realize that the Rete mirabile epidurale represented a typical structure of ruminants. Studies of ruminant digestion were advanced by **Johann Conrad Peyer** through his magnificent publication in 1685, Merycologia sive de ruminantibus et ruminatione commentarius (▶ Fig. 1.1). His discovery of lymphatic tissue (Lymphonoduli aggregati) in the intestinal mucosa resulted in the name Peyer's patches. From the beginning, the study of comparative anatomy has remained a domain for research institutes specialising in human anatomy, even more so as zoological research turned away from the study of morphology.

In the last decades of the 20th century, the use of laboratory animals led to the optimizing of therapeutic approaches. The implementation of experimental concepts has been possible only through the application of necessary basic animal morphology, which has largely been provided by physicians. Interestingly, still today animals are chosen as models, not because of their morphological comparability, but rather for their availability.

Veterinary anatomy as a prerequisite for practicing veterinary medicine has developed only in the last few centuries as an independent teaching and research subject. It is evident through ancient and medieval texts for animal caretakers that the anatomical knowledge, especially of horses, was more or less precise (▶ Fig. 1.2). However, the systematic portrayal of the basic morphological associations was nonexistent.

Equerry handbooks created in the tradition of **Jordanus Ruffus** in the late middle ages and early modern age were not systematically organised. They did contain information on equine anatomy, which was often accompanied by ineffectual illustrations. In 1598, **Carlo Ruini** published an at that time exceptional handbook, Dell' Anatomia e dell'Infirmita del Cavallo (▶ Fig. 1.3). Seem-

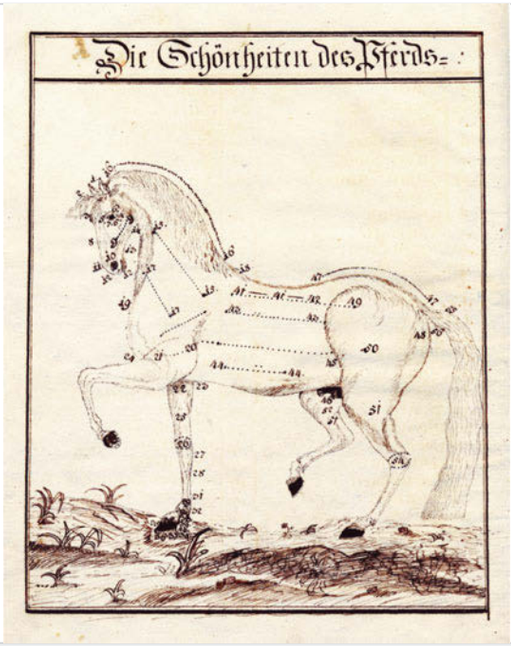


Fig. 1.4 Original drawing showing the body regions of the horse. (from the lecture notes of Ludwig Scotti, School of Horse Cures and Operations, Vienna, 1770)

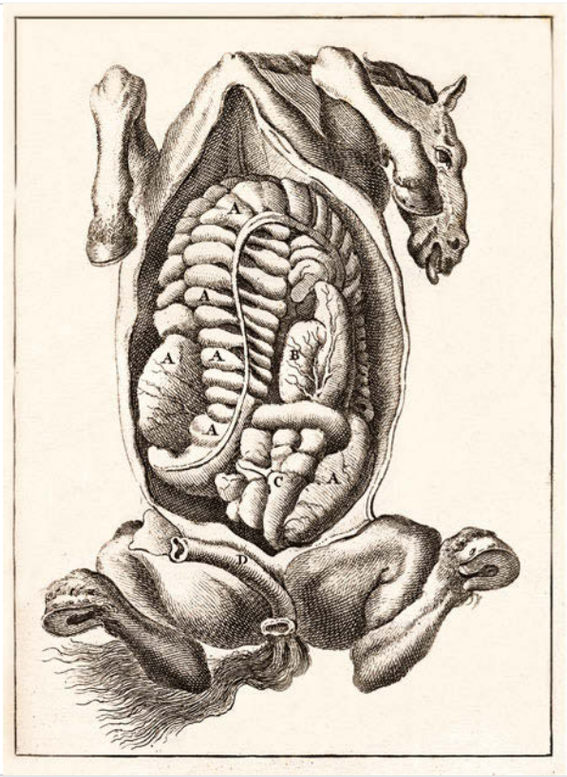


Fig. 1.5 Topography of the horse abdomen. (William Gibson, London, 1754)

ing to appear without a forerunner, this textbook was undoubtedly inspired by Vesalius.

Ruini was born into a prosperous family from Bologna and neither worked as an equerry nor was a member of the university. Through excellent private tutors, he developed a passionate interest in the natural sciences and was an enthusiastic equestrian. Although incomplete and sometimes flawed, his seminal work was nevertheless the first comprehensive and systematic portrayal of equine anatomy. The second half of the book concerning equine diseases was largely an indiscriminate recapitulation of much older literature. The magnificence of this publication lies in its illustrative quality, which rivals that of **Leonardo da Vinci** or **Vesalius**. Ruini's textbook was to be republished, plagiarised and translated many times (▶ Fig. 1.5).

At the beginning of the 17th century, veterinary anatomy was slowly beginning to enter a renaissance. However, it was not to be until about 150 years later that a veterinary academy was created where Ruini's textbook could be used to train animal doctors.

Considered to be the father of veterinary anatomy, **Philippe Etienne Lafosse** opened at his own expense a private veterinary school in Paris in 1767. This endeavour proved unsuccessful, and the school was closed in 1770. Two years later, he published his most successful work, Cours d'Hippiatrique. (A Course on Hippiatry or A Complete Treatise on the Medicine of the Horse). This work was organised according to organ systems, fundamentally resembling the form used today in modern anatomy textbooks. The clinical relevance of a topographical approach was soon integrated into the teaching of anatomy.

One of the earliest topographical illustrations of the horse (▶ Fig. 1.4) is found in the lecture notes recorded and published in 1770 by **Ludwig Scotti**, the first director of the School for Horse Cures and Operations in Vienna. The development of anatomy as an independent discipline at the newly founded European veterinary schools was tentative at best. Consequently, it was not until 1822 that the first comprehensive anatomy text- or handbook was published. The first german comprehensive veterinary anatomy reference was **Konrad Ludwig Schwab's** Anatomy Textbook of Domestic Animals of 1821 (▶ Fig. 1.6), followed closely by **Ernst Friedrich Gurlt's** Handbook of Comparative Anatomy of Domestic Mammals in 1822 (▶ Fig. 1.7). These works represented the beginning of a long German tradition of veterinary anatomical research that quickly gained international recognition and lasted far into the 20th century. Eighteen editions of Gurlt's work were published, with each new edition being revised and improved until the final one was print in 1943. **Wilhelm Ellenberger** and **Hermann Baum** were responsible for the 9th to the 17th editions, creating the style that can still be observed today in this readily available book (▶ Fig. 1.8 and ▶ Fig. 1.9). The sheer volume of publications in veterinary anatomy originating from Germany, Switzerland and Austria in the middle and late 19th century was overwhelming. This reflects the field's significance and the high esteem in which veterinary anatomy was held in those days.

A landmark decision during the modern era of veterinary anatomy was the establishment of the International Committee for Nomenclature in Veterinary Anatomy. Emulating the human medical publication, Nomina Anatomica, the first edition of Nomina Anatomica Veterinaria was published in 1968. This work standardises worldwide anatomical terminology in veterinary medicine, thus providing a useful instrument to maintain the importance of anatomy in a steadily changing medical landscape.

Anatomy is the **branch of morphology** dealing with the form, structure, topography and the functional interaction of the tissues and organs that comprise the body. The dissection of dead

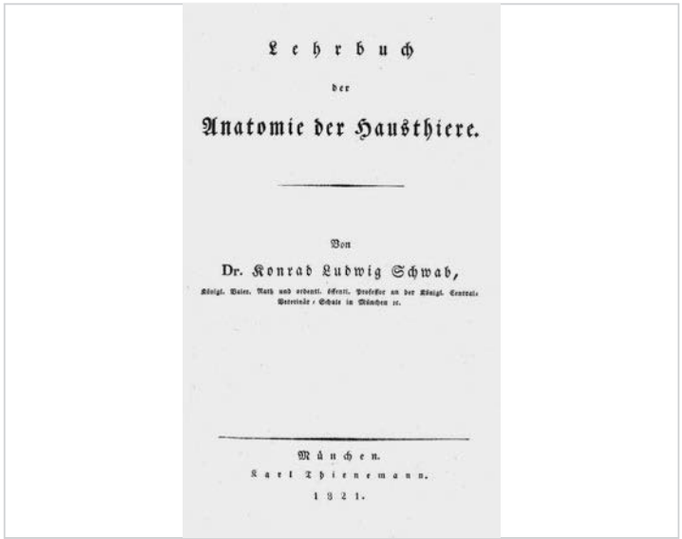

Lehrbuch
der
Anatomie der Hausthiere.
Von
Dr. Konrad Ludwig Schwab,
München.
Karl Thienemann.
1821.

Fig. 1.6 Title page of the first german language Anatomy Textbook of Domestic Animals. (Konrad Ludwig Schwab, Munich, 1821)


Handbuch
der
vergleichenden Anatomie
der
Haus-Säugethiere.
Von
Dr. E. F. Gurlt
Erster Band.
Berlin, 1822.
Bei Friedrich Späthen.

Fig. 1.7 First edition title page of Handbook of Comparative Anatomy of Domestic Mammals. (Ernst Friedrich Gurlt, Berlin, 1822)

animals is still the most important and efficient method to study and comprehend anatomy. With the advancement of classical anatomy, **histology** including **microscopic anatomy** and **embryology** developed into independent disciplines. Although inseparable as a whole, this division facilitates a more structured and thus easier approach to gaining anatomical knowledge.

Systematic anatomy has to do with "sytem", in other words with structures and organs that fulfil a common function. The respiratory system for example is responsible for the gaseous exchange, whereas the nervous system receives, translates, transmits and responds to stimuli. Differences between the individual species can be compared, so that from an anatomical point of view "**systematic anatomy**" in teaching also represents a **comparative anatomy**, preferably limited to the domestic animals and poultry.

It is of great importance that students acquire a profound knowledge of systematic anatomy, from which they can then derive the overall connection of the structure and function of the animal body. Knowledge of **systematic anatomy** is the essential foundation for **topographical anatomy**, which describes the relative position and functional interaction of organs and structures of the various regions of the body. It presupposes a thorough working knowledge of systematic anatomy. Both systematic and topographic anatomy constitute the foundations of clinical practice.

Modern technologies, such as x-ray, ultrasound, computer tomography or magnetic resonance imaging, demand from the clinician greater knowledge of topographic anatomy, which is gained through studying sectional views of the body. **Sectional anatomy** represents a new direction in teaching and research in veterinary anatomy; a modern textbook would be incomplete without it.

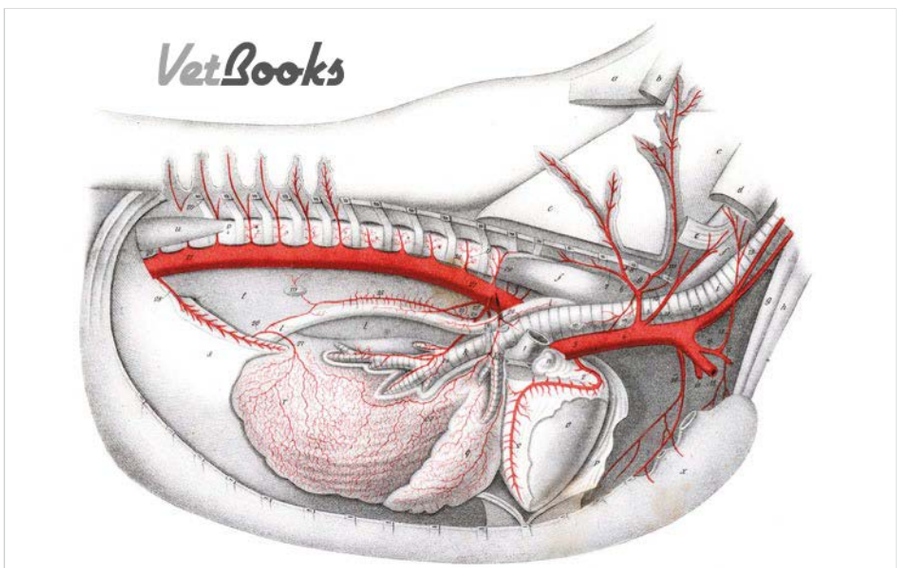

VetBooks

Fig. 1.8 Coloured illustration of the horse thorax. (from the Atlas to the Handbook of Comparative Anatomy of Domestic Mammals; Ernst Friedrich Gurlt, Berlin, 1860)

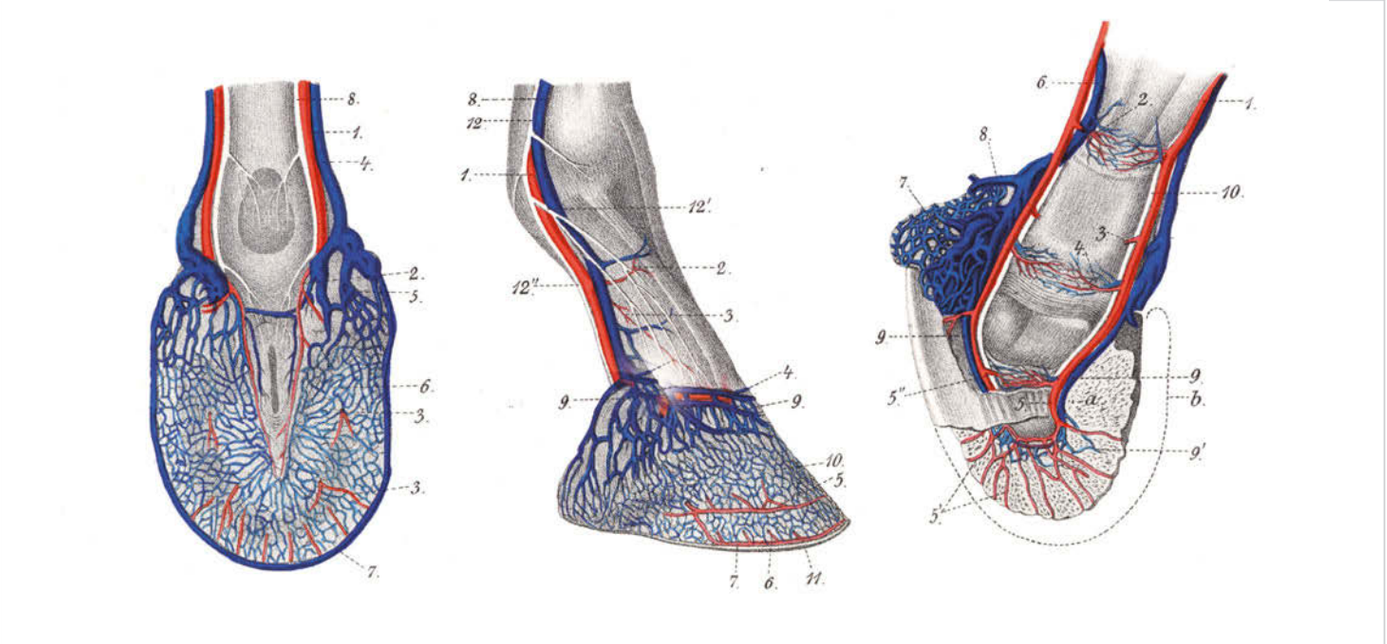


Fig. 1.9 Vascularization of the equine hoof. (from Leisering's Atlas on the Anatomy of Horses and other Domestic Animals; Wilhelm Ellenberger in cooperation with Hermann Baum, Leipzig, 1899)

1.2 Directional terms and planes of the animal body

H.-G. Liebich and H. E. König

Certain descriptive terms are employed to indicate precisely and unambiguously the position or direction of body parts. The most important anatomical terms are illustrated in ▶ Fig. 1.10 and the organ systems are listed with a short explanation in ▶ Table 1.1.

The body of an animal has major divisions which are clearly distinguishable externally: the head (caput), the neck (collum), the trunk (truncus), the tail (cauda) and the limbs (membra). Each one of these sections is in turn divided into regions, which function as descriptive motifs for the topographic anatomy; for more information see Chapter 20 "Topographical-clinical anatomy" (p. 685).

1.3 Division of the animal body in organs and organ systems

H.-G. Liebich and H. E. König

Cells and tissues similar in structure and function are joined together to form individual organs or organ systems. These act synergistically to fulfill functions that define the organism and ensure survival. The individual organ systems are composed of different types of tissue. An individual organ is made up of two types of tissue:

- parenchyma and
- interstitial tissue.

The **cells of the parenchyma** are responsible for the function of the organ (e.g. hepatic cells of the liver, renal cells of the kidneys, glandular cells of the salivary glands). The **interstitial tissue** builds the connective tissue that, for example, either encloses a small functional unit or separates larger areas of an organ into lobules (lobuli) or lobes (lobi). Connective tissue also supports metabolic transport to and from the organs, enclosing not only blood and lymph vessels but also peripheral nerves from the nervous system, all of which supply the organ. Together these structures form an overriding system that greatly influences the structural and functional character of an organ. **Systematic anatomy** examines in detail individual organ systems of the body, which are listed in ▶ Table 1.2.

Veterinary anatomy deals mainly with **domestic mammals**. These are taxonomically classified as Canis lupius f. familiaris (dog), Felis sylvestris f. catus (cat), Sus scrofa f. domestica (pig), Bos primigenius f. taurus (cattle), Ovis ammon f. aries (sheep), Capra aegagrus f. hircus (goat) and Equus przewalskii f. caballus (horse). Also included in the study of veterinary anatomy is poultry, whereby Gallus gallus f. domestica (chicken) is the most common specimen. Poultry is an important field in veterinary medicine and is therefore extensively covered in a separate textbook containing a revised and updated introduction to avian propedeutic and clinical medicine (König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Table 1.1 Directional terms and virtual planes of the animal body.

Term	Meaning	Usage
Cranial	Towards the head, trunk and tail	Trunk and tail, limbs proximal to the carpus and tarsus
Rostral	Towards the tip of the nose	Head
Caudal	Towards the tail	Head and trunk, limbs proximal to the carpus and tarsus
Dorsal	Towards the back	Trunk, head and the front of the limbs distal of carpus and tarsus
Ventral	Towards the belly	Underside of the trunk, head
Medial	Towards the centre	Head, trunk and limbs
Lateral	Towards the side	Head, trunk and limbs
Median	In the middle	Trunk, head and limbs
Proximal	Towards the trunk	Limbs and other body parts located close to the trunk or projecting away from the trunk
Distal	Away from the trunk	Limbs and other body parts located at a distance form the trunk or projecting away from the trunk
Palmar	Towards the palm of the hand	Forelimbs distal of the carpal joint
Plantar	Towards the sole of the foot	Hindlimbs distal of the tarsal joint
Axial	Towards the axis of the digits	Digits
Abaxial	Away from the axis of the digits	Digits
External	Located outside	Body parts and organs
Internal	Located inside	Body parts and organs
Superficial	Located near the surface	Body parts and organs
Deep	Located in the depth	Body parts and organs
Temporal	Towards the temporal bone	Eye
Nasal	Towards the nose	Eye
Superior	Above	Eyelid
Inferior	Below	Eyelid
Apical	Towards the tip	Nose, digits and tail
Oral	Towards the mouth	Head
Virtual planes of the animal body		
Median plane	Plane dividing the body in two equal parts	
Paramedian plane	Any plane parallel and close to the median plane	
Sagittal plane	Any plane parallel to the median plane but located further lateral	
Dorsal plane	Any plane parallel to the dorsal surface	
Transverse plane	Any plane perpendicular to the long axis	

Table 1.2 Organ systems.

Name	Primary function
Outer skin	Protective covering of the animal body
Skeleton and joints	Supporting framework of the body
Musculature of the skeleton	Locomotion
Digestive system	Food intake, mastication, chemical digestion, excretion and absorption
Respiratory system	Oxygen supply, elimination of carbon dioxide and production of sound
Urogenital system	Excretion and reproduction
Circulatory system	Transport and exchange of substances
Nervous system	Regulation, transmission, reaction in response to external stimuli
Organs of sense	Reception of external stimuli
Endocrine glands	Regulation of cell functions by hormones
Immune system	Response to infection

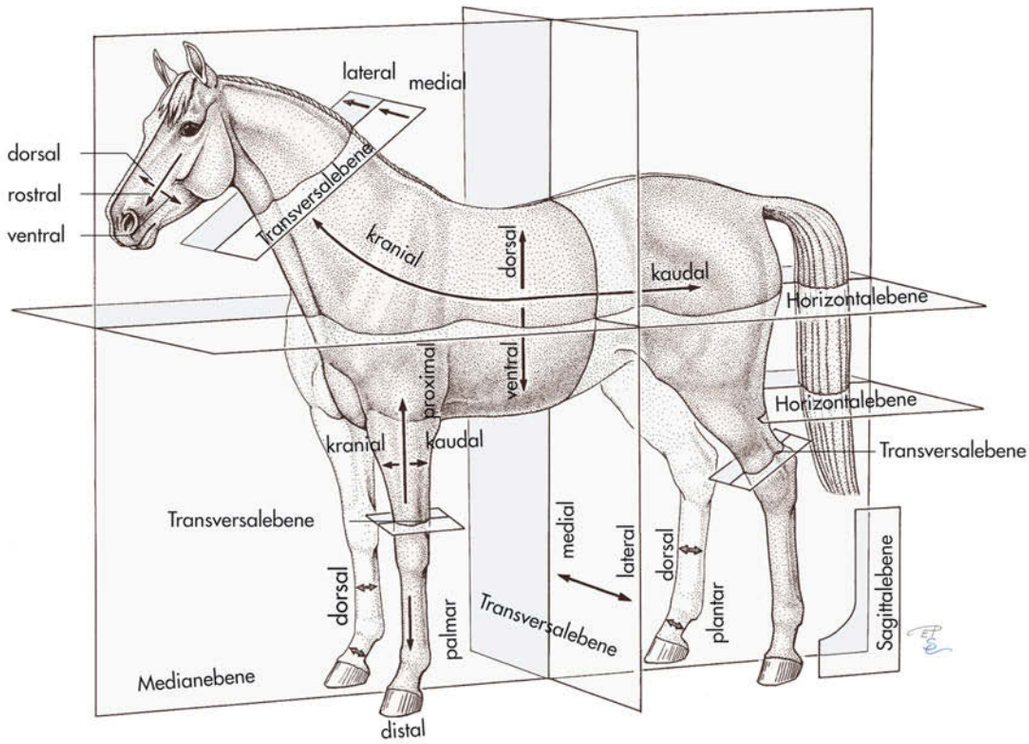


Fig. 1.10 Directional terms and planes of the animal body (schematic); fig. based on data from Dyce, Sack and Wensing, 2002.

1.4 Locomotor apparatus (apparatus locomotorius)

H.-G. Liebich and H. E. König

The locomotor apparatus is a **complex organ system** whose primary function is mechanical. The skeleton and the muscles are the major elements comprising this system, forming and maintaining the individual body shape and providing for the locomotion of body parts or the whole organism.

The **skeleton** is composed of individual elements: the **bones** (ossa), **cartilage** (cartilagines), **ligaments** (ligamenta) and the **joints** (articulationes) that together create the body's framework, the **skeletal system** (systema skeletale).

The **skeletal system** constitutes the **passive part of the locomotor system**, whereas the **musculature** (systema musculare) represents the **active part**. Both parts form a functional unit that is integrated into the body's circulatory, lymphatic and nervous systems.

The system performs many metabolic functions at a cellular level. Hormones regulate a constant process of growth, modification and breakdown. The term "**locomotor system**" does not do justice to this many-facetted system; therefore this system is more appropriately referred to as the system of motion, stability and support.

Malfunctions and diseases of this system are among the most common diagnoses made in clinical veterinary medicine. The importance of basic anatomical knowledge is often greatly underestimated.

1.4.1 Skeletal system (systema skeletale)

Osteology (osteologia)

Osteology is the study of bones (ossa) that combine to form the skeletons of diverse animal species. Bones are composed of:

- **bone tissue** which is sheathed inside and outside by the
- **endosteum** and **periosteum**, respectively, and the
- **bone marrow** (medulla ossium), as well as the
- **blood vessels** and **nerves** supplying these structures.

These components classify bone as an **organ**.

The individual form of each bone is genetically determined and remains even though forces of traction and compression subject the bone to continual adaptation processes. Because of their high **mineral content** (60–70%), bones do not undergo post-mortem changes and are thus useful objects of archaeological study. **Maceration of bone** is the process of removing **organic components** through the use of weak lye. Bones used as teaching objects have usually undergone such treatment. Treating the bones with an **acid** removes the **inorganic** or **mineralised** components.

Skeletal design

Connective tissue precursor of bone

All components of the skeletal system develop from the **middle embryonic germ layer** (**mesoderm**). Early in embryonic development, the mesoderm differentiates into three types of connective tissue: embryonic, reticular and fibrous. These tissues consist of:

- **cells** (e.g. fibrocytes),
- **fluid-filled intercellular spaces** and
- **fibrous components** (collagen and elastin).

These tissues become more abundant as development progresses, and at genetically determined locations these tissues transform into tendons, ligaments and fasciae. Developmental processes in the embryonic regions of the trunk and limbs begin early in development and lead to structural and functional specialisation of the embryonic tissue. The two elements of support tissue, **cartilage** and **bone**, develop from this primordial **loose connective tissue** (textus connecticus collagenosus laxus).

Both bone and cartilage originate from **mesenchymal precursor cells**, the **chondroblasts** and **osteoblasts**, respectively, which mature into the **chondrocytes** and **osteocytes**. These cells synthesise a matrix of collagen fibres and matrix.

Development and growth of cartilage

Cartilage is characterised by the structure of its **formless matrix**, the **intercellular substance**, which consists primarily of glycosaminoglycans. Embedded in the intercellular substance are **collagenous fibres**, the structural element of cartilage. This unique construction lends cartilage strength and flexibility. Due to their chemical structure, **glycosaminoglycans** are able to bind water, resulting in the increased elasticity and pliability of cartilage.

Blood vessels and nerves are absent in cartilage. Nutrients must diffuse through the matrix from blood vessels located in surrounding connective tissue, synovia or subchondral bone.

There are three types of cartilage classified according to the **quality of the embedded fibres**: **hyaline**, **elastic** or **fibrous cartilage**.

In adults, **hyaline cartilage** persists at the articular ends of long bones (cartilagines articulares), at the tips of the ribs (cartilago costae), and in parts of the laryngeal (cartilago laryngis), tracheal (cartilago trachealis), and bronchial (cartilago bronchialis) walls. **Elastic cartilage** forms the internal support for the epiglottis and the ear. **Fibrocartilage** forms the intervertebral discs, the menisci and the articular disc in the jaw joint. With increasing age, cartilage may ossify, to become invested with calcium salts. This occurs frequently in cats, for example, in the costal cartilage or the menisci.

The **formation of cartilage** (chondrogenesis, ▶ Fig. 1.11) originates in the **mesenchymal** (embryonal) connective tissue (see above), remnants of which still surround the cartilage in later stages of development. These remnants are the **perichondrium**, cells of which the **fibroblasts**, differentiate into **chondroblasts**, which produce the cartilage matrix containing water (70%), collagenous or elastic fibres and glycosaminoglycans.

Cartilage growth occurs through proliferation of chondroblasts in the perichondrium. This continual process leads to the **appositional expansion** of cartilage where new cartilage is created on the bone perimeter, directly beneath the surrounding perichondrium. Conversely, **interstitial growth** involves the proliferation of differentiated chondroblasts within the cartilage matrix, which continue to divide and form new matrix substance from the inside.

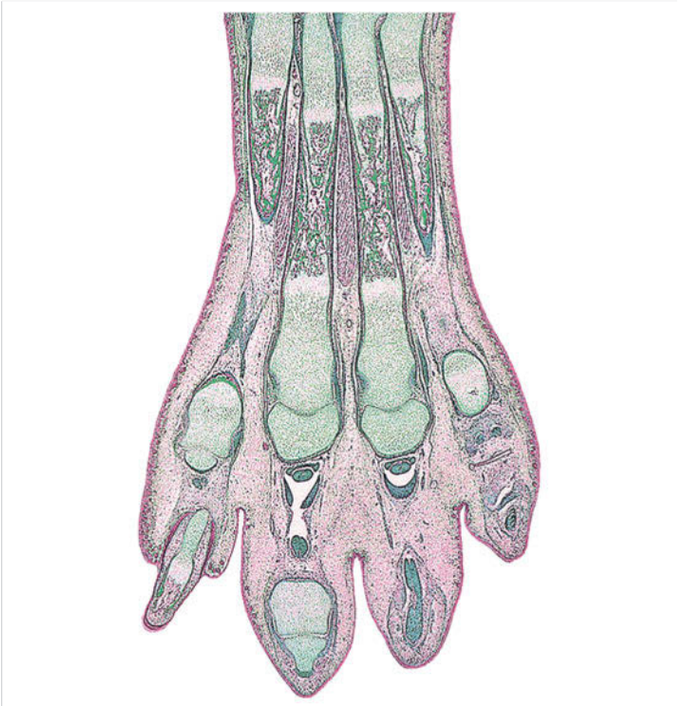


Fig. 1.11 Distal limb of a young cat during chondral ossification (histological section, Goldner staining).

Forms of bony tissues

Bones differ greatly in form, size and strength, not only between species but also within the same individual. These characteristics of bone are determined greatly through genetics, but also static-dynamic influences and structural changes due to nutrition during the juvenile and adult phases play an important role. Broad muscles or cordlike tendons create mechanical influences at their insertion points on the bone, leading to the development of a process, depression, tuberosity/protuberance, unevenness, ridge, or an edge. Blood vessels, nerves or organs (i.e. the brain, the eye, the cochlea of the inner ear) can also influence the surface structure of bone.

Despite the great variety of bones, they can be grouped according to common structural characteristics. These are as follows:

- long bones (ossa longa),
- short bones (ossa brevia),
- flat bones (ossa plana),
- pneumatic bones (ossa pneumatica) and
- irregular bones (ossa irregularia).

Long bones are characterised by a **shaft** or **diaphysis**, formed from a thick, **outer layer of compact bone** (substantia compacta), and an **inner medullary cavity** (cavum medullare, ▶ Fig. 1.12). Long bones have two ends, the **proximal epiphysis** and the **distal epiphysis**, which are covered by a thin layer of **cortical substance** (substantia corticalis). Both extremities contain **spongy bone**, which, as the name implies, resembles an ossified sponge with delicate pores (substantia spongiosa, ▶ Fig. 1.13 and ▶ Fig. 1.14).

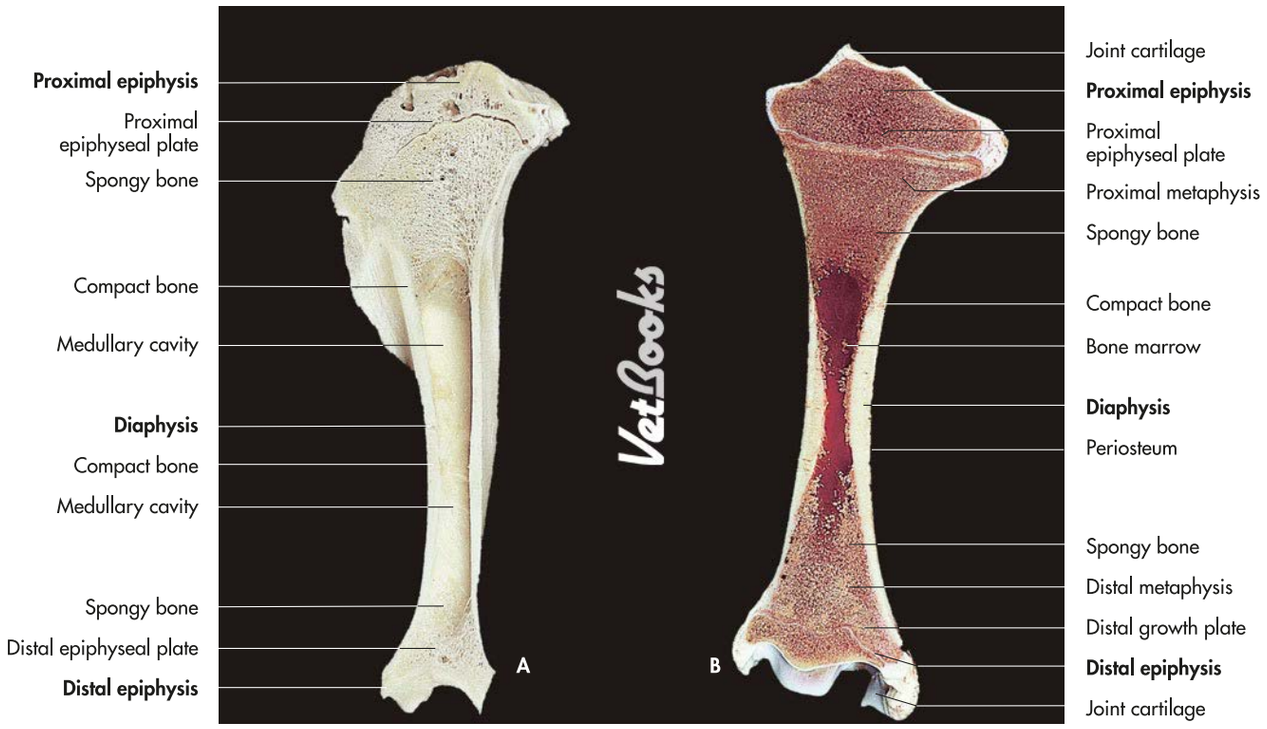


Fig. 1.12 Sagittal section of a long bone after maceration **(A)**, and sagittal section of an untreated long bone including joint cartilage and red bone marrow **(B)**.

Long bones form the basis of the limbs, i.e. upper arm (humerus), shin bone (tibia), or the metacarpal bones (ossa metacarpalia).

Short bones can have different forms: cylindrical, cubic or round. Such bones contain an extensive latticework of spongiosa in which haemoreticular tissue is present. Examples of short bones are those of the vertebral column and the hock joint.

Flat and **wide bones** consist of two layers of compact bone (tabulae) surrounding either spongy bone (diploe) or air (sinus). This group contains for example the scapula, the iliac bone or the ribs. Some bones of the skull are flat bones surrounding **cavities of air** (ossa pneumatica). These bones have formed through the subsequent resorption of bone substance and are lined with mucosa. Examples are the maxilla or the ethmoid bone.

Examples of irregular bones are the wedge-shaped bones of the skull: the sphenoid, presphenoid and basisphenoid bones. **Sesamoid bones** (ossa sesamoidea) are found close to the joints (i.e. the foot joints) and either lie beneath or are embedded in (i.e. patella) a tendon (▶ Fig. 1.33).

An **apophysis** is a bony protuberance that developed from an independent ossification centre. These structures provide attachment sites for muscles and ligaments. An example is a vertebral spinous process or the trochanter major on the femur. **Bones of the organs** are not related to the locomotor system. Such bones are found in the penis of male cats and dogs or in the bovine heart.

▶ Fig. 1.25, ▶ Fig. 1.26, ▶ Fig. 1.27, ▶ Fig. 1.28 and ▶ Fig. 1.29 schematically show the skeletons of the domestic animals covered in this textbook: cat, dog, pig, ox and horse. These illustrations provide a general overview of the topography of the bones, enabling a comparison between the species. The individual bones are described in detail in later chapters.

Architecture of bone

The high stability of bone is created through the bone tissue. Bone tissue is not massive and homogenous, but rather each individual bone has a specific architecture which is influenced by the:

- structure of the **compact bone** (substantia compacta),
- arrangement of the **spongy bone** (substantia spongiosa),
- form of the **central medullary cavity** (cavum medullare),
- **principles of tensile** (traction) and **compressive stress** (pressure),
- formation of **stress trajectories** and
- **flexure** (shear stress) demands on the entire bone.

The bone surface is constructed of **compact lamellae** which form the basis of the compact substance of bone. This solid layer surrounds the spongiosa, a delicate latticework of bone trabeculae and lamellae. Trabeculae and lamellae are arranged in a **pattern of stress lines** that have formed in response to external mechanical factors, the maximal tensile and compressive forces acting on the bone. The stress lines are either tensile or compressive trajectories. The family of curves that are tensile trajectories run parallel to one another just as the compressive trajectories run parallel to each other. These two types of stress trajectories always cross at right angles to each other **(trajectorial construction)**. One can distinguish between:

- tubules of bone (substantia tubulosa),
- trabeculae of bone (substantia trabeculosa) and
- lamellae of bone (substantia lamellosa, ▶ Fig. 1.13 and ▶ Fig. 1.14).

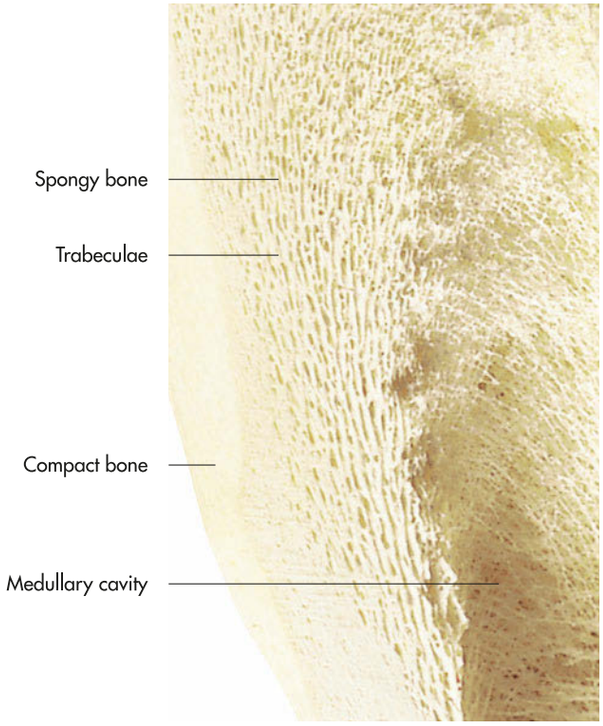


Fig. 1.13 Architecture of the wall of a long bone showing compact and trabecular bone.

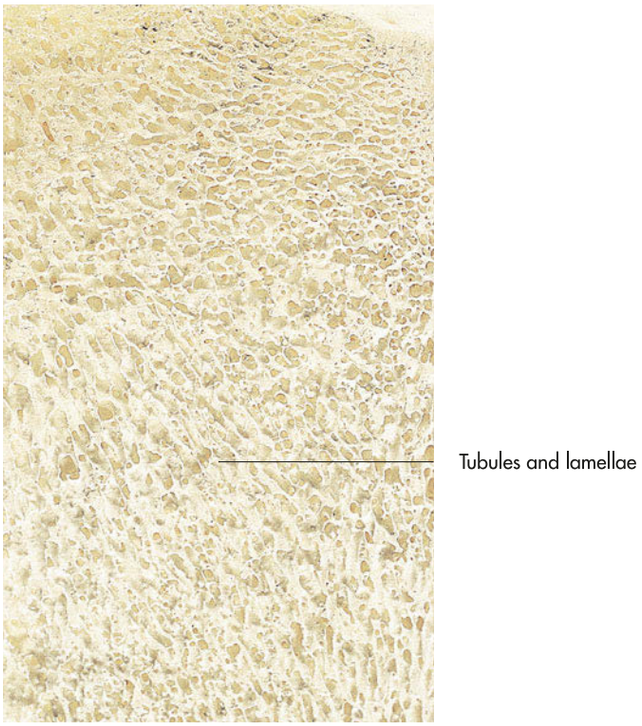


Fig. 1.14 Cross section of lamellar bone.

Stress occurring in the diaphysis of long bones does not affect stabilty but leads to tensile forces on the convex side of the bone and compressive forces on the concave side of the bone. In the centre, these two forces cancel out one another, and the net force is negligible. Thus the bone does not have to contain force-bearing structures in its centre: the ideal shape of bone is a long, hollow tube with reinforced walls, such as the diaphysis.

Instead of spongiosa as in the epiphyses, the diaphysis encloses the **medullary cavity** (cavum medullare). Here the compact substance is reinforced through thickened layers of lamellar bone (▶ Fig. 1.12). The medullary cavity is filled with **red bone marrow** where blood cells are produced (**hematopoiesis**), thus classifying bone as a **hemopoietic organ**.

Bone is built to maximise strength and stability while simultaneously minimizing material and weight. The architecture of bone creates the optimal prerequisites: the hollow tube creates strong resistance to stress, and the spongiosa economises material and is very light. The thickness of the diaphysis adapts to the maximal strain excercised on the bone. The medial walls of the limb bones carry a greater load and thus are thicker than the outer walls. Flat bones such as the scapula are denser on the edges and therefore thinner in the centre. Inorganic substances account for approximately two-thirds of a bone's dry weight. The remaining one-third is the organic substance of the bone, comprised mainly of collagen structural proteins and lipids (5–10%). Bone decalcification with acid removes the inorganic substances in bone, leaving the treated bone soft and pliable. Burning a bone destroys the organic substances; what remains are the bone ashes.

Endosteum and periosteum

Bones are sheathed on the inside and outside surfaces by a connective tissue membrane called the **endosteum** and **periosteum**, respectively. The endostium lines the medullary cavity and covers the spongiosa, thus creating a border between bone or spongiosa and bone marrow (▶ Fig. 1.17). The periosteum covers the external surface of bone, but is absent from the articular surfaces and where tendons and ligaments attach. Close to the joints, the periosteum detaches from the surface of the bone and consolidates with the **joint capsule**. On the opposite side of the joint, the periosteum leaves the capsule and attaches again to the surface of the adjacent bone. At bone/cartilage intersections, for example on the ribs, the periosteum continues over the cartilage as the perichondrium.

The **periosteum** is necessary not only for the blood supply, growth, regeneration, and fracture repair of bones, but also for the transfer of muscle power to the bone. The periosteum is composed of two layers, the:

- **inner cellular**, **osteogenic layer** (stratum osteogenicum, previously stratum cambium) and
- **outer protective fibrous layer** (stratum fibrosum).

The **stratum osteogenicum** (▶ Fig. 1.16 and ▶ Fig. 1.17) lies directly on the bone and **produces bone tissue** (i.e. is osteogenic). A great number of sensory nerve fibres as well as a network of blood and lymphatic vessels supplying the bone are enclosed in this layer. This layer also contains **progenitor cells**, the **preosteoblasts**, which can differentiate into osteoblasts, which produce bone and are responsible for **appositional growth**. This layer retains lifelong the ability to build bone tissue, which is important for physiological bone remodeling and fracture healing. The stra-

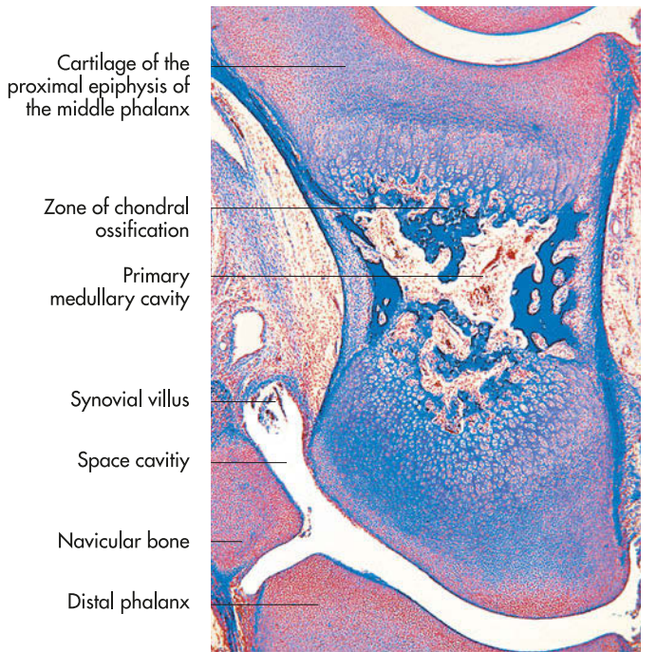


Fig. 1.15 Middle phalanx of a horse embryo (histological section, Azan staining).

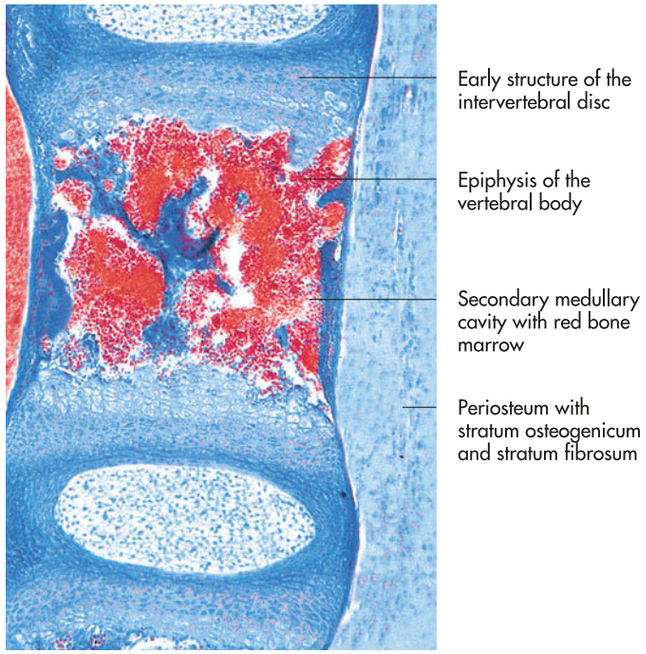


Fig. 1.16 Embryonic vertebrae (histological section, Azan staining).

tum osteogenicum forms the **cartilage callus** and **bone callus**, and prolonged mechanical stimulus of the periosteum can lead to the formation of **osseous bulges** (exostoses or splints).

Dense connective tissue interwoven with elastic fibers makes up the outer layer, the **stratum fibrosum** (▶ Fig. 1.16 and ▶ Fig. 1.17), which is very resistant to tensile forces. Collagen fibre bundles originating in this layer (**perforating fibres**) bind it to the surface lamella of the bone matrix (**Sharpey fibres**). These fibres firmly anchor the periosteum to the bone surface. The **stratum fibrosum** is also responsible for the attachment of muscles, tendons and ligaments to bone. At the site of attachment, fibres from the tendon or ligament branch out into the stratum fibrosum and, continuing as Sharpey fibres, strongly attach to the bone.

The **endosteum** (▶ Fig. 1.17) consists of a single layer of flattened, inactive osteoprogenitor (bone-lining) cells. They can differentiate into either **bone-forming cells** (osteoblasts) or **bone-resorbing cells** (osteoclasts). The endosteum borders the capillary network of the bone marrow and like the periosteum, is **capable of producing bone tissue (osteogenic potential)**.

Bone regeneration

Osteoprogenitor cells in the periosteum and endosteum are responsible for regeneration processes of the bone tissue. Regeneration is only possible when two conditions are met: 1. **mesenchyme cells** are available and 2. **osteoblast precursor cells** can proliferate. New tissue bridges the gap in the bone resulting from fracture.

Primary fracture healing occurs when motion between the two fracture pieces is negligible and they are separated by only small gaps. Lamellar bone forms directly in the fracture gap, re-uniting the two ends of the bone. When the edges are too far apart, then **secondary fracture healing** occurs. Fibrous connective tissue initially bridges the fracture gap forming a soft callus. The **callus ossifies** through mineralisation until, after a long reorganisation process, compact bone is formed.

Supply of blood vessels and nerves to the bone

Bone is an extremely well vascularised tissue, and this underscores its metabolic importance. A dense network of blood vessels supplies not only bone tissue, but also bone marrow, the periosteum and the endosteum. Bone trauma or fracture can interrupt the vascularisation, leading in extreme cases to tissue death (**bone necrosis**).

The vascularisation of bone is achieved through a unique, systematic distribution of blood vessels. **Nutrient arteries** (aa. nutriciae) branch off from the larger limb arteries and enter the long bones through openings (**foramina nutritia**) in the diaphysis. These vessels reach the medullary cavity after passing through the stratum compactum. Here they divide into several ascending and descending branches supplying the proximal and distal epi- and metaphyses (▶ Fig. 1.23). At the epiphyses, the vessels form **looped-ending arteries** that reach through the epiphyseal subchondral bone to supply the calcified zone of the joint cartilage. From the medullary cavity, the blood vessels supply the compact substance of bone through the Volkmann's canals (see below). The spongy bone does not contain blood vessels but is supplied through diffusion from the bone marrow. The venous return occurs through the axial system of the bone marrow.

Bone tissue does not contain lymphatic vessels. A dense network of lymphatic vessels is present only in the periosteum. Bone

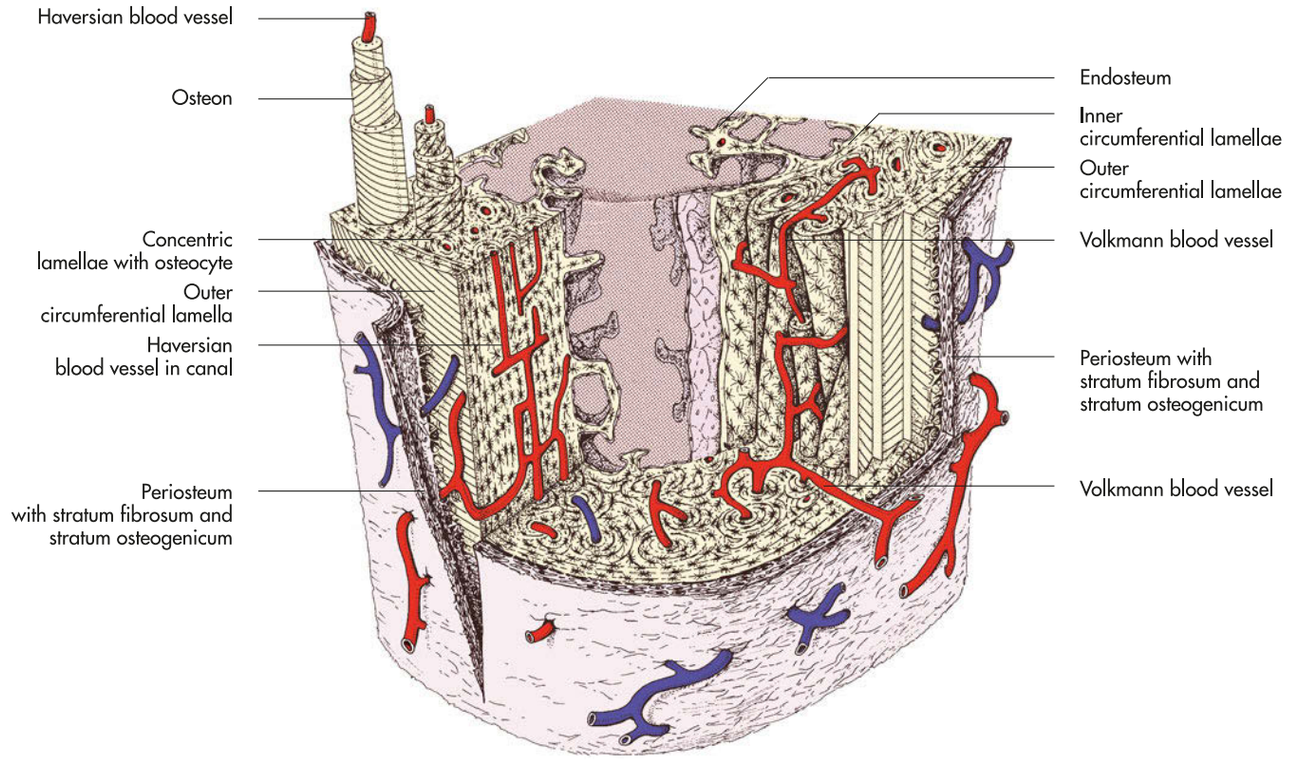


Fig. 1.17 Section of compact bone from the diaphysis (schematic).

tissue itself is not sensitive to pain. Alone vegetative nerve fibres follow the path of the blood vessels within the Haversian canals.

Bone as an organ

Bone constitutes an organ-like system composed of:
- ossified elements,
- joint cartilage (when present),
- periosteum and endosteum,
- bone marrow and
- nerve tracts.

Bone architecture and its extracellular matrix (organic and inorganic material) provide the stabilising components of the passive system of motion, stability and support. The organization of collagen I fibres, the mineralised interfibrillary matrix and the structure of bone tissue all play a large role in stabilisation.

A bone can withstand the application of mechanical stress, body weight, muscle strength or acceleration. These forces work as compression, traction, loading, torque and shear, and do not result in fracture when they are within certain limits. As opposed to the intermittent application of force, bone that experiences a continuous loading force atrophies. On the other hand, bone experiencing constant tensile force hypertrophies.

The architecture of bone tissue is governed lifelong by functional demand. Compact and spongy bone structures are continuously adapting to changes in biomechanical forces. The endosteum is responsible for inducing these structural changes which occur following the physiological principles of bone formation and resorption, for more information see Chapter "Osteogenesis" (p. 32).

Osteogenesis

During foetal development, a **precursor skeleton of cartilage** is formed, providing support and shape (**primordial skeleton**) for the growing foetus. Until ossification, this primordial skeleton undergoes quick successions of mitotic division, eventually determining the growth and form of the entire organism. In most cases, each piece of the primordial skeleton acts as a space saver for the bone tissue that will eventually replace the cartilage. Positively influencing bone tissue formation are **inductive mediators** (i.e. bone morphogenetic protein, mitogenic factors). At a certain developmental stage, the cartilage of the primordial skeleton slowly undergoes remodelling. The cartilage is slowly resorbed and eventually **replaced by bone**. This process is **chondral** or **indirect ossification**. New, foetal bone is referred to as **immature** or **woven bone** due to the random honeycomb architecture of the trabeculae. Eventually, resorbed and woven bone is replaced with **mature lamellar bone**. The majority of adult bones (i.e. the vertebrae and limb bones) are formed through **chondral ossification**.

The replacement of cartilage through bone begins during the middle foetal period at sites referred to as **primary ossification centres**. In some bones this process is completed only when the animal has reached physical maturation. Radiographs of adolescent animals often show remaining cartilage that has not yet ossified, which can lead to false diagnoses should this fact be disregarded.

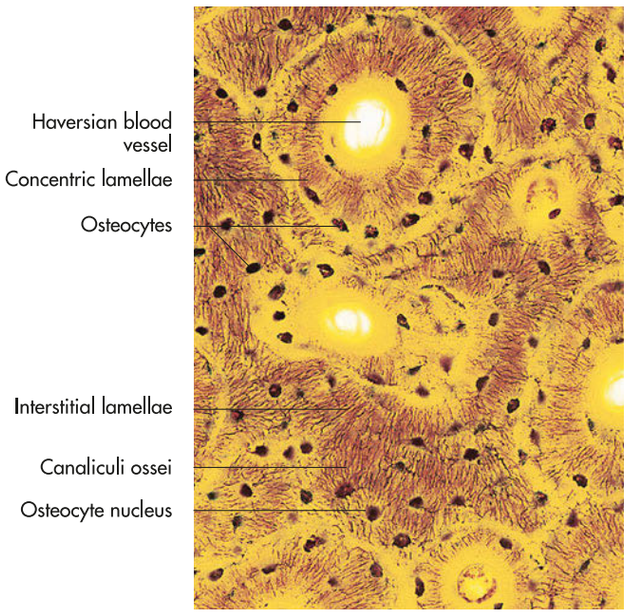


Fig. 1.18 Substantia compacta from a long bone (histological cross section, Schmorl staining).

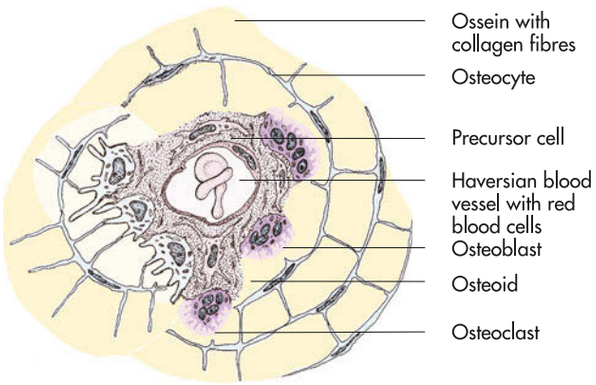


Fig. 1.19 Cross-section through a developing osteon (schematic).

Ossification

Bone can also form directly from mesenchymal tissue without a cartilage precursor; this process is referred to as intramembranous or direct ossification. The dermal bones of the skull, the periosteal collar of long bones and fracture healing are created through this process. There are two forms:

- **intramembranous** or **direct ossification** and
- **chondral** or **indirect ossification**, which can be further divided into:
  - **perichondral ossification** and
  - **endochondral ossification**.

Intramembranous ossification

Bones developing through intramembranous ossification are referred to as "**membrane bones**". Dermal bones are membrane bones arising directly from the mesenchyme tissues of the skin (i.e. most of the skull bones). Intramembranous bone development occurs when **mesenchyme cells** differentiate **directly** into cells responsible for producing bone. These cells are various and appear in many different forms (▶ Fig. 1.20 and ▶ Fig. 1.21). Non-differentiated mesenchyme cells differentiate into **osteoblast precursor cells**, which develop into **osteoblasts**, cells that build **bone**. During ossification, the osteoblasts produce an **organic, mineral-free matrix** called the **osteoid**, which completely encloses the cells. The osteoid is mainly composed of **type-I collagen fibres** (95%). The remaining 5% consists of glycosaminoglycans, proteoglycans, chondroitin-4-sulphate, chondroitin-6-sulphate, keratan sulphate and two bone proteins, osteonectin and osteocalcin. Vitamin C is required for the production of osteoid. During the subsequent mineralisation process, the collagen fibres act as scaffolding for the successive appositional deposition of **inorganic calcium** and **phosphate compounds**.

Within 8–10 days the osteoid transforms through mineralisation into a bony matrix called **ossein**. This conversion is controlled by growth hormones and vitamin D metabolites. The **inorganic bone** compounds such as calcium phosphate (85%–95%), calcium carbonate (8%–10%), magnesium phosphate (1.5%) and calcium fluoride (0.3%) are delivered by blood vessels of the circulatory system and deposited in the osteoid. Through this process, the non-calcified osteoid is transformed to **calcified ossein** (▶ Fig. 1.20 and ▶ Fig. 1.21). As the mineralisation continues, the osteoblasts become isolated in a growing field of calcified bone tissue and differentiate into **osteocytes**.

Different functional forces begin to affect the bone, leading to resorption and remodeling of the new bone tissue even as the mineralisation process continues. Cells that break down bone are called **osteoclasts** (▶ Fig. 1.20 and ▶ Fig. 1.21).

Chondral ossification

Chondral ossification involves **hyaline cartilage**, which serves as a space holder and provides the basis for the longitudinal growth of bone. The primordial skeleton consists of hyaline cartilage, until chondral ossification begins through the gradual resorption of the cartilage and its replacement with permanent bone (**replacement bone**). In this manner the vertebrae, the ribs, the sternum, the limbs and the base of the skull are formed. This process of building new bone from a hyaline cartilage precursor is the **chondral osteogenesis**. During this process one distinguishes between a perichondral and an endochondral ossification (▶ Fig. 1.15 and ▶ Fig. 1.24).

Perichondral ossification

The perichondral ossification is similar to intramembranous ossification in that osteoid is formed and slowly mineralised. **Osteoprogenitor cells**, cells with the potential to build new bone, are located in the **stratum chondrogenicum of the perichondrium** and differentiate into **osteoblasts** (**primary ossification**). This transformation of soft tissue into bony tissue begins in the mid-

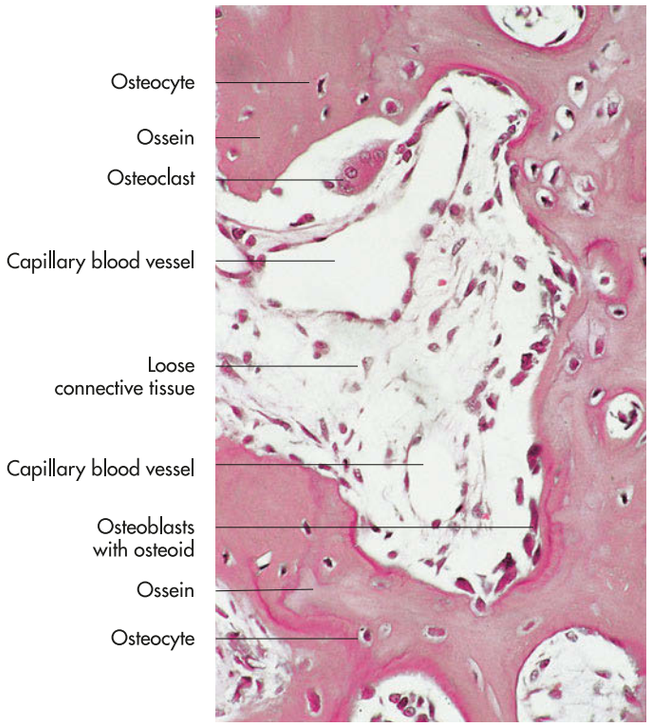


Fig. 1.20 Intramembranous ossification with central capillary in loose connective tissue including osteoblasts and osteocytes (histological section, hematoxylin and eosin staining).

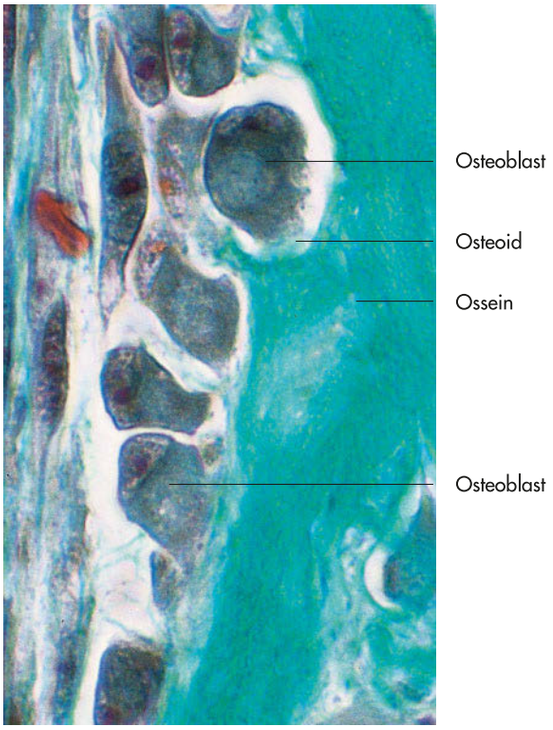


Fig. 1.21 Intramembranous ossification with osteoblasts, osteoid and ossein (histological section, Goldner staining).

dle of the diaphysis and results in the formation of a bony sheath, the **periosteal collar**. The ossification of the perichondrium progresses towards each bone extremity, the **epiphyses**. Thus, the perichondrium becomes the **periosteum**. Perichondral ossification leads to the development of the periosteum of the long bones.

The formation of the periosteum mechanically inhibits the metabolism of the hyaline cartilage, essentially forcing **calcification of the cartilage matrix**. At the same time, blood vessels burrow through the periosteal collar and invade the calcified cartilage. Cells that remove existing cartilage, the **chondroclasts**, enter the calcified matrix through the proliferating blood vessels, and resorption of the remaining cartilage follows. The chondroclasts leave behind empty spaces that soon become filled with connective tissue and capillaries, which deliver not only nutrients but also substances necessary to build new bone tissue. **Osteoblasts** also reach the medulla cavity through these blood vessels and begin from the inside to build bony tissue (**endochondral ossification**). The continuous process of bone resorption and replacement of the matrix results in the development of the primary medullary cavity, which is filled with a fine latticework resembling a partly ossified sponge (**development of the substantia spongiosa**).

The multi-chambered **secondary medullary cavity** (cellulae medullares, ▶ Fig. 1.16) is formed when connective tissue in the primary medullary cavity differentiates into hemo-reticular tissue responsible for the production of blood cells (**hematopoiesis**). This occurs during the later stages of foetal development, and the newly formed hemoreticular tissue is called **red bone marrow** (medulla ossium rubra).

The **bone marrow** (medulla ossium) located in the medullary cavities of both epiphyses and between the spongiosa trabeculae remains lifelong a **hemopoietic organ** (▶ Fig. 1.12). In adults the red bone marrow of the diaphysis is gradually replaced by **fat** (medulla ossium flava), which is again transformed into **gelatinous marrow** (medulla ossium gelatinosa) in senile animals or can prematurely form in diseased animals.

Endochondral ossification

Between the diaphysis and each epiphysis of a long bone, an area of calcified cartilage persists as the **proximal** and **distal metaphyses**. The two metaphyses border on each end of the bone an area of distinct endochondral ossification called the **epiphyseal growth plates** (cartilago epiphysialis) (▶ Fig. 1.12). The epiphyseal plates are of great importance because they are responsible for the **longitudinal growth of a bone**.

The periosteal collar encloses the bone and, in the area of the **metaphysis**, inhibits radial growth of the cartilage. The chondrocytes proliferate through mitotic division and hypertrophy, organising themselves in columns reflecting their **progressive development** (▶ Fig. 1.22 and ▶ Fig. 1.24). This organisation is the basis for the **longitudinal growth of cartilage**, which is necessary for bone growth.

The endochondral ossification of the metaphyseal cartilage occurs in **several zones** (▶ Fig. 1.22 and ▶ Fig. 1.24). The chondrocytes juxtaposed to the epiphyseal plates are diffusely located throughout the hyaline cartilage and do not divide (**zone of resting chondrocytes**) (▶ Fig. 1.22). Neighboring this zone, in the direction of the medullary cavity, is the wide **zone of proliferation**, where the chondrocytes actively divide. Mechanical influence of

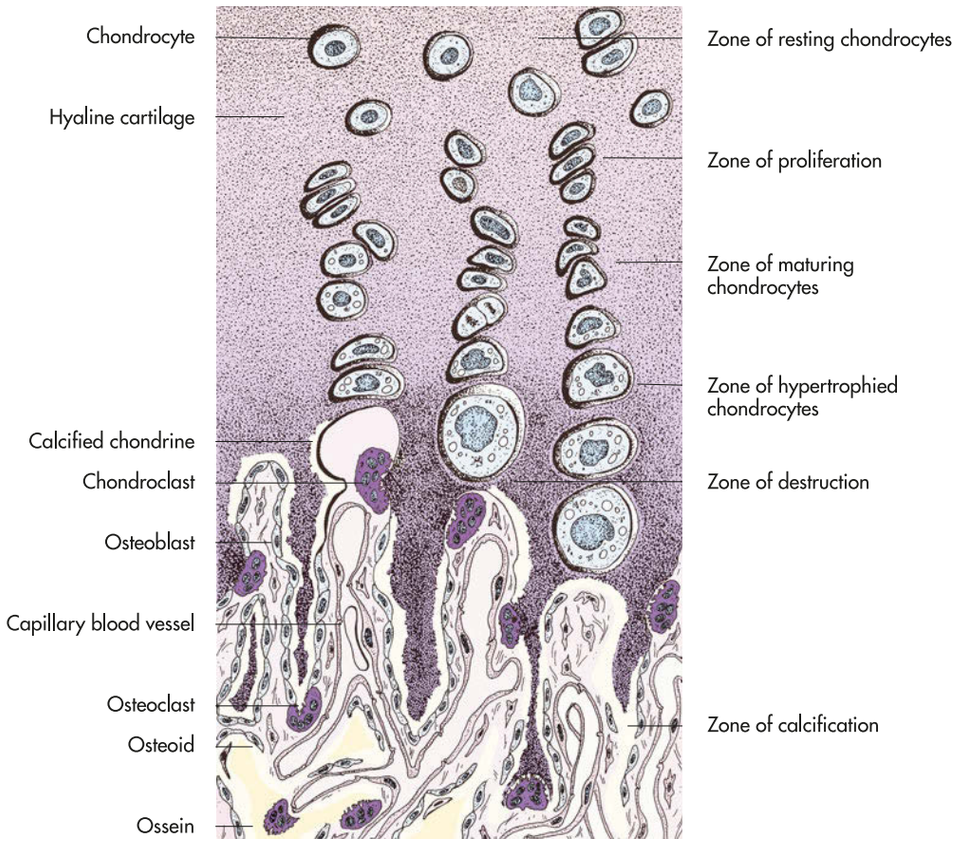


Fig. 1.22 Structural remodelling during chondral ossification in a long bone (schematic).

the periosteal collar forces the maturing chondrocytes in the following zone (**zone of maturing chondrocytes**) to form obvious columns. The chondrocytes begin to degenerate. This is a process characterised by an increase in volume due to water uptake and the calcification of the intercellular substance (**zone of hypertrophied chondrocytes**).

As calcification continues, chondroclasts enzymatically erode the remaining calcified cartilage (**zone of destruction**), (▶ Fig. 1.22 and ▶ Fig. 1.24). The chondroclasts enter this zone through capillaries and connective tissue from the medullary cavity, reaching as far as the zone of calcification. At the demarcation between the zones of destruction and calcification, the process of cartilage resorption is complete. In the final zone, the intercellular matrix becomes saturated with minerals and ossification is complete (**zone of calcification**).

Invading blood vessels also allow secondary osteoblasts to enter the zone of destruction. These cells produce new **matrix** (osteoid) through intramembranous ossification. Eventually, the young woven bone is replaced by mature lamellar bone (see below).

Types of bone tissues

There are two types of bone tissue: **woven bone** (os membranaceum reticulofibrosum) and **lamellar bone** (os membranaceum lamellosum) From an evolutionary point of view, woven (fibrous, immature) bone is regarded as the first and therefore phylogenetically oldest form of bone, often being classified as ossified connective tissue. During foetal development, each bone initially consists of woven bone, and only after birth this is bone slowly replaced by the more complex lamellar bone. However, some woven bone persists throughout life. For example the osseus labyrinth of the ear, the external acoustic meatus, and muscle attachment sites on long bones remain as woven bone.

Lamellar (mature) bone is characterised by the arrangement of strictly parallel or concentric layers of collagen fibres, called lamellae. Most bones of the adult animal consist of lamellar bone, which forms the long bones as well as the short and flat bones. The structural unit of lamellar bone is the **osteon** (**Haversian system**).

Each **osteon** (▶ Fig. 1.17) is a series of concentric rings made up of layers of bone matrix around a **central canal** (Haversian canal) through which a **blood vessel** (Haversian blood vessel), **lymphatic vessels** and **nerves** travel. The collagen fibres in the matrix of each layer are helically arranged and orientated at the opposite angle to those of the previous layer. Osteons are connected through transverse bony structures, creating a construction which enables bone to resist tensile and compression forces (▶ Fig. 1.17, ▶ Fig. 1.18 and ▶ Fig. 1.19). Bone cells (osteocytes) lie between the **concentric lamellae** (Haversian lamellae) (▶ Fig. 1.18) surrounding the Haversian canal. Cell-to-cell-contact is preserved through long, radiating processes of the cell plasma that anastomose within **bony channels** (canaliculi ossei) with processes of neighbouring cells (▶ Fig. 1.18).

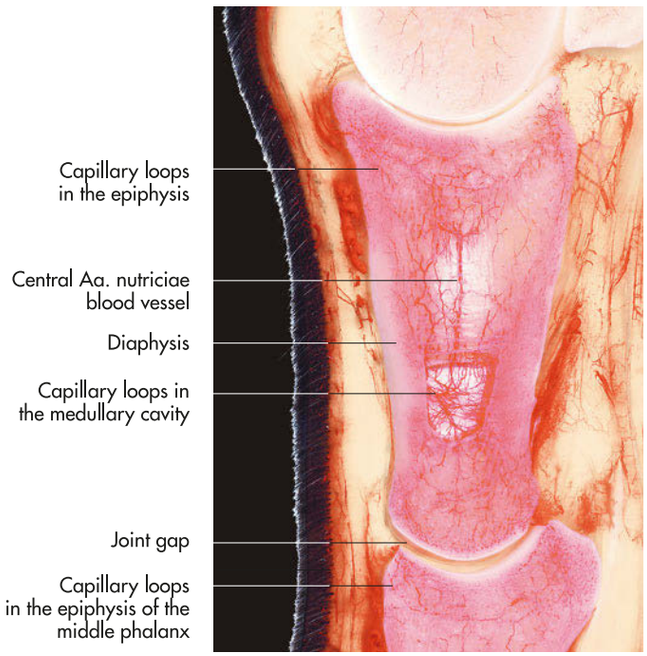


Fig. 1.23 Vascularisation of a long bone, here the first phalanx of the horse (injected plastination). (source: courtesy of H. Obermayer, Munich)

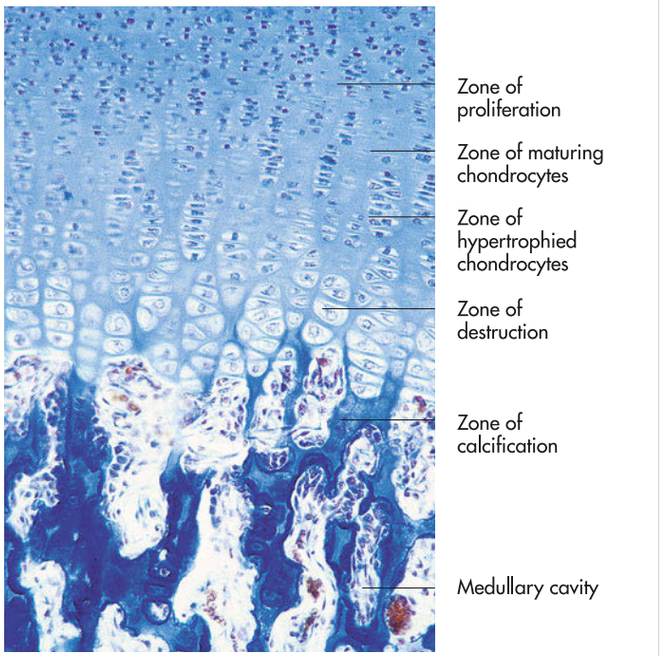


Fig. 1.24 Histological section through the epiphysis of a long bone demonstrating chondral ossification (Azan staining).

This system allows the transport of substances between the blood vessels of the Haversian canal and the bone matrix, essential for the nutrition of the osteocytes. The central blood vessels in the osteons communicate with the periosteum, the endosteum and the medullary cavity through transverse **Volkmann vessels** (▶ Fig. 1.17). By means of this dense network of blood vessels, bone becomes a heavily vascularised tissue.

Bone reacts to changes in static and mechanical forces through adaptation of its internal architecture. Superfluous osteons are destroyed and their remaining fragments form interstitial bone or lamellae (▶ Fig. 1.17).

Layers of lamellae form the outer circumference of the bone directly beneath the periosteum (**outer circumferential lamellae**). The **inner circumferential lamellae** border the medullary cavity, and the endosteum covers the innermost layer (▶ Fig. 1.17). **Collagen fibres** (**Sharpey fibres**, **fibrae perforantes**) anchor the periosteum to the outer circumferential lamellae. These collagenous fibres originate in tendons attaching muscle to bone and are essential for transmitting forces generated by the muscle to the bone.

Bone functions

Bone and cartilage form the supporting and protective framework of the body. Not only do they ensure locomotion, but also protect the soft tissue organs of the thoracic and pelvic regions and the central nervous system. Bone contains the red bone marrow responsible for building blood components (**hematopoiesis**) and stores **calcium** and **phosphate** (▶ Fig. 1.12). Thus the three major functions of the skeleton are **support**, **protection** and **metabolism**. These functions together influence the structure of every skeletal bone and thus the **architecture of the entire body**. The bone structure adapts to mechanical demands through changes in metabolism. This adaptation process involves the continuous resorption and deposition of osseous material.

Every bone is subjected to these **adaptive changes throughout life**. Changes in the physiological compressive, tensile and shear forces lead quickly to remodelling processes. The limbs, the vertebrae or the pelvic bones experience more intensive structural changes compared to, for example, the bones of the skull.

Compact bone develops in a direct relation to the amount of physiological stress it must endure. The cortex (Substantia corticalis) of long bones is thickest at the diaphysis because here the greatest forces are effective. The epiphyses are not subjected to great force and here the cortex becomes progressively thinner (▶ Fig. 1.12). Physiologically, permanent traction forces lead to thickening of the bone where they are most experienced, for example, at the point where tendons attach to bone.

Another important function of bone is to **store calcium** and **phosphate**. Spongy bone (substantia spongiosa) stores depots of calcium that can quickly be mobilised into the blood stream to maintain necessary vital functions. The metabolism of calcium and phosphorus is regulated by **endogenous** and **exogenous mechanisms**.

The **parathyroid hormone** excreted by the parathyroid gland **activates the osteoclasts**, thus increasing the amount of calcium in the blood while at the same time reducing calcium excretion by the kidneys. Together with **vitamin D_3** (**1,25-dihydroxycholecalciferol**), the parathyroid hormone enhances the **resorption of calcium** in the intestines. The **C cells of the thyroid gland** produce a hormone, **calcitonin**, that activates the osteoblasts and **antagonises parathyroid hormone**. The osteoblasts form bone, thus automatically storing calcium and reducing the amount circulating in the body. The **growth of bone** is also positively influenced by the somatotropic hormone (STH), the adrenocorticotropic hormone (ACTH) and the thyrotropic hormone (TSH), as well as by male and female sex hormones.

Arthrology (arthrologia)

The degree of mobility between two bones or cartilage structures depends entirely on the form of the gap between them. A **synarthrosis** is a continuous structure bridging two adjacent bones. It can be formed by **connective tissue**, which builds either a **fibrous union** (juncturа fibrosa) or a **fibrous joint** (articulatio fibrosa). Similarly, a synarthrosis can be formed from **cartilage**, creating a **cartilagineous union** or **joint** (articulatio cartilaginea). The range of motion between two skeletal structures can be greatly increased when a joint containing a gap **(diarthrosis)** exists between them. A **true** or **synovial joint** (juncturae seu articulationes synoviales) is characterised by a **joint gap** and a **joint cavity** (cavum articulare) filled with **joint fluid** (synovia).

Synarthroses

Fibrous unions (juncturae fibrosae) can be subdivided into three types:

- **connective tissue joints** (syndesmoses), e.g. the attachment of the dew claws to the metapodium in the ox,
- **sutures** (suturae), which unite, for example, the bones of the skull and include the:
  - **serrate suture** (sutura serrata),
  - **flat suture** (sutura plana),
  - **squamous suture** (sutura squamosa) and
  - **foliate suture** (sutura foliata), and
- **impactions** (gomphoses), e.g. the anchoring of the teeth roots in the dental alveoli by dense connective tissue, in this case the periodontal membrane.

Cartilaginous unions (juncturae cartilagineae) are:

- **hyaline cartilage unions** (synchondroses), e.g. between base of the skull and the hyoid bone, and
- **fibrocartilage unions** (symphyses), e.g. the pelvic symphysis.

A synarthrose in which bone unites two structures is referred to as a **synostosis**. A good example of a synostosis is the ossified union between the radius and the ulna in the horse.

True joints (articulationes synoviales)

Joints can be differentiated according to the number of bones involved in the joint, the degree of movement possible or the form of the joint surfaces. In spite of such variation, joints share common structural and functional features (▶ Fig. 1.30 and ▶ Fig. 1.33):

- an extensive **joint capsule** (capsula articularis),
- a **joint cavity** (cavum articulare) as well as
- hyaline **joint cartilage** (cartilago articularis), which covers the ends of the two or more bones forming the joint.

The **joint capsule** (▶ Fig. 1.33) is comprised of two layers: the outer **fibrous layer** (stratum fibrosum) and the **inner layer** (stratum synoviale, synovial membrane). The thickness and development of the outer capsule layer, the stratum fibrosum, varies greatly and is mainly determined by the mechanical load placed on the area in question. This layer may also contain capsule ligaments (see below), which strengthen the capsule on the outside of the joint. The fibres of the **stratum fibrosum** continue into the bordering periost or perichondrium (▶ Fig. 1.33). Since the blood supply to this layer is limited, injuries require a long time to heal. However, an abundance of sensory nerve fibres innervate the stratum fibrosum, which explains the pain experienced after injury to the capsule itself or through stretching of the capsule due to swelling within the joint.

The **synovial membrane** (stratum synoviale) lines the joint cavity and is replete with cells, blood vessels and nerves. The synovial membrane appears ivory in color with a slight yellow tinge and forms both **synovial villi** (villi synoviales) and **synovial folds** (plicae synoviales). Even within the same joint, these structures can differ greatly in number, size, form and location. This membrane can be further divided into the inner synoviocytes layer (intima synovialis) comprised of cover cells, the synoviocytes, and a subsynovial layer (stratum subsynoviale) (▶ Fig. 1.31 and ▶ Fig. 1.32) of tissue. Two types of synoviocytes are present in the intima synovialis:

- **type-A synoviocytes** are responsible for phagocytosis, whereas
- **type-B synoviocytes** produce and secrete proteins.

Joints are filled with a pale yellow, viscuous fluid, the **synovial fluid**, whose primary purpose is to lubricate the joint, thus reducing friction between articular surfaces. Synovial fluid is excreted by the synovial membrane into the joint cavity but also fills the tendon sheaths and is found in synovial bursa; for more information see Chapter “Accessory structures of muscles” (p. 32)). Synovial fluid is composed of hyaluronic acid, sugar, electrolytes and enzymes involved in the nutrient supply of cartilage. Hydrarthrosis occurs due to increased production of synovia.

Free joint bodies, or **“joint mice”**, are free-swimming intraarticular pieces of cartilage or bone resulting from a chip-fracture or ossification of synovial villi. Depending on their location they can be very painful.

The **joint cartilage** is firmly attached to a thin, subchondral bone layer adjacent to the epiphysis. It is not covered by perichondrium and the surface facing the joint is very smooth (▶ Fig. 1.30 and ▶ Fig. 1.35). Joint cartilage is thin in the centre of a concave surface but thick in the centre of a convex one. Some areas of the joint cartilage in hoofed animals display a reduction in cartilage, forming **synovial grooves** (fossae synoviales).

Cartilage matrix fibre bundles are arranged according to the mechanical forces of compression and tension. The hyaline cartilage matrix absorbs shock, is flexible and possesses viscoelastic properties. Similar to other types of cartilage, joint cartilage lacks nerves and, with a few exceptions, is not vascularised. The articular cartilage can be divided into the:

- superficial zone,
- intermediate zone,
- radial zone and
- calcified zone.

The **superficial zone** is comprised of tightly woven collagen fibres near the surface of the joint cartilage. These fibres arch towards the surface, where they run parallel to one another. This fibre pattern increases the stability of the surface joint cartilage. The middle layer of the cartilage, the **intermediate zone**, is structurally homogenous. The **radial zone** is comprised of cartilage fibres that partly unite to form radially organised bundles. In the **calcified zone**, collagen fibres anchor the joint cartilage to the bone and are for the most part calcified. This structure guarantees a strong attachment of joint cartilage to bone.

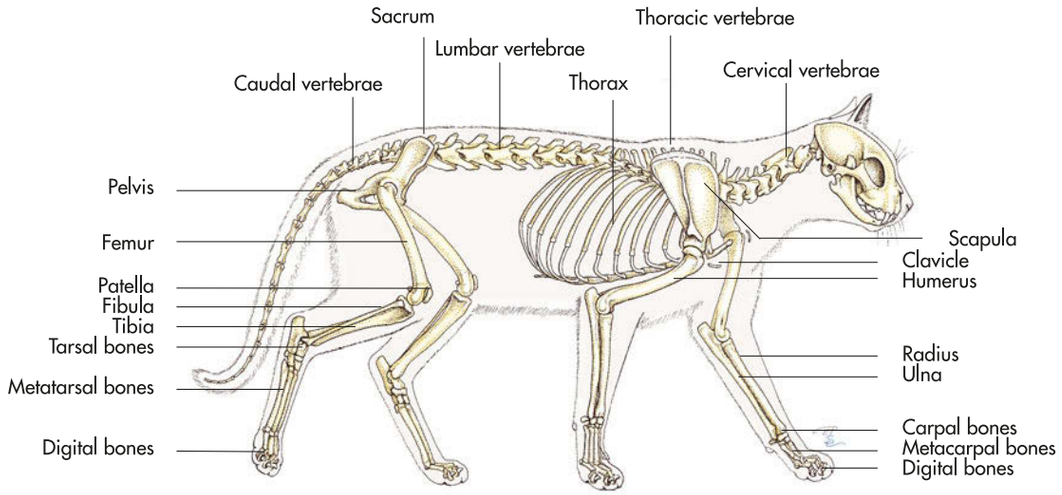


Fig. 1.25 Skeleton of the cat (schematic).

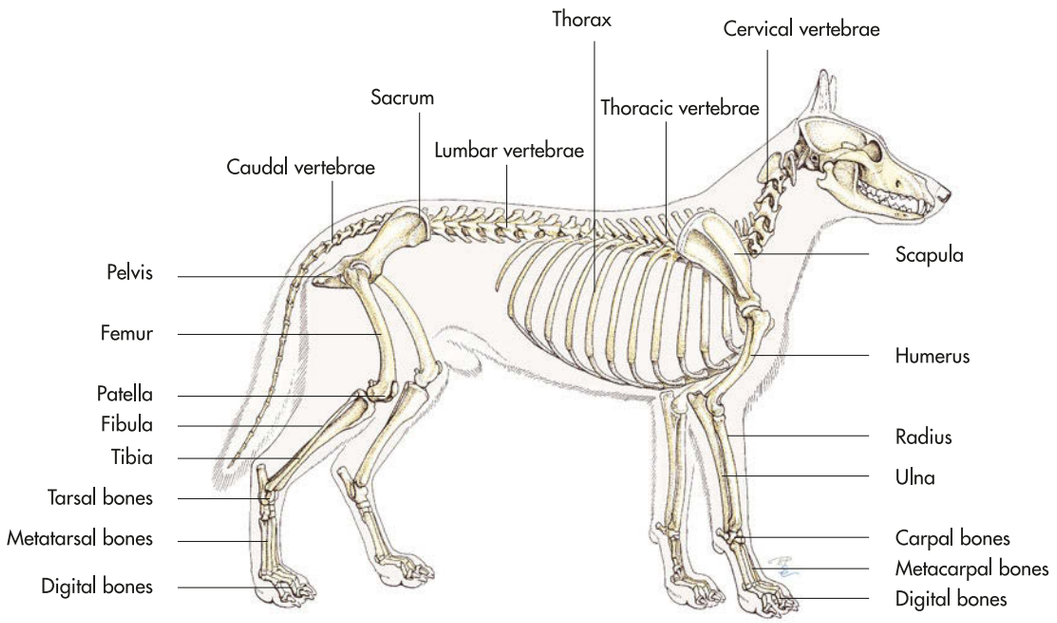


Fig. 1.26 Skeleton of the dog (schematic).

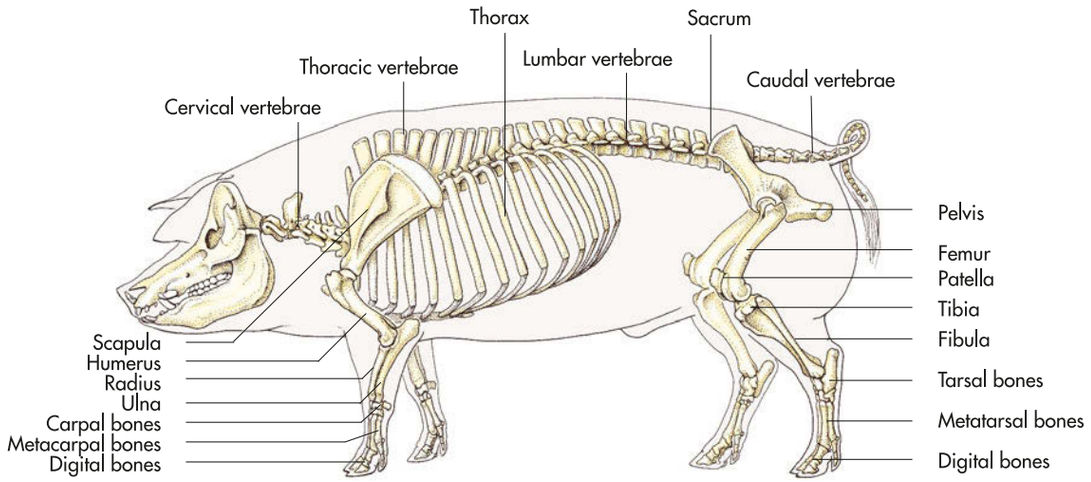


Fig. 1.27 Skeleton of the pig (schematic).

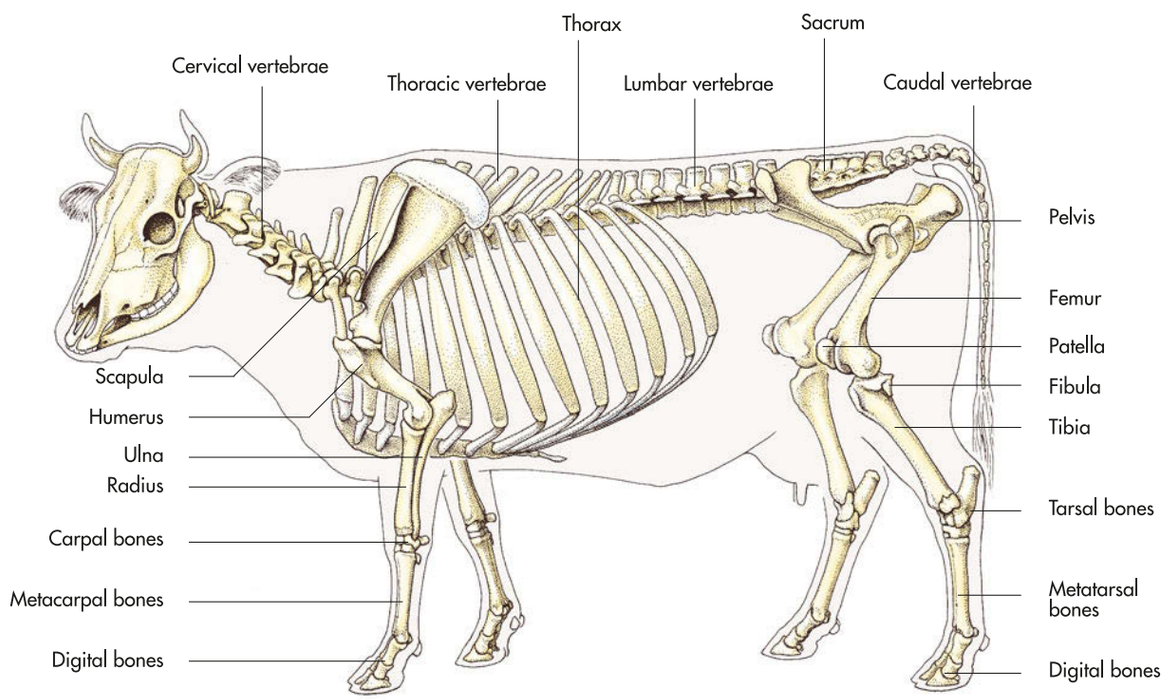


Fig. 1.28 Skeleton of the cow (schematic).

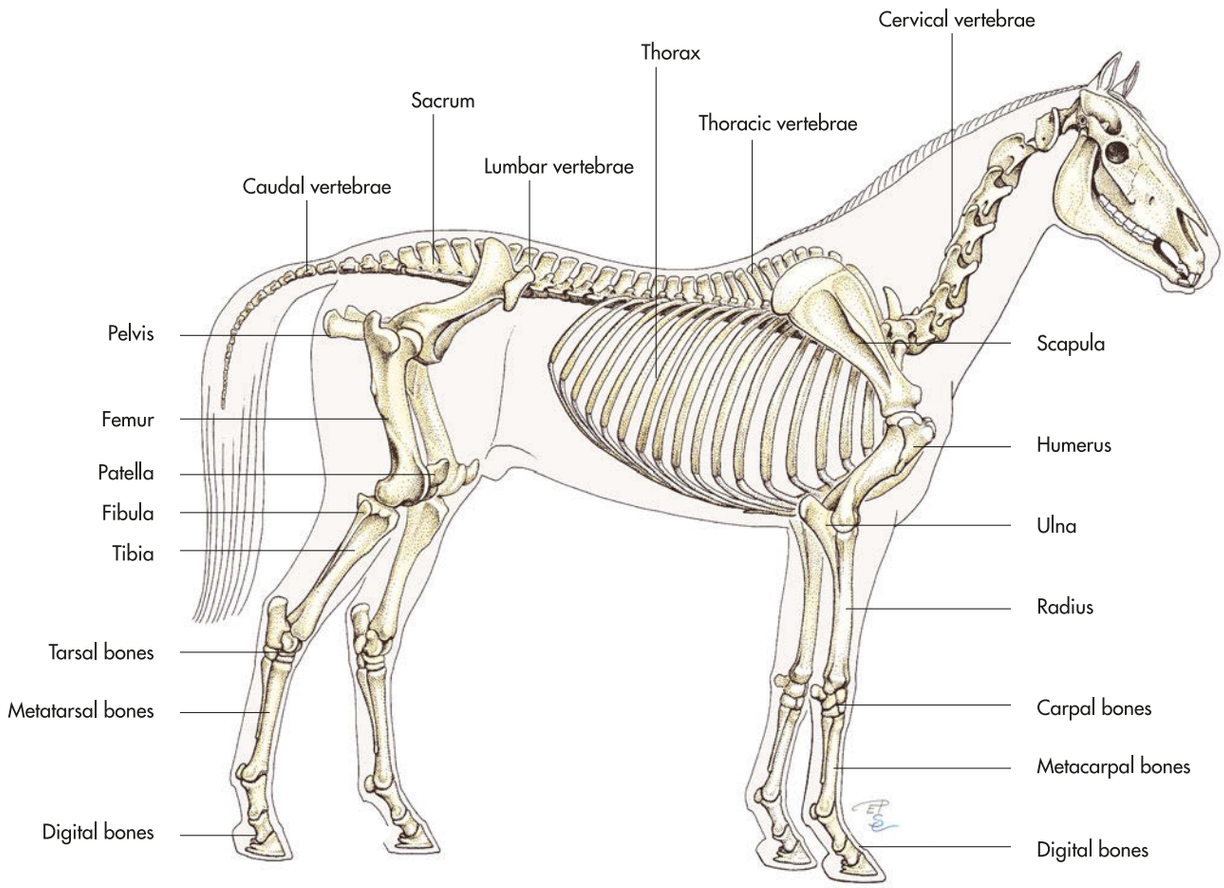


Fig. 1.29 Skeleton of the horse (schematic).

Beneath the joint cartilage is a **subchondral bone plate** that includes parts of the calcified joint cartilage as well as a layer of lamellar bone (▶ Fig. 1.33). This plate (corticalis) supports dynamic functions of the joint, acts as a cushion protecting the cartilage from axial forces and promotes the metabolic supply of the deeper layers of cartilage.

The metabolism of joint cartilage is **anaerobic**. The cartilage is supplied with nutrients, for the most part, **bradytropically** through diffusion. To a lesser degree, nutrients can also reach the cartilage from the joint synovia or through the blood vessels of the bone marrow. The high proteoglycan content lends a high capacity for binding water molecules, which facilitates the intrachondral transport of metabolites.

Joints are strengthened by intracapsular, capsular or extracapsular joint **ligaments** (ligamenta articularia). Some joints contain **fibrocartilagenous structures** (menisci articulares in the knee joint, disci articulares in the jaw joint) that serve to stabilise the joint or to compensate for **incongruent joint surfaces**. Fat tissue can also build intra-articular depots providing additional cushioning. Synovial joints can be classified according to different characteristics:

Number of bones forming the joint:
- **simple joints** (articulatio simplex), involving only two bones (e.g. shoulder joint), and
- **composite joints** (articulatio composita), involving more than two bones (e.g. the wrist joint).

Type of movement allowed by the joint (▶ Fig. 1.34):
- **uniaxial joints** with:
  - **hinge joint** (ginglymus): the joint axis is perpendicular to the long axis of the bones (e.g. elbow or tibiotarsal joint), and
  - **pivot joint** (articulatio trochoidea): the joint axis is parallel to the long axis of the bones (e.g. atlantoaxial joint between the 1st and 2nd cervical vertebrae);
- **biaxial joints** with:
  - **saddle joint** (articulatio sellaris): e.g. between the interphalangeal joints, and
  - **ellipsoidal joint** (articulatio ellipsoidea): e.g. atlanto-occipital joint between the occipital bone and the 1st cervical vertebra;
- **multiaxial joints** with:
  - **spheroidal** or **ball-and-socket joint** (articulatio sphaeroidea): e.g. shoulder joint or hip joint, and
- **tight joints** (amphiarthroses): e.g. sacroiliac joint.

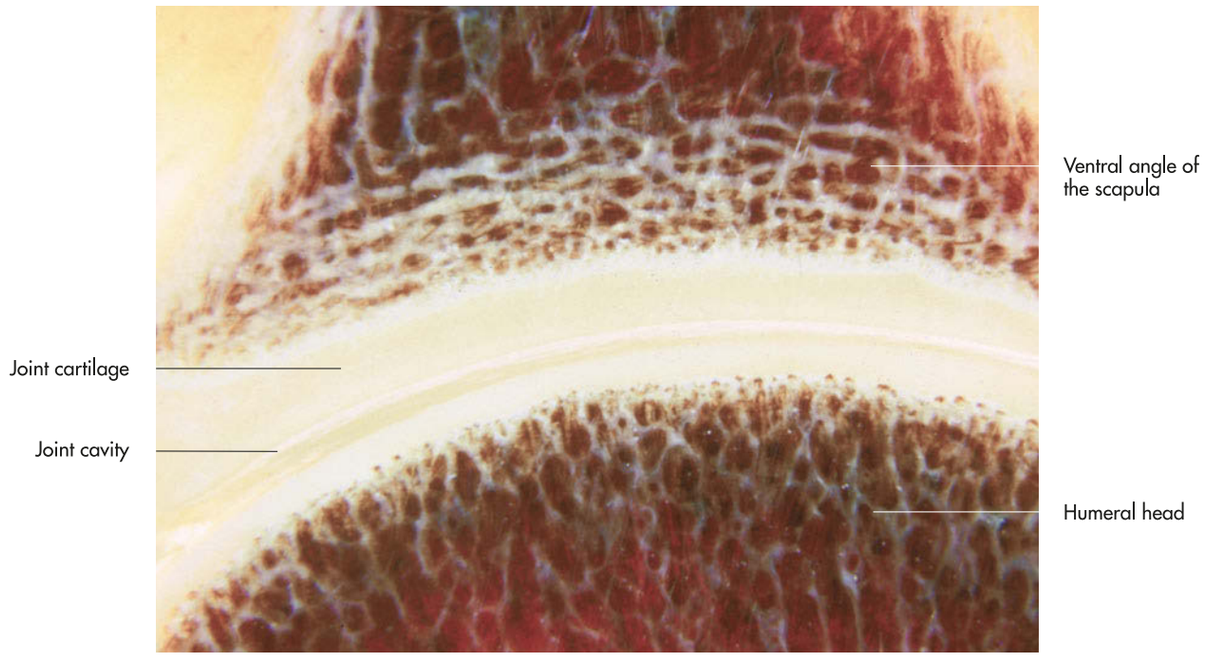


Fig. 1.30 Joint gap formed by the ends of the scapula and humerus in the dog (longitudinal section, plastination).

Form of the articular surfaces:
- **spheroidal** or **ball-and-socket joint** (articulatio sphaeroidea): e.g. shoulder joint or hip joint,
- **cotyloid joint** (articulatio cotylica): a spheroidal joint where the glenoid cavity (socket) covers more than half of the joint sphere (ball), e.g. the aviary hip joint,
- **ellipsoidal joint** (articulatio ellipsoidea), e.g. between the occipital bone and the 1st cervical vertebra,
- **saddle joint** (articulatio sellaris), e.g. the interphalangeal joints, and
- **condylar joint** (articulatio condylaris), e.g. the femorotibial joint.

Joints are also classified according to their **functional characteristics**:
- **hinge joint** (ginglymus): e.g. fetlock joint,
- **cochlear joint** (articulatio cochlearis): e.g. hock joint of the horse,
- **spring** or **snap joint**: a suspension joint as well as a hinge and cochlear joint, where the collateral ligaments attach eccentrically to the axis of rotation and proximal to the joint axis (in the neutral position of the joint, the collateral ligaments are under the greatest amount of tension; during extension or flexion, the tension in the ligaments decreases, causing the joint to spring into a position other than the neutral position, e.g. the elbow joint of the horse),
- **sledge** or **gliding joint** (articulatio delabens): e.g. femoropatellar joint,
- **spiral joint** (articulatio spiralis): the collateral ligaments attach eccentrically, distal to the axis of rotation (the ligaments are shortest in the neutral position; during extension or flexion, the tension in the ligaments increases, slowly braking the motion, e.g. the stifle joint of the horse),
- **plane joints** (articulationes planae): a gliding joint, e.g. the joints between the articular processes of the vertebrae, and
- **incongruent joints**: joints where the articular surfaces do not correspond, as seen in the femorotibial joint or in the temporomandibular joint; the joint surfaces are rendered congruent through fibrous discs, the menisci in the femorotibial joint and the articular disc in the temporomandibular joint.

Clinical note

A reduction in the passive range of movement of a joint is referred to as **joint contracture**. Causes of joint contracture include extended immobilisation or lack of use of the joint. Severe pain associated with joint effusion or free bone fragments (joint mice) can bring about a sudden decrease in joint mobility. Sprains and luxations may result in excessive stretching and rupture of ligaments, leading to joint instability.

A **marked increase in the volume of synovial fluid** (joint effusion) manifests as swelling of the joint. The associated pain is caused by stretching of the joint capsule, which stimulates pain receptors in the capsule wall.



Fig. 1.31 Filament-like synovial villi free-floating in the synovia. (source: courtesy of Dr. M. Teufel, Vienna)



Fig. 1.32 Synovial villi within the joint cavity with injected capillaries. (source: courtesy of Dr. F. Teufel, Vienna)

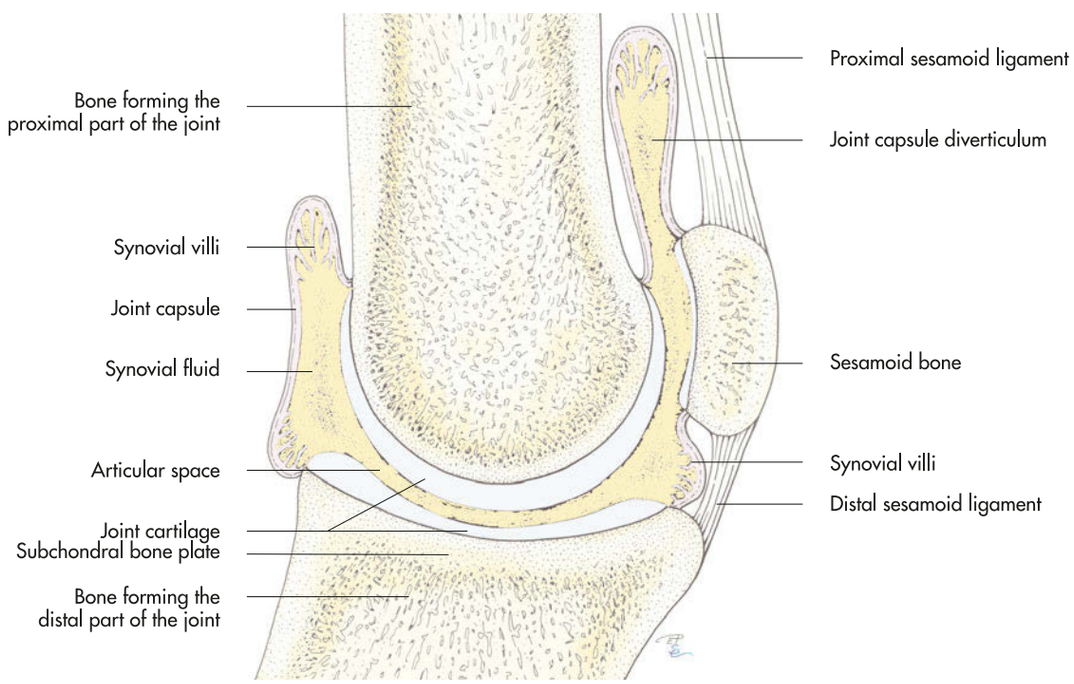


Fig. 1.33 A joint including the sesamoid bones and the suspensory apparatus (schematic).

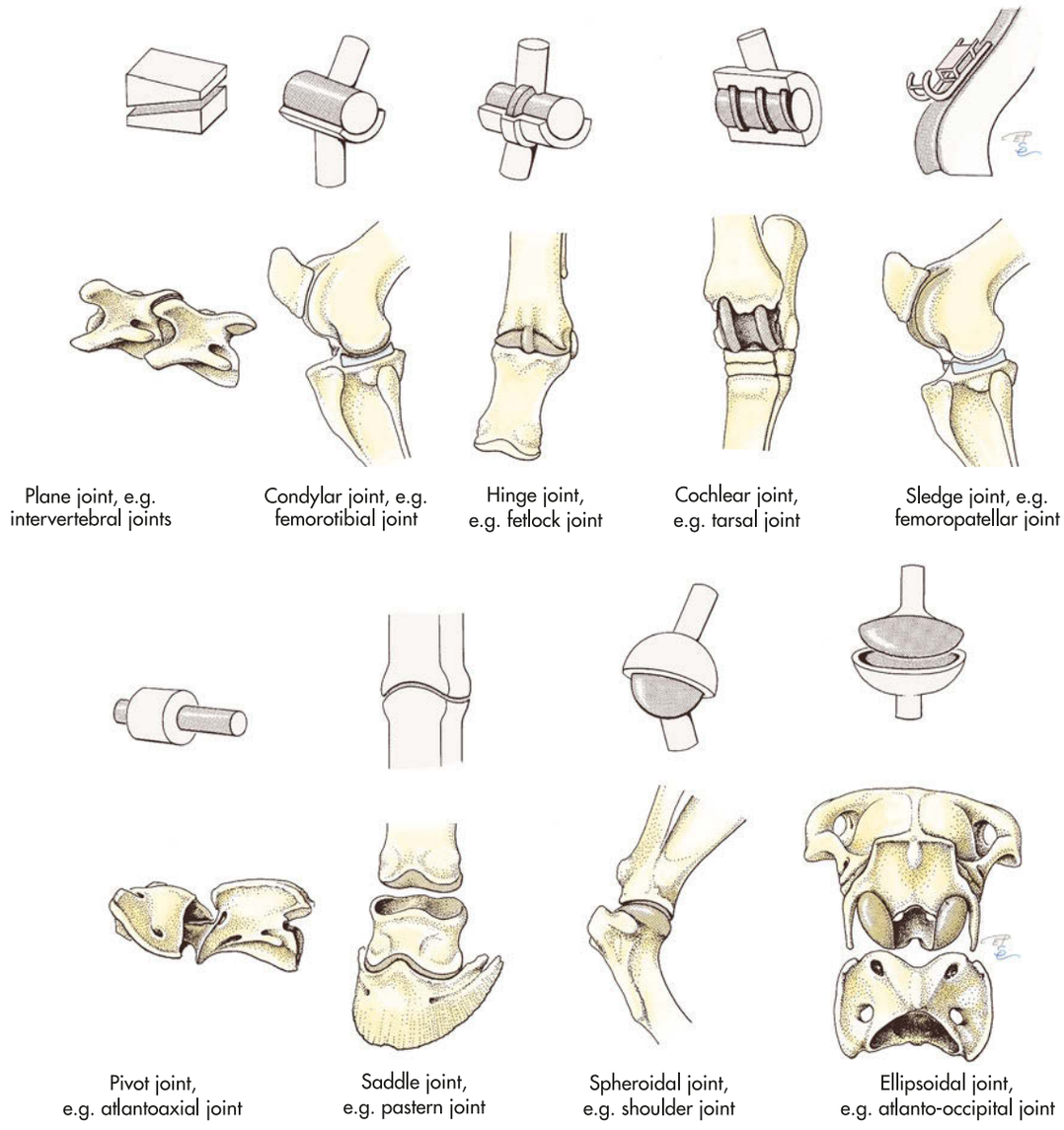


Fig. 1.34 Types of synovial joints (schematic).

1.4.2 Muscular system (systema musculare)

H.-G. Liebich and H. E. König

Myology (myologia)

In phylogenetically advanced organisms, the cells of the **middle germ layer** (**mesoderm**) develop into cells capable of contracting (somites) and their derivatives. This cell population differentiates into muscle tissue, which transforms chemical energy into mechanical energy or heat. **Two types of muscle** tissue are distinguished according to morphology and function (▶ Fig. 1.35 and ▶ Fig. 1.36):

- **smooth muscle tissue**: responsible for the contractile functions of the internal organs, lines the excretory ducts of glands, forms the blood and lymphatic vessel walls, and
- **striated muscle**: can be further divided into the **skeletal** and the **heart musculature** (see Histology textbook for further information).

The **skeletal musculature** is the active part of the locomotor system. It is generally referred to as the **musculature** or **muscles** (musculi). Skeletal muscles are highly vascularised and innervated by **cerebrospinal** (**sensible** and **motoric**) and **vegetative autonome** (**sympathetic** and **parasympathetic**) **nerves**, which together build a functional unit. Expansive sheets of connective tissue, the fasciae or aponeuroses, as well as synovial structures, such as tendon sheaths and bursae, support and protect the muscles in all of their various functions.

The muscles provide power to move the skeletal frame; the ends of the muscle always insert in bone or cartilage. They act as levers, resulting in movement of individual body parts or the entire organism; for more information see also Chapter 6 “Statics and Dynamics” (p. 309). Muscles also carry part of the body

weight, help form the walls of the thoracic and abdominal cavities, and support the activity of the internal organs (e.g. respiratory muscles, diaphragm).

Development, degeneration, regeneration and adaptation of muscle fibres

Somite cells of the middle germ layer differentiate into **mesenchymal stem cells**, thus marking the embryonal beginnings of muscle cells. The mesenchymal stem cells differentiate further into **premyoblasts** and then into **contractile myoblasts**. Myoblasts contain proteins, the **myosin** and **actin filaments**, responsible for the contractility of the cell. These proteins are specifically arranged in the cytoplasm according to muscle cell type, creating a typical striation. Neighboring cells tend to fuse together, forming long, cylindrical, multinucleated cells, also called muscle fibres, which in the adult animal can reach up to 10 cm in length and 100 µm in diameter.

A certain number of stem cells remain lifelong **satellite cells** and play an important role in **muscle regeneration**. Various factors such as local ischemia, neural atrophy, pressure damage, or toxins can cause a local degeneration of muscle. The regeneration is dependent on the activity and the number of undamaged satellite cells. The strength of an individual muscle and the percentage or bulk of muscle tissue depends almost entirely on training level. Immobility, lack of exercise, and interruption of the nerve supply cause a muscle to atrophy. Muscles gain mass (hyperplasia) through strengthening of the connective tissue sheaths, expansion of fibre thickness and increased blood flow, all of which can be accomplished with regular exercise.

Architecture of skeletal musculature and the tendons

A skeletal muscle can be divided into three general parts: the contractile **muscle belly** and the **tendons of origin** and **insertion**. The tendons attach to each end of the muscle belly and transfer the force generated by contraction of the belly to the skeleton (▶ Fig. 1.37). Viewed through a microscope, skeletal muscle appears to have **cross bands** or **striations** that result from the parallel and regular arrangement of the actin and myosin filaments. The actin and myosin filaments, along with the connective tissue sheaths and stored fat, form the **muscle tissue**.

The **muscle cells** differ according to the number and thickness of their cytoplasmic contractile myofilaments. When the cytoplasma of the muscle cell, the sarcoplasma, contains proportionately more myofilaments, then the muscle stores less myoglobin and appears pale (**white muscle type**). This type of muscle tires quickly, but its contractile strength is great. The second type of muscle (**red muscle type**) contains less myofilaments and therefore can store more myoglobin in the sarcoplasma (i.e. in older domesticated and wild animals). More explicit details of muscle contraction can be found in standard physiology and histology textbooks.

The **innervation** of the muscle occurs through neuromuscular connections. The muscle and nerve together create a functional unit. Every muscle fibre is innervated by at least one **motor nerve axon of the central nervous system** (cerebrospinal nerve). The contact between muscle and nerve is achieved through the **motor end-plate**, a special form of **synapse**. The nerve impulse is passed on to the muscle fibre by a **neurotransmitter** (**acetylcholine**).

Also located in the muscle are the **sensory nerve endings**, which are grouped as **muscle spindles** and surrounded by a capsule. These **mechanoreceptors** provide information about muscle tonus and the degree of tension in the tendons and joint capsules. In addition, the muscle spindles are responsible for **coordinating movement** and percieving the **position of body parts** relative to each other in space. Tendon organs are similar to muscle spindles and function as receptors for the tension within the muscle-tendon system.

The walls of intramuscular blood and lymphatic vessels are innervated by **sympathetic** and/or **parasympathetic branches** of the autonomic nervous system. This autonomic system ensures adequate blood supply and lymph drainage required to maintain function.

Every individual muscle belly is surrounded by an outer sheath of taut, fibrous connective tissue, the **epimysium**, which continues to sheathe the tendons as the **epitendineum**. The epimysium or epitendineum is visible with the naked eye and separates adjacent muscles from each other, creating a smooth surface allowing frictionless movement. The large vessels and nerves supplying the muscles find their way along the epimysium. A **hilus** is where vessels and nerves together enter or leave a muscle. Within a single muscle, groups of muscle cells are wrapped together in the **perimysium** composed of intramuscular connective tissue, forming more or less a network of smaller functional units (▶ Fig. 1.36). This network of collagen fibres forms a plexus, remaining in contact with one another to coordinate muscle contractions and to provide a path for smaller blood vessels and nerves. Each individual muscle cell is lightly wrapped in a delicate network of collagen fibrils, the **endomysium**. The endomysium forms a lattice enclosing connective tissue cells, the smallest blood vessels and nerve plexus (▶ Fig. 1.36). These aforementioned sheaths are classified according to the size of the bundles they enclose, into primary, secondary and tertiary bundles. They build a functional unit and combine at each end of the muscle belly, continuing into the **tendon**.

The various sheaths of connective tissue in the muscle extend beyond the ends of the muscle and unite to form the **tendon** (tendo), a white, cordlike attachment to the bone. The transfer of muscle power to the tendon occurs at the end of the muscle fibres, where small finger-like processes from the muscle fibres interlock with those of the collagenous fibrils from the tendons. This construction greatly strengthens the connection between tendon and muscle. Tendon fibres run parallel to one another and differ in radius and length (▶ Fig. 1.37).

They are also grouped into **bundles** (**primary**, **secondary** and **tertiary**) through the continuation of the muscle sheaths that are, here, referred to as the **epitendineum** and **peritendineum**. Expansive muscle plates that, because of their flat and wide form do not have a belly, attach through thin, flat sheets of connective tissue (**aponeuroses**). The fibres of both cordlike tendons and aponeuroses are oriented in the same direction as the mechanical forces they are subjected to. Compared to muscle tissue, tendons exhibit a much greater **tensile strength** due to their high collagen and low elastic content.

The long tendons of the limb distal regions exhibit a great elasticity throughout their entire length. During movement, the elas-

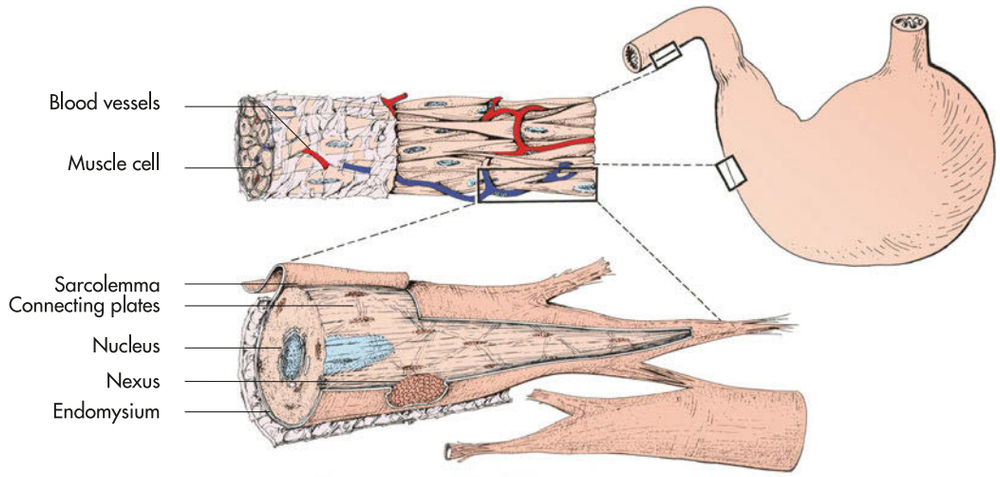


Fig. 1.35 Smooth muscle (schematic); fig. based on data from Liebich, 2004.

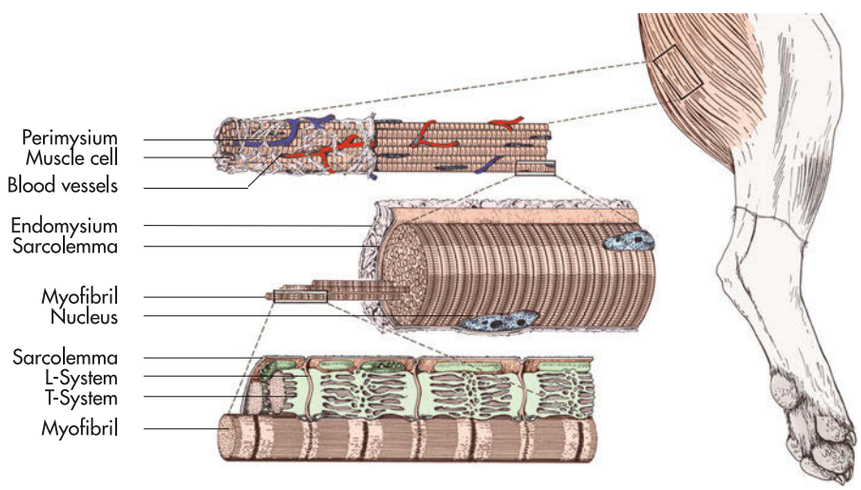


Fig. 1.36 Striated muscle (schematic); fig. based on data from Liebich, 2004.

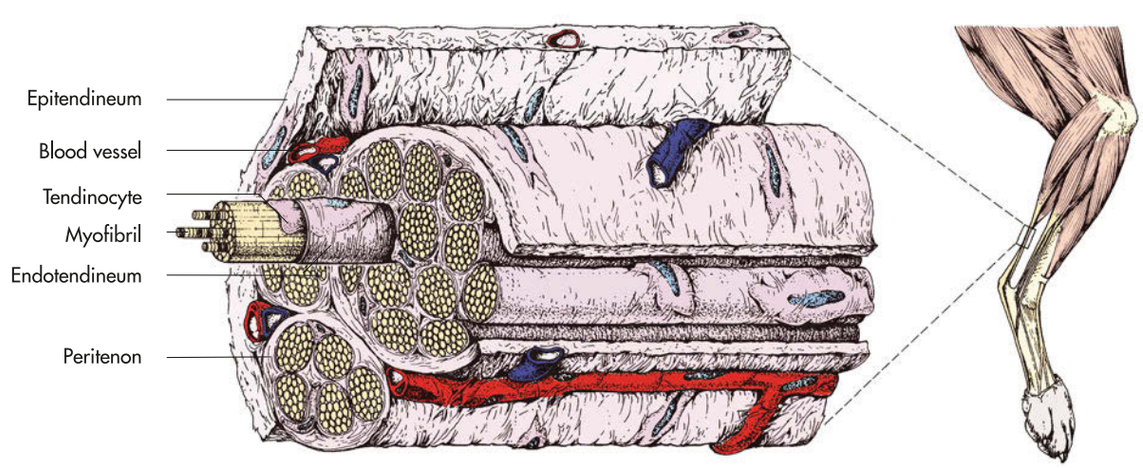


Fig. 1.37 Tendon (schematic); fig. based on data from Liebich, 2004.

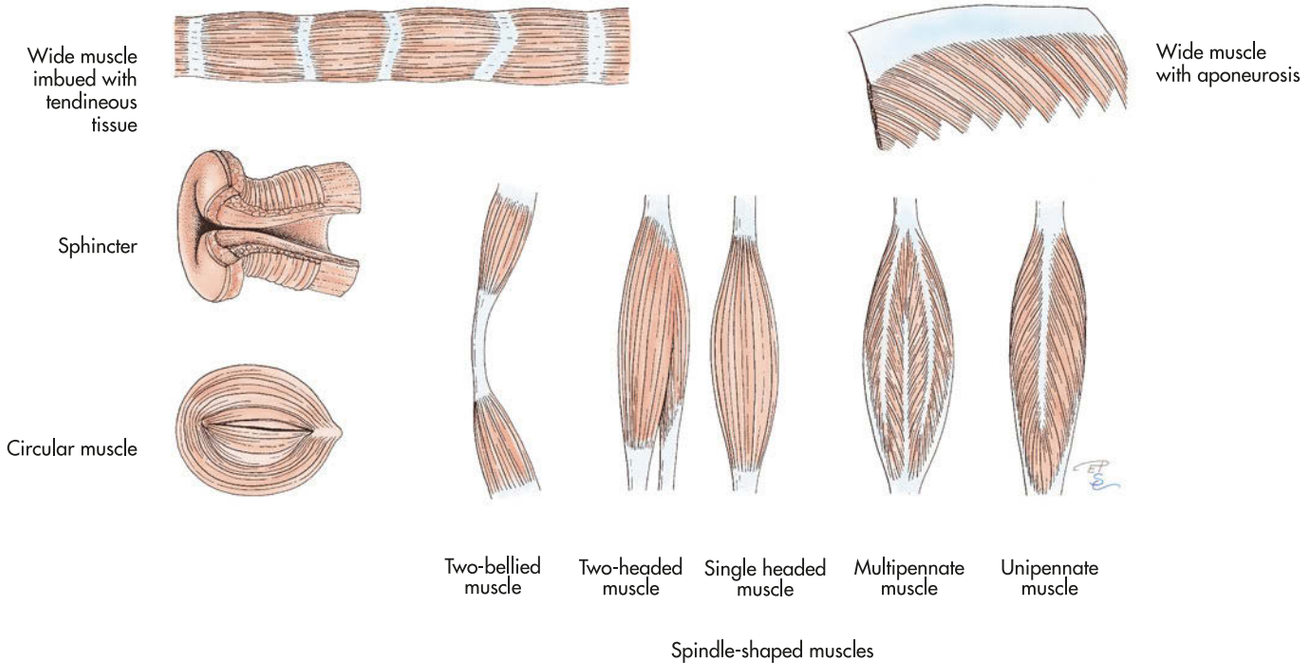


Fig. 1.38 Categories of skeletal muscles according to the arrangement of their fibers (schematic); fig. based on data from Putz and Pabst, 1993.

tic quality of the tendons store energy, absorb shock and function as a suspension mechanism. A good example of this elasticity is given by the middle interosseous muscle (M. interosseus medius) of the horse. This muscle is a long, fibrous cord greatly resembling a tendon. In fact, it hardly contains muscle tissue and functions as a tendon. When a horse is moving, this tendon is stretched by the load applied to the leg, storing energy as elastic strain energy. During the second half of the step, the body weight load on the leg decreases, and the tendon, which has stretched and shortened, releases the stored energy. When an extreme load is placed on this structure, it can stretch to the point where the fetlock joint touches the ground with each step.

At their attachment sites, the tendon fibres continue into the **periosteum** or **perichondrium** as **Sharpey fibres**. The attachment can encompass a large surface area of the bone or it can be limited to a single point, forming either a sharp or wide angle. Tendons that continue into the skin or tongue musculature contain a higher percentage of elastic fibres, thereby increasing the tension in these organs.

Macroscopically, muscle fibres appear staggered, attaching to the aponeurose at varying angle widths or to the bone with tendons of various lengths. The tendon can divide and radiate into the muscle, so that the muscle becomes imbued with tendinous tissue. The spreading of the tendon tissue in the muscles results in a pattern **(tendon sheath)** similar to a feather or a leaf. Muscles are classified according to their **structure** and **fibre orientation** (▶ Fig. 1.38):

- **unipennate muscles** (m. unipennatus) with two parallel tendon sheaths,
- **bipennate muscles** (m. bipennatus) with double tendon sheaths, and
- **multipennate muscles** (m. multipennatus) with multiple tendon sheaths.

A pennate muscle has fibres that lie oblique to the line of force generated by the muscle. The maximum force produced by a muscle is proportional to the total cross-sectional area of all its fibres. The morphological cross section is the cross-sectional area of a muscle perpendicular to its belly axis at its thickest part. The physiological cross section of a muscle represents the cross sectional area of all muscle fibres perpendicular to longitudinal axis of each fibre. Muscle strength is dependent on the number of fibres apparent on the physiological cross section. The more fibres present, the greater is the tension and the maximum force produced. The **tension** required of a muscle is dependent on the cross-section of the fibres and the distance the muscle shortens during contraction. This distance is proportional to the change in the insertion angle and the length of the muscle fibre bundles. Muscle work is the **speed of the contraction**.

Within a strong muscle belly, the muscle fibres attach to the tendon or to the bone surface at a sharp angle, allowing space for the muscle to expand when it contracts. During contraction, the attachment angle widens. This unique structural characteristic increases blood flow, thus supporting metabolism. The contraction and relaxation of muscles play an important role in the body's entire circulatory system.

Forms of muscles

Muscle vary in form, location and size. On spindle-shaped muscles, one can distinguish a passive **head** (caput) at the origin, the active muscle **belly** (venter) in the middle and the passive **tail** (cauda) at the insertion. As a result, each muscle has a designated **origin** (origo) and **insertion** (insertio). The origin and insertion are assigned by convention. Normally, the origin is the proximal end of the muscle, or the end closest to the body centre or axis.

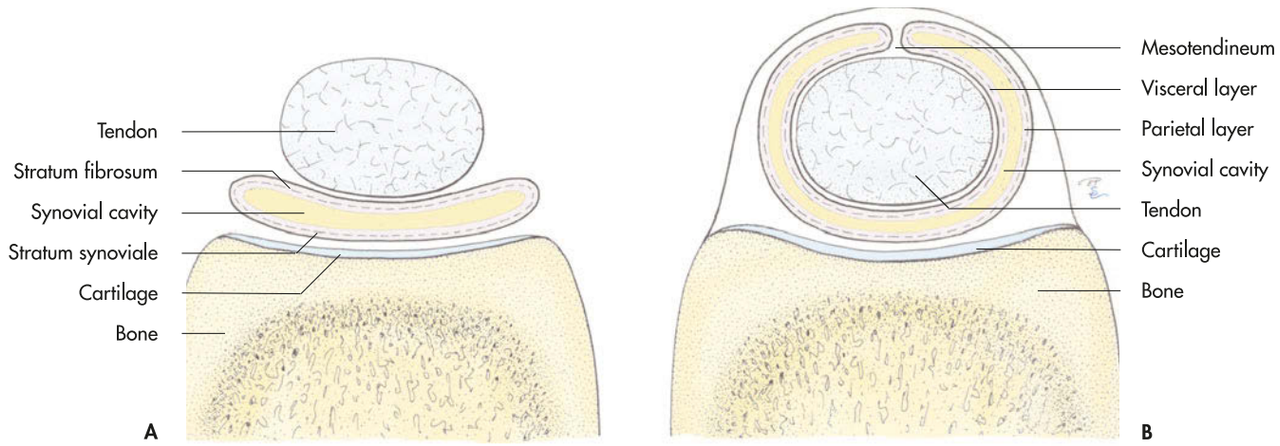


Fig. 1.39 Accessory structures of muscles: **(A)** synovial bursa and **(B)** tendon sheath (schematic).

The distal end of the muscle is the insertion. There are many different **forms of muscle** (▶ Fig. 1.38):
- spindle-shaped muscles (m. fusiformis),
- wide muscles (m. planus, whose tendon builds an aponeurosis),
- two-headed muscles (m. biceps),
- three-headed muscles (m. triceps),
- four-headed muscles (m. quadriceps),
- two-bellied muscles (m. biventer or m. digastricus),
- circular muscles (m. orbicularis) and
- sphincter muscles (m. sphincter).

Locomotion

Natural movements involve many muscles working simultaneously or one after the other. When two muscles act together, they are said to be **synergistic**. If they work against each other, they are **antagonists**. During movement, one part is the **fixed point** (punctum fixum) and the other the **moving point** (punctum mobile). The punctum fixum is every part that remains immobile due to its attachment to the trunk. The punctum mobile must be smaller and lighter than the punctum fixum. The function of a muscle can be derived on the one hand from its origin, placement and insertion and on the other hand, from its **point of rotation** (hypomochlion).

Most all natural movements, for example, breathing, walking, trotting, or galloping, are a rhythmic cycle of contractions and relaxations of antagonistic muscle groups. Even during relaxation, every muscle is under a certain amount of minimal tension, the **muscle tonus**. This state is caused by a reflectory and constant excitatory stimulus originating from the muscle spindles. Anasthesia invokes a **hypotonus**, a reduction in muscle tonus. Many muscles serve to hold a certain body part in position and therefore display a constant minimal muscle tonus. These muscles are sometimes passively supported by tendon-like tissue embedded in the muscle belly.

In order for movement to begin, both the muscle tonus of the antagonizing muscle(s) and the force of gravity must be overcome. Muscle contractions are categorised based on what happens to the length of the active muscle during movement. A continual increase in the intrinsic muscle tension without a change in muscle length is an **isometric contraction**. At a certain grade of tension, the muscle slowly begins to contract and shortens (**isotonic contraction**), resulting in movement.

A muscle exerts force on a joint according to the laws of lever systems. Depending on the **number of joints** a muscle acts upon, it can be classified as a:
- uniarticular muscle or
- biarticular muscle or
- polyarticular muscle.

From this classification scheme, it is obvious that some joints are always moved together when one muscle contracts (obligatorily linked joints). Other joints move together only under unique circumstances (facultatively linked joints).

Muscles can also be classified according to their **functional effect** on a joint as:
- extensor (m. extensor),
- flexor (m. flexor),
- adductor (m. adductor),
- abductor (m. abductor),
- sphincter (m. sphincter),
- dilator (m. dilatator),
- levator (m. levator),
- depressor (m. depressor),
- rotator (m. rotator) with:
  - supinator (m. supinator) and
  - pronator (m. pronator).

▶ Fig. 1.40, ▶ Fig. 1.41, ▶ Fig. 1.42, ▶ Fig. 1.43 and ▶ Fig. 1.44 present the superficial musculature of the domestic animals, which provide an introduction to myology. Topography, form and function of the individual muscles are described in detail in later chapters.

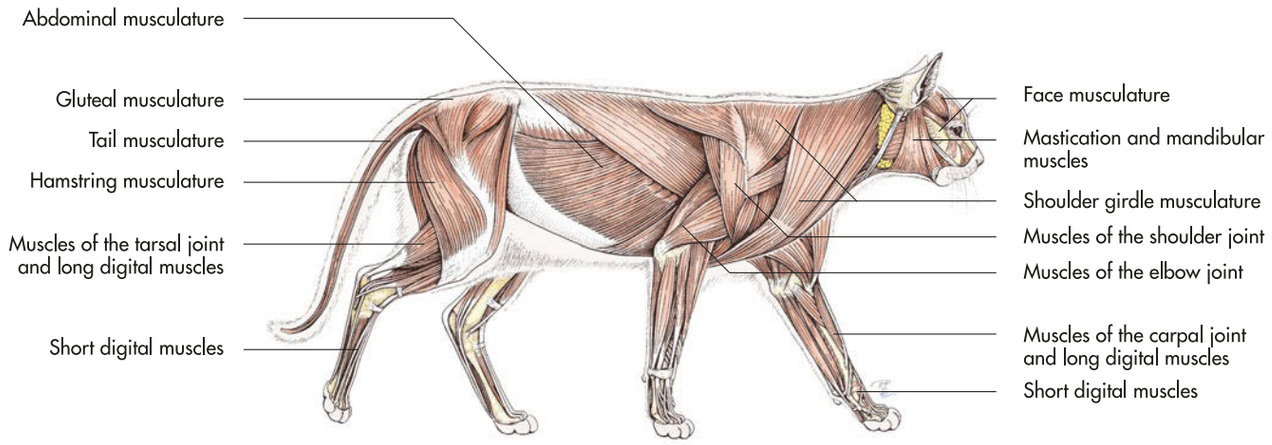


Fig. 1.40 Superficial muscle groups of the cat (schematic).

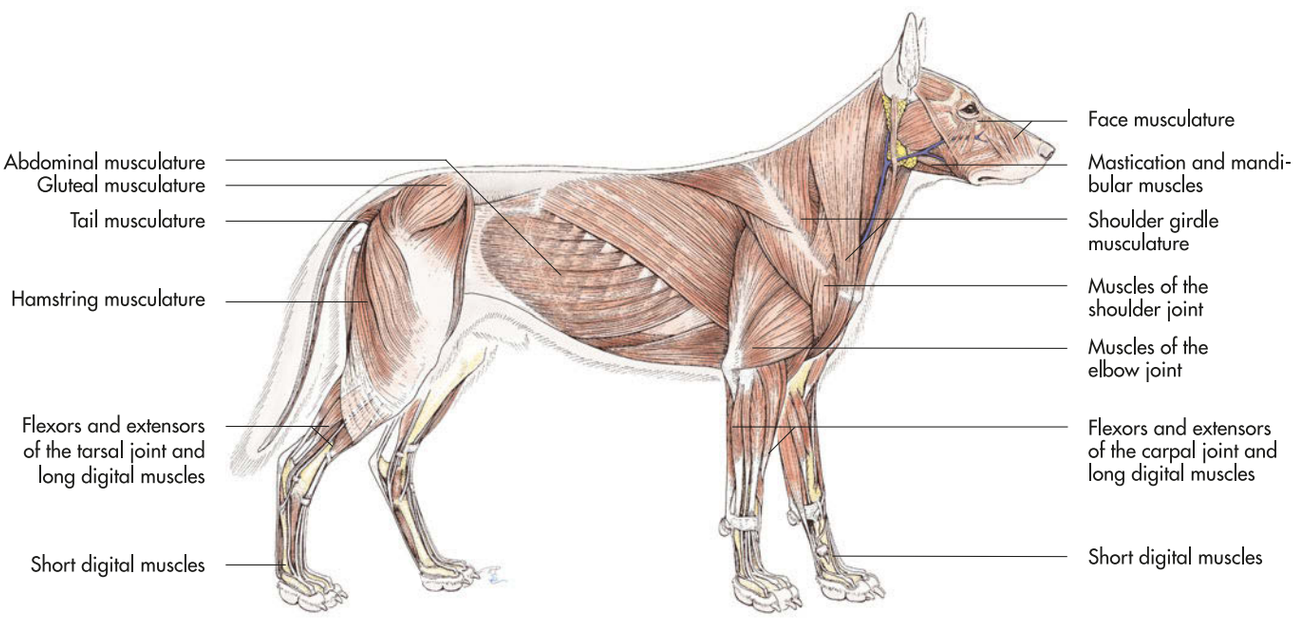


Fig. 1.41 Superficial muscle groups of the dog (schematic).

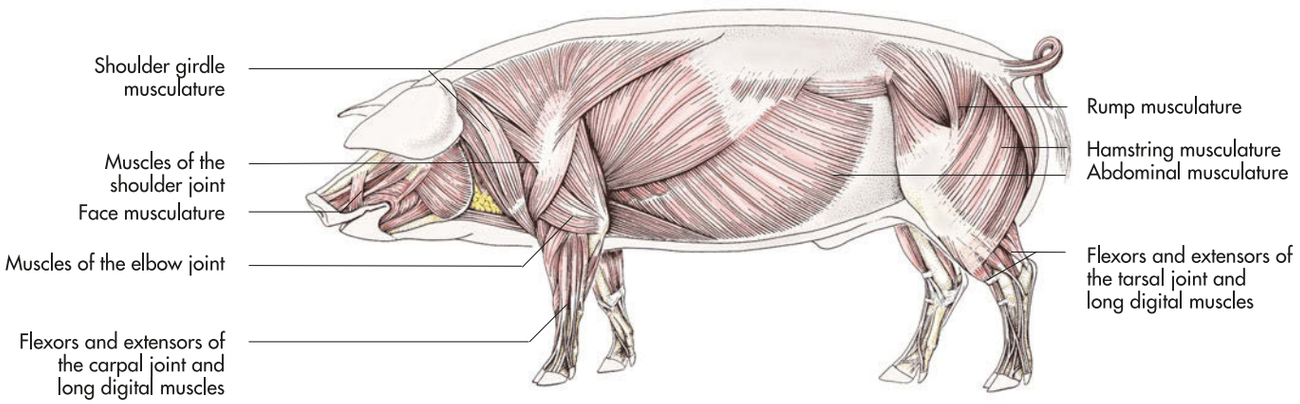


Fig. 1.42 Superficial muscle groups of the pig (schematic).

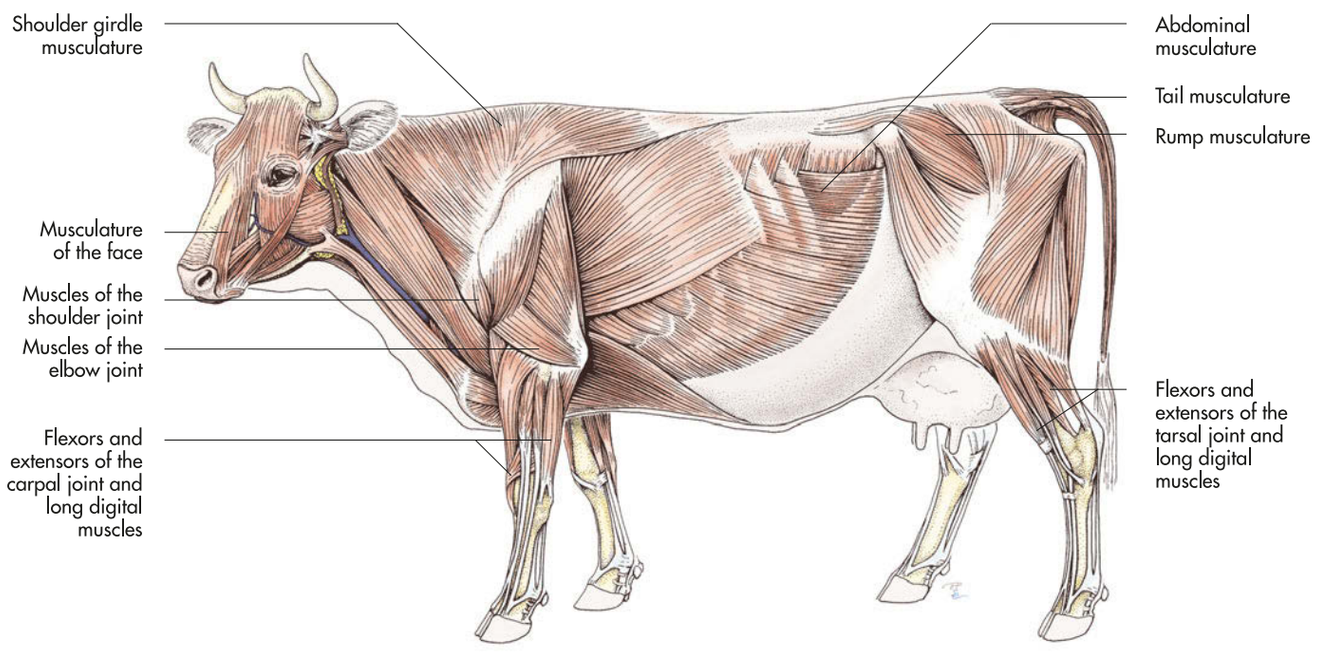


Fig. 1.43 Superficial muscle groups of the cow (schematic).

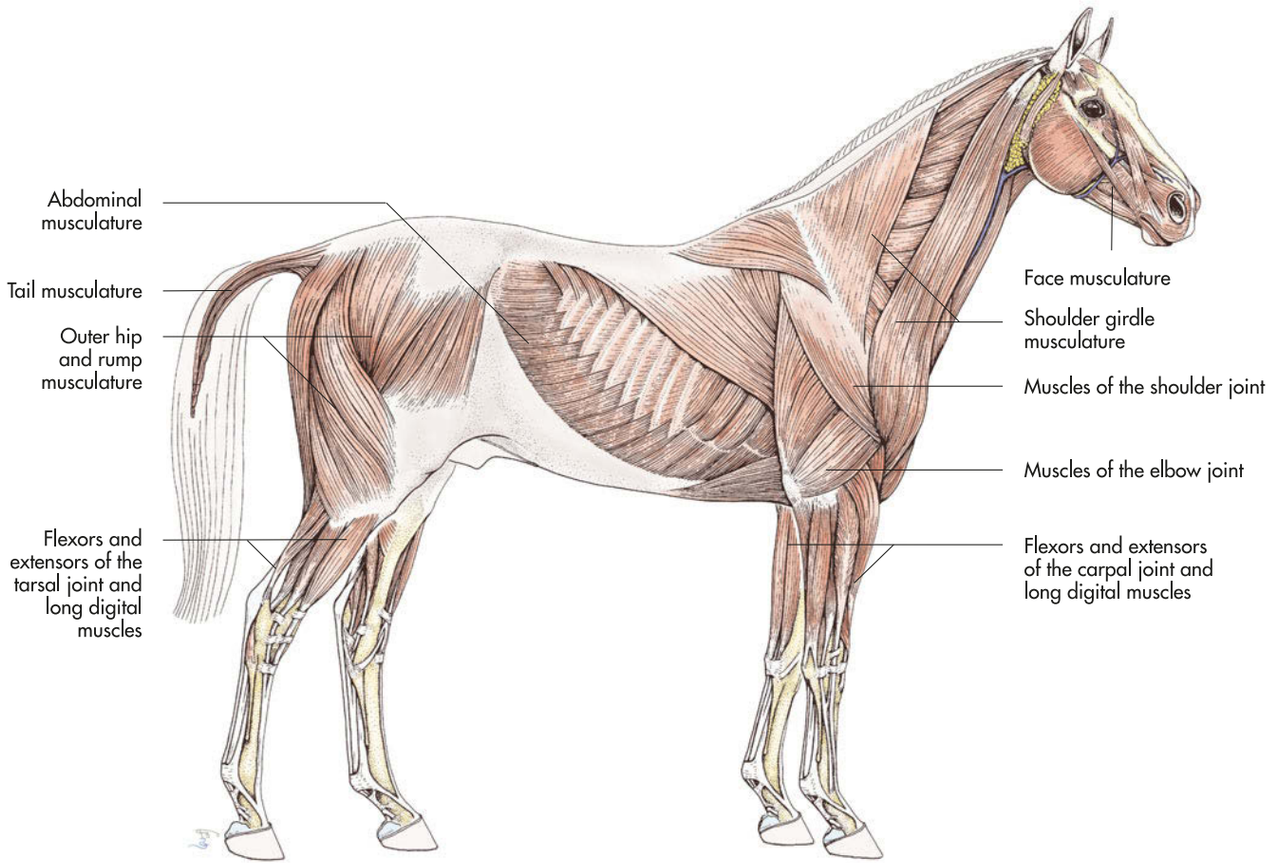


Fig. 1.44 Superficial musculature of the horse (schematic).

Accessory structures of muscles

The muscles are supported in their many functions through passive structures such as the:

- fasciae,
- bursae (bursae synovialis) or
- tendon sheaths (vaginae synovialis tendinum).

Muscles are individually sheathed in **fasciae**. The fasciae are expansive, thin and mesh-like sheets consisting of mostly collagen but also elastic fibres. These fibres are orientated in the same direction as the tension and stress forces acting upon the muscle. The mesh-like architecture of the fibres allows the fasciae to functionally adapt to changing muscle thickness resulting from muscle contraction. Fascia often serve as origin or attachment sites for muscles. By sheathing a muscle, fasciae provide a frictionless surface, allowing freedom of movement between individual muscles situated next to each other.

A unique form are the **septa intermuscularia**, independent fasciae that lie between muscles and are anchored to the periosteum. Fascia also form ringlike structures of connective tissue on extensor or flexor joint surfaces, thereby strenghthening the joint itself (retinacula tendinum).

Fasciae are located throughout the entire body and can be divided into a thinner, **superficial fascia** (fascia superficialis) and a stronger, **deeper layer** (fascia profunda). The superficial fascia enclose the superficial **skin muscles** (musculi cutanei) in most regions of the body. Especially in the horse, the deeper layers can be reinforced through elastic fibres that lend them a yellow sheen (tunica flava of the ventral abdominal wall).

Synovial bursae are enclosed in a capsule of connective tissue (▶ Fig. 1.39). They vary in size, often containing more than one compartment, and are always filled with synovia. They can be compared to small gel cushions located beneath tendons, evenly distributing pressure originating from the tendon. The structure of the bursae walls is similar to that of joints. Like the joints, the wall is comprised of two layers: the inner **stratum synoviale** and the external **stratum fibrosum**.

The synovial bursae are found everywhere in the body where muscles, tendons or ligaments glide over bone. Inconsistent or facultative bursae may develop subcutaneously at various sites subjected to constant mechanical pressure. Synovial bursae are classified according to their **location**:

- subtendinous bursae (bursae synoviales subtendinosae),
- submuscular bursae (bursae synoviales submusculares),
- subligamentous bursae (bursae synoviales subligamentosae) and
- subcutaneous bursae (bursae synoviales subcutaneae).

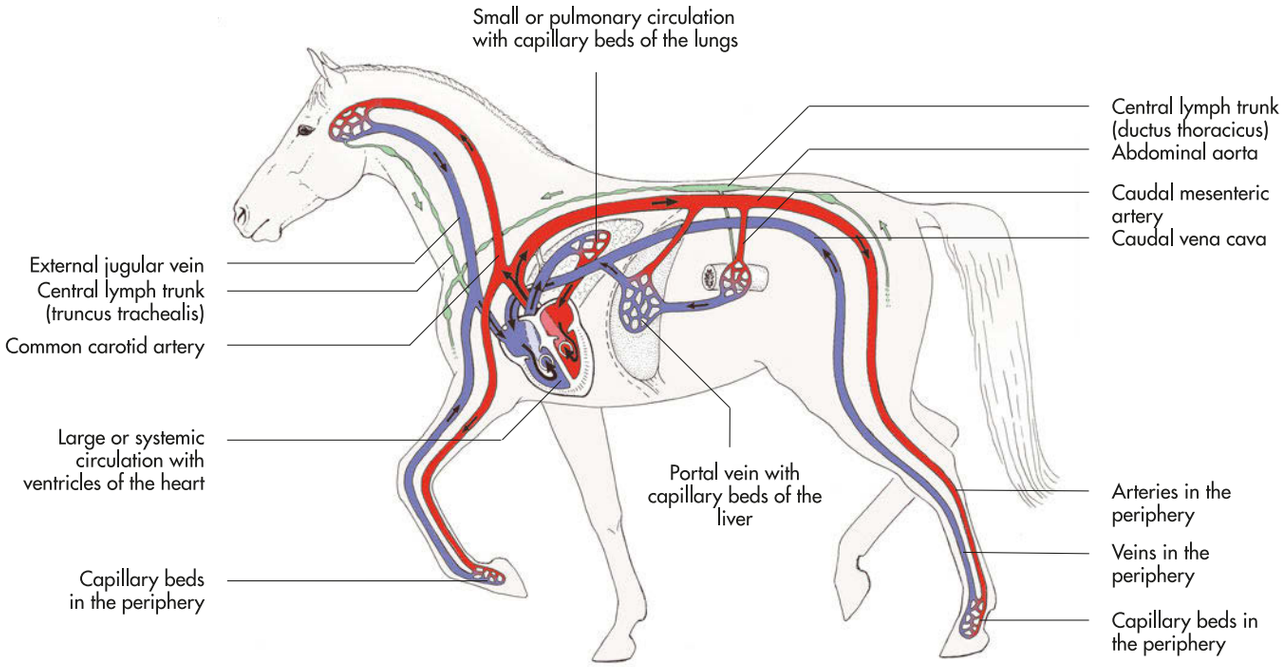


Fig. 1.45 Adult circulatory system (schematic).

Synovial tendon sheaths (▶ Fig. 1.39) are similar to the bursae, except that they completely sheathe the tendons like a tube, protecting the underlying tissues from pressure exerted by the tendon and reducing friction during movement. Tendon sheaths often form when the synovial membrane of a joint forms a **recess** (recessus), which then surrounds the tendon.

Like the bursae, tendon sheaths have **cavities** (cavum synoviale) which are also filled with **synovial fluid**. The **synovial membrane** is formed from two layers, the **visceral** and the **parietal layers**. The internal surface facing the tendon is the visceral layer of the tendon sheath. At some point, this layer doubles back and becomes the outer or parietal layer. These two layers are connected by a thin double mesentery, the **mesotendineum**, which provides passage for blood vessels and nerves. In certain places the mesotendineum is incomplete (**vincula tendinum**).

Functions of the synovial membrane

Fluid filtration, nutrient diffusion and active macromolecule transport processes occur through the synovial membrane. Among the synovial cells of the folds and villi are microscopic pores through which substances can diffuse. Hydrostatic and osmotic pressure regulate diffusion processes between the synovial cavity and the surrounding connective tissue. Located in the surrounding connective tissue are numerous blood and lymphatic vessels that considerably affect the function of the tendon sheaths. A physiological equilibrium exists when the amount of fluid entering the synovial cavity is the same as that which is reabsorbed from the cavity.

When this equilibrium is disturbed, fluid accumulates in the cavity. Clinically, this results in swelling of the tendon sheath and possibly in inflammation of the synovial membrane. The lymphatic drainage plays an important role in regulating hydrostatic pressure within the cavity. With every rhythmic contraction of the surrounding musculature, excessive fluid is drained into the lymph vessels and removed.

Clinical terminology

Examples of clinical terms derived from anatomical terms: osteopathy, osteitis, osteomyelitis, periostitis, osteosynthesis, osteoclastoma, osteoplastic, osteolysis, osteomyelography, osteoma, osteomyelofibrosis, osteonecrosis, osteoperiostitis ossificans, osteopetrosis, osteoporosis, osteochondrosis, spina bifida, osteosarcoma, abductor fracture, adductor paralysis, arthropathy, arthritis, arthrosis, arthro-scopy, arthrolysis, nucleus pulposus prolapse, hip dysplasia (HD), myopathy, myodistrophy, myofibrosis, myometritis, myocarditis, myoma, myospasm, tendopathy, tendinitis, bursitis, synovitis, synovia hernia, achillobursitis, achillotenotomy, insertion tendinosis, and many more.

1.5 General anatomy of angiology (angiologia)

H.-G. Liebich and H. E. König

The cardiovascular system can be compared to a closed system of connecting tubes, where the heart functions as the central driving pump. The heart continuously circulates blood through the arteries, capillaries, and veins, supplying the organs and peripheral body parts. This system, which also includes the lymphatic system, integrates all the various parts of the body, transporting substances to, from and between cells and tissues. These substances include nutrients, blood gases, enzymes, electrolytes, vitamins, hormones, metabolic products, heat, components of the immune system, water, and blood cells. The **blood** (hema, sanguis) is responsible for transporting these substances.

The **blood volume** in a domestic animal accounts for 6–8% of body weight. Cats are the one exception: their blood volume accounts for only 4% of their weight. This fact makes them much more susceptible to anaemia than other animals.

The **circulation time** required for a blood cell to travel from the heart, through the body and back, is approximately 30 seconds for large animals, 15 seconds for medium sized animals and 7 seconds for a cat.

1.5.1 Organisation of the cardiovascular system

The term **circulatory system** (systema cardiovasculare) refers to the **blood-filled tubular pathways** of the body. Also included is the **lymphatic system** (systema lymphaticum) that functions as a **drainage system**, draining fluid in the form of **lymph** from the interstitial tissue and returning it to the circulating blood. The red bone marrow and the spleen are also components of this system. The red bone marrow is a **hemopoetic organ** that produces various blood cells (**hematopoesis**), and the spleen acts as a filter for these cells.

Since all types of organs and tissues are supplied by blood through vessels, these vessels must be organised to accommodate very different requirements. These requirements include, for example, the digestion processes of the intestines, muscle work, and the blood supply to the heart and brain.

The **heart functions** as the **central pump of the cardiovascular system**. Blood pumped from the heart enters a **high pressure dispersion system** consisting of the large arteries and, in the periphery, the smaller arterioles. Arteries and arterioles carry **oxygen-rich (oxygenated) blood** away from the heart to the periphery of the body. The arteries branch into arterioles, which further branch into ever smaller and more abundant vessels, the **capillaries** (vasa capillaria).

Capillaries have very small diameters and extremely thin walls, both of which facilitate gas exchange and the transportation of small molecules and water between the blood and surrounding tissues. The thin capillary walls also allow some types of blood cells to exit the vessel and enter surrounding tissues.

As blood flows away from the heart, pressure within the vessels declines. This drop in pressure is the result of two factors, friction, as the blood encounters resistance from the luminal walls of vessels, and an increase in the total cross-sectional area of blood vessels. The capillaries are mainly responsible for this effect: since their lumina are small, resistance is increased. Due to the overall abundance of the capillaries, the total cross-sectional area is also increased.

Blood returning to the heart through the **veins** retains very little pressure. Veins and venules form a **low pressure collecting system**. This system carries blood containing very little **oxygen** (**deoxygenated**) and can also serve as a reservoir for blood (e.g. in the integument, subcutis, lungs, spleen), returning blood to the circulation when needed. The veins carry the blood back into the heart; for more information see Chapter 13 “Organs of the cardiovascular system” (p. 471).

Heart (cor)

The heart is the central organ of the cardiovascular system. It is a **four-chambered**, muscular sac that rhythmically contracts, acting as a pump to propel blood through the vessels. The direction of flow is pre-programmed through built-in **heart valves**, which also prevent reflux.

The heart is divided into **two main chambers** (ventriculi cordis). Each of these chambers is preceded by an **atrium** (atrium cordis), making altogether four chambers. The two atria collect blood, thus ensuring enough is present to fill each ventricle quickly.

Both ventricles have a valve located at each end. One valve prevents the blood from flowing backwards into the atria during a **contraction of the ventricles** (systole, Greek for “pull together”). The second valve prevents the blood in the arteries from returning to the ventricles during **relaxation** (diastole, Greek for “pull apart, stretch”). During diastole, blood flows into the ventricles, the following systolic and diastolic phases quickly alternate, creating a pump-like action.

Functionally, the heart is divided into a **right** and **left side**. The **right side** of the heart pumps the blood into the **capillaries of the lungs** and is referred to as the **small or pulmonary circulation**.

The **left side** pumps blood to the rest of the body and is called the **large or systemic circulation**. The right and left sides of the heart are completely separated by an **internal wall**, but both, outwardly and anatomically, the heart appears a single organ; for more details see Chapter 13 “Organs of the cardiovascular system” (p. 471).

Pulmonary and systemic circulation

The pulmonary and systemic circulations are two parts of a common circulation, where one lies ahead of the other (▶ Fig. 1.45). Both sides of the heart pump the same volume of blood, even though the path between the right side of the heart and the lungs is much shorter than that between the left side of the heart and the peripheral body parts.

The **pulmonary** or **small circulation** begins in the **right atrium**, from which deoxygenated blood flows into the **right ventricle**. During ventricle contraction, this blood is pressed into the **pulmonary trunk** (truncus pulmonalis) and the following lung arteries until it arrives in the **capillary beds of the lungs**. Here the blood becomes oxygenated and returns through the **veins of**

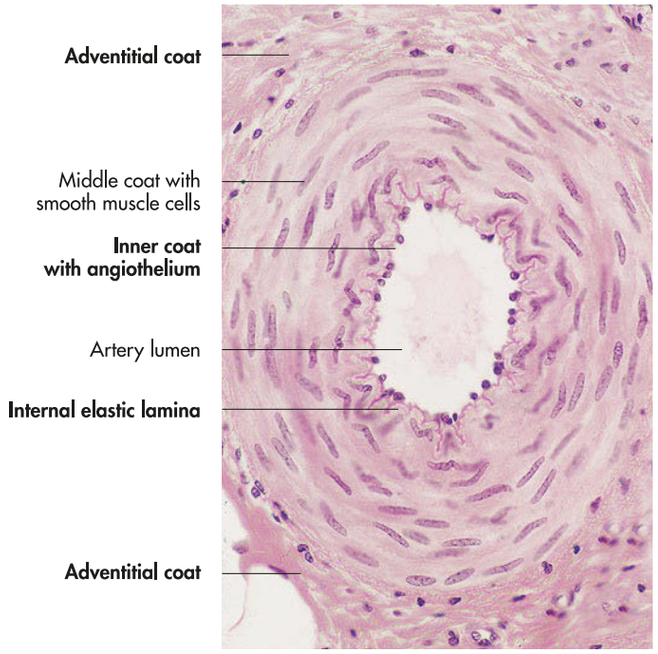


Fig. 1.46 Artery (histological section, hematoxylin and eosin staining).

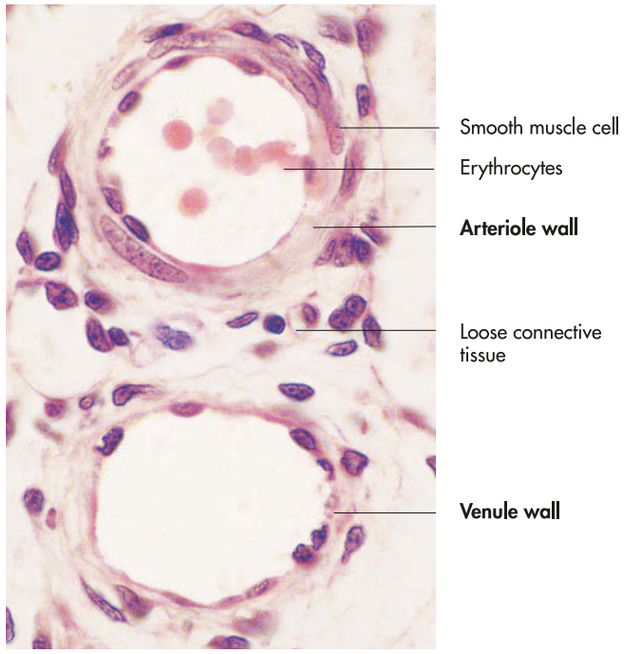


Fig. 1.47 An arteriole and a venule (histological section, hematoxylin and eosin staining).

the lungs (venae pulmonales) to the heart, flowing into the **left atrium**.

The **systemic** or **large circulation** begins in the **left atrium** of the heart. Oxygenated blood flows from the **left atrium** into the **left ventricle**. When the ventricles contract, the blood is forced into the **aorta** and is systematically dispersed throughout the **periphery of the body**, first through the arteries, then through the arterioles, until finally reaching the **capillary beds** of the tissues and organs. Deoxygenated blood returns from the hind limbs and the caudal half of the trunk through the **caudal vena cava** (v. cava caudalis) and returns from the head, front limbs and the cranial trunk through the **cranial vena cava** (v. cava cranialis). Both the cranial and caudal vena cava empty into the **right atrium**.

Portal circulation

The portal vein and its tributaries form a bypass system that begins and ends as capillary beds. The **portal vein** (v. portae) collects deoxygenated blood from the first capillary beds in the gastrointestinal tract and other unpaired organs within the abdominal cavity (spleen and pancreas). The capillaries in the abdominal viscera become confluent, eventually merging to form the portal vein. The wall of the portal vein is strengthened by muscle fibres, which rhythmically contract, increasing the portal pressure and propelling the blood towards the liver.

Within the liver, the portal vein repeatedly branches, eventually forming **capillary beds a second time**. When the blood passes through the liver and arrives in the liver's cranial side, it is collected by veins and transported into the caudal vena cava. Here the blood joins the remaining blood from the periphery to flow into the right atrium of the heart.

Another portal system of the body is located in the **pituitary gland** (hypothalamic-pituitary axis).

Peripheral circulation

The peripheral circulatory system is governed by functional adaptations which are reflected in the structures of the various vessel walls. As a rule, the organs and tissues are supplied by so-called vessel-nerve bundles, in which arteries, veins ("accompanying or concomitant veins"), lymphatic vessels and nerves mutually wind through connective tissue paths. For protection, the main vessel and nerve stems supplying the limbs are always located on the flexion surface of a joint.

Collateral arteries, terminal arteries and rete mirabile

By means of constant and continuous branching, collateral arteries break off from the main arteries and continue to accompany them, eventually reaching the same organs. Most of the collateral arteries connect to neighboring vessels, forming **peripheral anastomoses** (see below) and flow together into a common **net of blood vessels** (rete arteriosum). When this double arterial supply is missing, the single arteries are referred to as **terminal** or **end arteries**.

The occlusion of a terminal artery results in tissue ischemia and death (**necrosis**). Terminal arteries are common in the brain, heart, lungs, liver, kidneys, retina and spleen. When a terminal artery in these organs can no longer supply its area of tissue, this can result in a stroke (brain) or pulmonary embolism (lungs).

A highly modified arterial structure is the **rete mirabile**. An arterial rete mirabile forms when an artery branches into a series of parallel vessels, only to reunite into one artery again after a certain distance. These arterial structures are found mainly in the arteries at the base of the skull and on a smaller scale in the renal glomerula.



Fig. 1.48 Artery wall with elastic fibers (histological section, elastica staining).

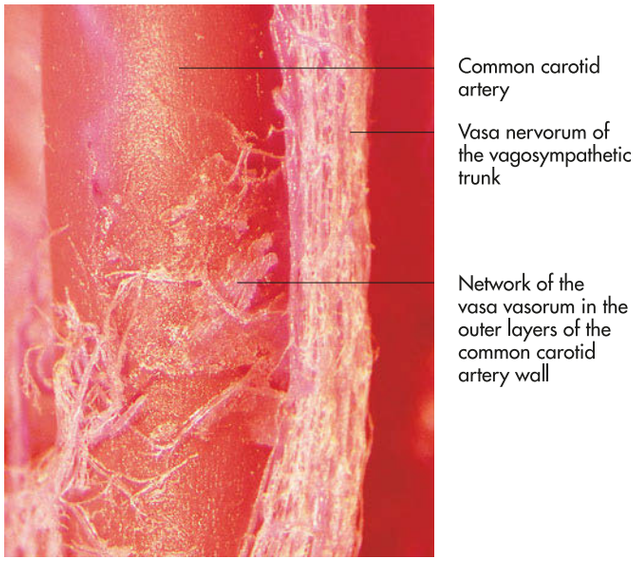


Fig. 1.49 Common carotid artery with the vasa vasorum and nerve network (corrosion cast).

The purpose of these structures has not yet been fully clarified. Since they are tightly associated with their corresponding venes, they most likely play a role in promoting the venous return (**arteriovenous junctions**). It has also been hypothesised that they slightly decrease the temperature of blood flowing to the brain. Another purpose may be to reduce pulsation of the arteries in the brain.

Anastomoses, barrier arteries and sphincter veins

Arteriovenous anastomoses are formed when a vessel branches from the arterioles before the capillary bed is reached. This vessel connects directly to venoles, thus completely bypassing the capillary bed. **Precapillary sphincters** are located at the transition of arterioles to capillary beds. These structures regulate blood flow to the capillary beds, thus controlling the peripheral circulation to the organs (e.g. integument, intestines, nasal mucosa). The arteriovenous anastomoses are the principal means of regulating temperature in the various organs. **Barrier arteries** contract to temporarily interrupt blood flow to a capillary bed. This results in an increased blood flow to the neighboring capillary bed. Venes are also equipped with **sphincters** (sphincter veins) capable of regulating the amount of blood flowing through the capillary bed located behind it. These structures are mostly found in veins of the genital organs.

1.5.2 Vessels (vasa)

A complete understanding of **angiology** (angiologia, from the Greek "angion" for vessel) can only be achieved through knowledge of structure, function, and clinical importance of different blood vessels. For the student and clinician, a basic understanding of the vessels as well as a general knowledge of the topography is more important than a comparative and detailed topographical knowledge of each vessel and their smallest branches (rami). The exact topography of every vessel down to minute detail is only of academic interest and is comprehensively portrayed in many anatomy textbooks. This textbook provides the student and practitioner with a working knowledge of the clinically important blood vessels and their paths; for more details see Chapter 13 "Organs of the cardiovascular system" (p. 471).

Structure of the blood vessels (vasa sanguinea)

The blood vessels build a **strongly branched, closed system of tubes**. In humans, were this system to be laid out in a long row, it would reach over 40 000 kilometers. The vessels are all built according to a similar design (▶ Fig. 1.46, ▶ Fig. 1.47, ▶ Fig. 1.48, ▶ Fig. 1.49, ▶ Fig. 1.50 and ▶ Fig. 1.51). The structure varies, in part greatly, according to the local functional demands. In general, the following vessel types exist, listed in the direction of blood flow:

- **arteries**, large vessels carrying blood away from the heart, without any capability of exchange with the surrounding tissues,
- **arterioles**, smaller arteries (diameter 20–100 µm),
- **capillaries**, with very thin walls participating in exchange with surrounding tissues,
- **venules**, small venes, and
- **veins**, large vessels carrying blood to the heart.

The lumen of large vessels is lined with a **tunica intima**. The tunica intima consists of a single layer of **endothelial cells** (angiothelium) resting on a **stratum subendotheliale** of connective tissue with an underlying **basement membrane**. This layer is responsible for the exchange of molecules with the surrounding tissues, allows blood cells to exit the vessel lumen and promotes the flow velocity of blood or lymph. The middle layer, the **tunica media**, consists mainly of smooth muscle cells and elastic nets. This layer contracts the vessel wall, determining the hemodynamics. The outer layer, the **tunica adventitia**, is mostly composed of loose connective tissue, which anchors the vessel to the

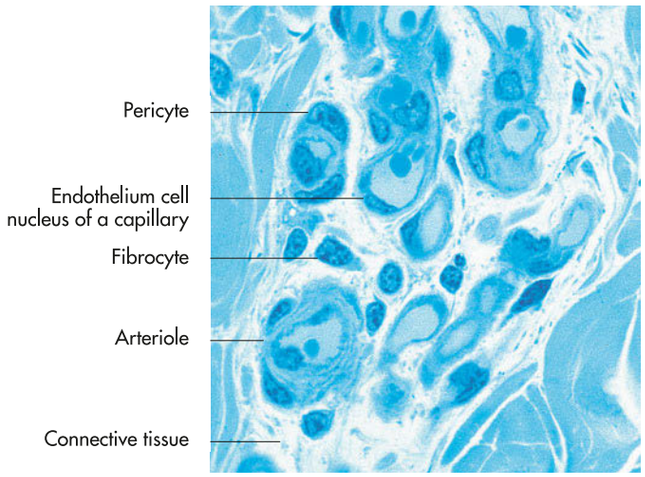


Fig. 1.50 Capillary bed with surrounding connective tissue (histological section, methylene blue staining).

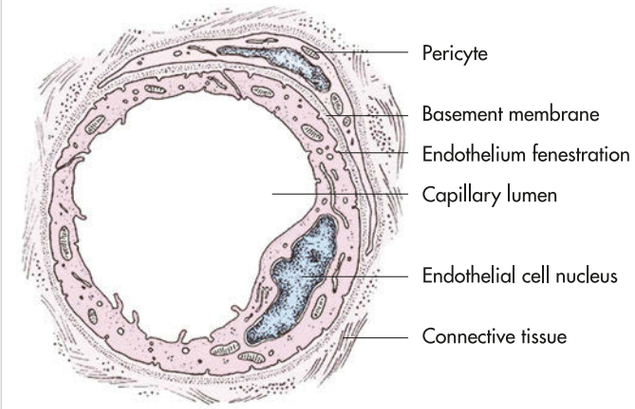


Fig. 1.51 Ultrastructure of a capillary (schematic); fig. based on data from Liebich, 2004.

surrounding tissue. The **vegetative nerve** supply to the vessels is also found in this layer, as well as in the **vasa vasorum**, which supplies nutrients to the larger vessels (see a textbook of histology for more information on vessel structure).

Arteries (arteriae)

The arteries and arterioles **carry the blood away** from the heart and into the periphery to all the organs. There are two types of arteries: those of the **elastic type** and those of the **muscular type** (▶ Fig. 1.46, ▶ Fig. 1.47 and ▶ Fig. 1.48). The tunica media in the **aorta** and **arteries located near to the heart** contains mainly **elastic fibres**. These elastic fibres are responsible for the **typical expansion** of the vessels during **systole**. Arteries can regulate their calibre by contraction of the muscular layer, which conducts the blood further into the periphery. With a contraction of the left ventricle (systole), a blood stream is forced into the aorta and the arteries closest to the heart. The aorta and the arteries expand to receive the blood, due to the elastic nature of their walls, thus absorbing the energy of the blood stream. When the left ventricle relaxes (**diastole**), the aorta and arteries closest to the heart passively narrow to their former diameter, pressing the blood together and forcing it further along. The absorbed energy in the walls is transferred back to the flowing blood. The elastic aorta and arteries functionally transform the **discontinual pump action** of the heart into a **continual flow of blood** to the body. Examples of elastic arteries are as mentioned above, the aorta, the aortic arch, the brachiocephalic trunk, and the pulmonary arteries.

Arteries situated further from the heart have **smooth muscle fibres** in the tunica media and are arteries of the **muscular type** (▶ Fig. 1.48). These peripheral arteries, along with the arterioles, can change their lumen diameter, thus regulating blood pressure and blood flow. The **tunica media** is greatly strengthened by the smooth muscle fibres, which sometimes are reinforced with elastic fibres. The outer layer, the **tunica adventitia**, consists of connective tissue and elastic fibres. This layer anchors the blood vessels in the surrounding tissues.

Blood and nerve supply to the vessels

Blood vessel walls are partly supplied with nutrients that diffuse from the blood flowing in the lumen (transendothelial). The thick tunica media in large vessels prohibits transendothelial diffusion. Larger blood vessels require their own supply, which is provided by small blood vessels (**vessels of the vasculature**, **vasa vasorum**) which form capillary beds in the vessel walls.

The vessel wall is abundant in **vegetative nerve networks**. These nerves signal the smooth muscles to constrict (**vasoconstriction**, **adrenergic**) or to dilate (**vasodilation**, **cholinergic**). Located in specific vessel sections are **pressoreceptors**, unique nerve structures that measure the pressure in the vessel wall and acting on the vessel wall (i.e. in the carotid sinus). Such sensors have a **regulatory function on the blood pressure**.

A cat's blood pressure is measured on the upper arm and a dog's on his forearm or shank. The blood pressure in dogs can also be measured at the base of the tail.

Arterioles

Arterioles play an important role in regulating not only **arterial blood pressure** but also **blood flow velocity** in the periphery. Compared to the arteries, arterioles have a much thinner muscle layer and a smaller lumen diameter. The precapillary sphincters, the **metarterioles**, are also functionally important in **regulating blood pressure** (▶ Fig. 1.47). Through contraction of the ring muscle, the lumen of the arteriole can be completely occluded. These sphincters are usually located at the **transition of arterioles to capillary beds**, thus reducing the blood flow into the capillary beds. **Arteriovenous anastomoses** exist in the precapillary region to restrict blood transport to the capillary region in order to, for example, avoid the breakdown of a metabolic product.

Blood capillaries (vasa capillaria)

Capillaries (hair vessels) are responsible for the **gas** and **molecule exchange** between the blood and the tissues. For this to occur, **blood flow velocity** is reduced from 400–900 mm/sec in the aorta to approx. 0.3 mm/sec in the capillaries. **Blood pressure** is also greatly reduced in the capillaries. A capillary has an average diameter of 5–15 µm. Capillaries result from the **repeated divisions of the arterioles** and build three-dimensional nets before their transition into venules. Some structures do not contain capillaries, such as the cornea, the lens, cartilage, and dentin.

The **capillary wall** consists of only two layers, an **endothelial layer** lining the lumen and an outer **basement membrane** (▶ Fig. 1.50 and ▶ Fig. 1.51). The endothelium is usually continuous, however, the endothelium of some capillaries contains pores between the cells. Similarly, pores are also sometimes found in the basement membrane.

Sinusoid capillaries (vasa capillaria sinusoidea) are found in the liver, in red bone marrow, and in the spleen. These capillaries are characterised by a large diameter (approx. 40 µm), intercellular pores, and a discontinuous basement membrane. The cells of the lumen wall are capable of phagocytosis. Capillaries exhibit structural characteristics that are specific to the organ they supply. Organs and tissues may differ in the number of capillaries, or the amount of vascularisation, or in the rate of blood flow. For example, the heart muscle and the brain are very dependent on oxygen and are therefore vascularised quite extensively. On the other hand, a large percentage of cartilage or of the cornea remains free of vessels (bradytrophic tissue).

Capillaries are biologically effective for transport and barrier, for example, in the lungs, the kidneys, and the brain (blood-brain barrier). They play a role in filtration and reabsorption, or they can build a blood-clot-inhibiting layer. Tissues vascularised by arteries with anastomoses are not endangered by the occlusion of a single artery. Tissues vascularised by a single **terminal artery** are destined to become necrotic if the artery occludes. This process is called an **infarction**. The capillary density is very high in some organs like the heart muscle, in the grey substance of the central nervous system and in the endocrine glands. In other organs, the capillary density is dependent on the activity level. For example, in the ovaries, capillary beds develop during functional phases and are resorbed during resting phases.

Venules

Venules are the smallest veins, and differ from veins in that they have a miniscule lumen, a thinner wall and no elastic fibres (▶ Fig. 1.47). Venules connect the capillary beds with the veins and can be divided into three types. The **postcapillary venules** are similar to the capillaries with their pores in the vessel walls. These pores allow blood cells to diffuse into the tissues (**diapedesis**). Next are the collection venules, followed by the muscular venules, which are characterised by a muscle layer reaching up to 100 µm in thickness. A **venous sinus** (sinus venosus) is a **postcapillary vessel** that is present, for example, in the spleen.

Veins (venae)

From the capillary beds, blood returns to the heart by way of the postcapillary venules, then the smaller veins and finally, by way of the veins (Greek “phleb”, Latin “vena”). After the blood passes through the capillaries, the blood pressure in the veins measures approximately one/eight of the pressure measured in the precapillary arteries. This dramatic decrease in blood pressure results from the maximal increase of the total cross-sectional area of the capillaries and from the presence of unique **venous structures**. These structures (sinus venosi) are located mainly in the liver and spleen and together can store up to three times more blood than that which is present at any one time in the entire arterial system. Structural distinctions between the arteries and veins reflect an adaptation of the vessels to blood pressure: veins have a much larger diameter than arteries, and their walls are much thinner.

Vein architecture

Veins are built similarly to arteries except that the tunica media is much thinner, due to the **low pressure in the venous system**. Most often the tunica adventitia, the outer layer of the vessel, is the thickest. Collagen fibre nets located in the wall of the veins anchor them in the surrounding tissues, and strengthen the wall, preventing its collapse. In the limbs, each artery is located in a fold of connective tissue and is usually accompanied by two veins. The pulsation of the artery, in addition to muscle contractions, helps pump the venous blood back to the heart (see below). The distal limb veins are equipped with a much thicker tunica media in relation to the hydrostatic pressure.

Venous return of blood

Unique pump mechanisms are required to carry venous blood over long distances back to the heart.

Valves of the veins

The tunica interna forms **valves** to prevent blood flowing backwards into the capillary beds when circulation stagnates. These passive valves normally lie flat on the lumen wall when blood flows towards the heart. When blood flows backwards, the valves extend into the lumen, thus closing the vessel. The valves are double-sided endothelial extensions of the tunica interna and are normally found in groups of two to three. Their purpose is to ensure unidirectional blood flow.

The veins of the skull and veins in the vertebral canal **do not have valves**. Blood flows into duplicates of the dura matter (**sinus durae matris**), which are not independent vessels but rather empty spaces lined with endothelial cells.

Muscle pumps

The walls of veins contain few muscle fibres, and the pressure present in the venous system is very low. For these reasons, veins require pressure from the surrounding tissues to aid them in conveying blood back to the heart. The lack of pressure in the veins is compensated for by contractions in the surrounding muscles. The term **muscle pump** summarises the function of the skeletal muscles and their contribution to venous blood flow. During muscle contraction, the veins in and around the muscle are pressed flat. When the muscle relaxes, the veins open again, creating a vacuum, and blood from the periphery is pulled in the direction of the heart. The valves prevent the backward flow of blood. Every body movement affects the return flow of venous blood to the heart. With each step, the terminal vessels in the

toes undergo this functional process. Through the pulse, the arteries of the limbs also compress the neighboring veins. The heart itself also acts as a **pressure pump**.

Composition of venous blood

The composition of the venous blood depends upon where the **main root of the vein** in question originates. Venous blood from the intestines carries energy-rich molecules, white blood cells from the spleen, and hormones from the endocrine glands. Blood returning from the kidneys contains very little metabolic products. Veins transport tissue hormones such as prostaglandins, which in the female animal are produced in the uterus. In the cow, prostaglandins are delivered transmurrally to the ovaries via arteriovenous coupling between the vein draining the uterus and the artery supplying the ovaries (a. ovarica). Thus, the prostaglandins are delivered by the shortest and quickest path to the ovaries, where they induce luteolysis of the corpus luteum. The veins of the muscles and the liver carry blood that has been warmed, thus contributing to a constant body temperature.

Nomenclature of veins

Veins are normally named after the artery that they accompany. **Retrograde** (against the direction of blood flow) names are found in the older literature and tend to be misleading. Veins have **root origins**, combine to form larger veins, and eventually open into the **right atrium of the heart**. The retrograde description of veins makes its impossible to understand correctly the functions of blood flow, arteriovenous coupling, the orientation of the valves, and the effect of an intravenous injection.

Other organs beside the liver and the hypophysis are supplied not only from arteries, but also from veins. Therefore, veins contribute to the **supply of the organism**, similar to arteries. This fact is often not recognised in many textbooks.

1.5.3 Lymphatic system (systema lymphaticum)

A second vessel system exists in the body, which is designated the lymphatic system since its vessels carry lymph instead of blood. These **lymph vessels** are responsible for the integrity of the body. It functions within the **non-specific** and **specific immune systems**; for more information see Chapter 14 “Immune system and lymphatic organs” (p. 501).

Lymphatic organs

The lymphatic organs are responsible for many functions, most of which are executed by the cells of the lymphatic system. There are two classes of cells: the specific immune cells and the non-specific immune cells.

The **lymphocytes** (**T and B lymphocytes**) are the most important functional cells. They are produced in the bone marrow and in the lymphatic organs and travel with the lymph through the lymphatic vessels into the blood. Lymphocytes have surface receptors enabling them to recognise foreign material (antigens) in the body and, by triggering a **specific chain reaction**, to induce an **immune response**. The macrophages support this immune response but are non-specific in their function. They possess the ability to incorporate (phagocytise) antigens, break them down (histocompatibility reaction) and display the antigens (antigen presentation) on their cell surface (for more information, see physiology and immunology textbooks).

The nonspecific immunity cells belong to the extensive mononuclear phagocytosis system (MPS), previously termed the reticuloendothelial system (RES). Included in this system are the tissue macrophages, the endothelium of the liver, the spleen and marrow sinusoids, the alveolar macrophages in the lungs, the Langerhans cells in the skin, and the microglia. Lymphatic tissue is found in the body as:

- single cells (diffuse lymphatic tissue, lymph nodules),
- aggregates of cells (tonsils) or
- complex organs (thymus, lymph nodes and spleen).

Collections of **lymph nodules** (**not** lymph nodes) are found for example, in the intestinal wall as gut-associated lymphatic tissue (GALT). Similar to GALT are the reaction centers of the lungs (BALT: bronchus-associated lymphatic tissue). Such lymph nodules found in the mucosa are referred to as MALT (mucosa-associated lymphatic tissue).

The **thymus** consists of primary lymphatic tissue necessary for the development of cellular immunity. This organ coordinates the active immunity and the the growth of secondary lymphatic organs (lymph nodes, tonsils) during development.

Functions of the lymphatic system

The lymphatic system transports substances to the local lymph nodes that require filtration before they can enter the blood stream. Among such substances are particles, especially dust (lungs) and bacteria (skin, intestinal system, respiratory system). Lymph is also responsible for transporting fats absorbed through the intestines. In all cases, the lymph functions as the carrier.

Lymph is comprised mainly of **proteins** and similar in composition to the blood plasma. Also present in lymph are the **lymphatic cells** that are picked up in the lymph nodes. The lymph originating in the intestines shows a milky-white color due to its high fat content (**intestinal lymph** or **chylus**). Of great physiological importance is the fact that some of the body fluids cannot be transported by the blood vessels and are removed instead by the drainage system of the lymphatic vessels. This drainage system is very flexible and is capable of quickly increasing the amount of transported body fluid as much as ten fold. Interruptions in this drainage system can lead to lymphatic edema.

Architecture of the lymphatic vessels (vasa lymphatica)

The lymphatic vessels begin in the body’s periphery as a system of blind ending, capillary-like tubes that opens in the so called venous angle to the venous circulation.

The following vessels are distinguishable:

- lymphatic capillaries (vasa lymphocapillaria),
- lymphatic vessels,
- transport vessels,
- central lymph trunks and
- lymphatic ducts.

The **lymphatic capillaries** are similar in structure to the blood capillaries. However, the wall of the lymphatic capillaries is much

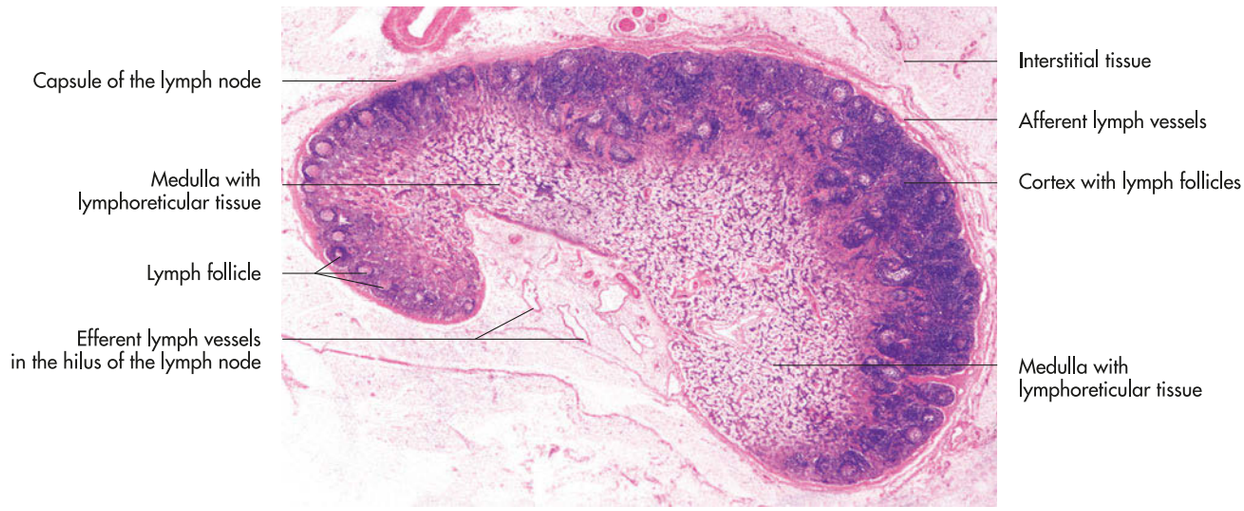


Fig. 1.52 Lymph node of a sheep (longitudinal section).

thinner and they do not possess valves. Close to the blood capillaries, the lymph capillaries form vessel nets (**retia lymphocapillaria**) within most body tissues. The capillaries merge to form the **lymphatic vessels** that collect the lymph from the plexuses. The lymphatic vessels have valves (valvulae lymphaticae) and thin walls, and they can build plexuses (plexus lymphaticus).

Transport vessels are able to contract due to the presence of a middle muscular layer. The contractions occur in the vessel segments between the valves, transporting the lymph in the proximal direction. The transport vessels run parallel to the veins and carry the lymph to the nearest **tributary (regional) lymph node**, thus referred to as the afferent lymph vessels (vas afferens) (▶ Fig. 1.52). The lymph enters the cortex of the lymph node through the afferent vessels, flows through the organ, and exits at the hilus through the efferent lymph vessel (vas efferens). One exception to this flow direction is found in the pig, where the vasa afferentia reach the lymph node at the hilus, and the vasa efferentia leave the cortex. Usually a second lymph node is found directly after the first to provide additional filtration and collection of lymph from numerous vessels. Multiple lymph nodes filtering lymph from the same area or tributary territory form **lymph centres**. **Central lymph vessels** collect the lymph from lymph centres in the abdomen and thorax. Lymph from the abdominal region initially flows through the **chyle cistern** (cisterna chyli) and finally into the **thoracic duct** (ductus thoracicus), where it is further transported.

The **ductus thoracicus** passes through the diaphragm alongside the aorta and continues dorsally through the thorax, entering the venous system at the left venous angle. The venous angle is formed by the convergence of the internal jugular and the left subclavian veins. The lymph drainage from the head and throat occurs through the two branches of the **tracheal trunk**, which unite and empty into the venous angle as well. Lymph vessels are not present in epithelial tissue, in the central nervous system, in the dental pulp, in bone, in cartilage or in the placenta.

1.6 General anatomy of the nervous system (systema nervosum)

H.-G. Liebich and H. E. König

The nervous system, along with the endocrine and immune systems and the sensory organs, is responsible for receiving various stimuli and coordinating the reactions of the organism. The nervous system receives stimuli that affect the body surface and/or the insides. The stimuli cause impulses that are registered, transmitted, processed and answered in the form of passive or active reactions. Thus, the nervous sytem enables the body to interact, adapt and react to the environment.

In simple organisms, this function is completely realised by individual sensory cells. These cells are stimulated by the environment and send the resulting impulse through a cell process directly to a muscle or gland cell. Sensory cells with processes that are responsible only for impulse transmission can still be found in domestic animals, – for example in the olfactory epithelium. In the rest of the body, **neurons** and their accompanying **glial structures** (glia cells, gliocytes) transmit the impulse, sometimes over quite a distance, from the **sensory cell (receptor cell)** to an **organ of response** (e.g. muscle cell or gland cell).

A **network of nerves** connects all organs of the body. This network is comprised of nerve tissue, which can be classified according to function or morphology. This classification is purely didactic; in fact the nervous system builds a **single functional unit**.

Morphological classification divides the nervous system according to location into a **central** (systema nervosum centrale) and a **peripheral system** (systema nervosum periphericum). The **central nervous system** (CNS) includes the brain (encephalon) and the spinal cord (medulla spinalis). The spinal cord connects the CNS to the remaining parts of the organism or to the **peripheral nervous system** (PNS).

Functional classification differentiates between the **somatic (cerebrospinal) nervous system**, which innervates structures under conscious control (e.g. locomotor system), and the **auto-**

nomic (vegetative) nervous system. The autonomic nervous system functions involuntarily and remains beyond the conscious control of the organism. This system innervates the internal organs, the blood vessels, and the glands. This system assumes the control and coordination of the internal organs; for more details see Chapter 15 "Nervous system" (p. 515).

1.6.1 Functions of the nervous system

The functions of the nervous system are divided as follows:

Sensory functions:

- **exteroceptive sensibility** (exteroceptors register stimuli from the environment as in hearing, sight, taste, heat, cold, pressure, pains, etc.),
- **proprioceptive sensibility** (proprioceptors are concerned with stance and position of the joints and muscles),
- **enteroceptors** react to stretch stimuli in hollow organs, blood pressure (baroreceptors) or the blood pH (chemoreceptors), and
- **vegetative (visceral) sensibility**.

Motor functions:

- **somatomotorics** (body motorics) and
- **visceromotorics** (motorics of the internal organs).

The **sensory functions** of the nervous system register and react to various types of stimuli. Sensory receptors monitor the external and internal environments. **Exteroceptive sensibility** involves stimuli from the surrounding environment that are registered through the skin, mucosa or sense organs. Information on the stance and position of the body is elicited by the **proprioceptive sensibility**. The organs responsible for receiving and transmitting this information are receptors found in the tendons and muscles. In this case, the receptor and effector organs are identical, for example the stretch mechanism of the muscle spindle. The system that transmits stimuli originating in the blood vessels or the internal organs to vegetative centers is referred to as the **vegetative (visceral) sensibility**.

The **motoric functions** of the nervous system are responsible for coordinating movement. **Somatomotorics** include all movements of the striated muscles that are under **conscious control**, and these movements are usually the result of environmental stimuli. Conversely, **visceromotorics** include all movements of the smooth muscles that are controlled **autonomously (subconsciously)**.

These **functions of the nervous system** are intricately linked. For example, a stimulus from the environment (exteroceptive stimulus) is translated by a **sensory receptor** into a nerve impulse. This impulse is carried by afferent sensory nerves to the central nervous system (CNS) and coordinated in the central nuclei. The stimulus is processed and answered in the form of a nerve impulse, which travels over **efferent motor nerves** to the musculature. The muscular reaction is controlled and regulated through feedback (**proprioceptive stimulus**) to the CNS in the form of a nerve impulse carried by sensory nerves.

The individual not only reacts to the environment but also interacts spontaneously with it. A spontaneous movement originating as an idea in the CNS is sent as a nerve impulse through efferent nerves and is registered by sensory organs. The sensory organs send a feedback signal to the CNS reporting if the movement was successfully completed or not. This feedback is referred to as a **reference**. If the movement was accomplished, then the CNS sends inhibiting impulses stopping the movement. If the reference is unsatisfactory, the CNS sends signals to enhance the movement. Countless excitatory circuits in the body build the foundation of the nervous system.

1.6.2 Architecture and structure of the nervous system

Understanding the architecture of the nervous system is difficult without the knowledge of some basic terminology. Further detailed information can be found in histology, neurophysiology, or neuroanatomy textbooks.

The nervous system follows a common structural design, which can be classified functionally and structurally into different sections:

- signal registration (sensory receptors),
- signal transmission (afferent nerve fibres),
- central processing of information,
- stimulus response (efferent nerve fibres) and
- reaction of the effector organ (muscle, gland).

Sensory receptors are macromolecules on the surface of receptor cells. Sensory receptor excitation occurs through mechanical, chemical, or thermal stimuli, as well as light and electrochemical stimuli (**receptorpotential**). The receptors are classified as **mechano-**, **chemo-**, **or photoreceptors**. Stimuli occur in countless forms and qualities and are received by a wide **spectrum of sensory cells**. Two types of sensory cells can be distinguished:

- **primary sensory cells**: the receptor is located on the surface of the **nerve cell**, and
- **secondary sensory cells**: the receptor is located on **modified epithelial cells** (e.g. hair cells of the inner ear and sensory cells in the taste buds).

Primary cells are found in the olfactory epithelium, as rods and cones in the retina, and as free nerve endings. Other examples of primary sensory cells are the encapsulated nerve endings, which are ends of sensory processes enclosed in specialised structures. For example, Meissner's corpuscle is a nerve ending wrapped in mesodermal cells located in the dermis of the skin. It responds to touch. The corpuscle of Ruffini, responsive to warmth, and the end bulb of Krause, responsive to cold, are other encapsulated receptors located in the dermis. Pacinian corpuscles (corpuscles of Vater-Pacini) are located in the skin, joints, and deep tissues of the body. They respond to pressure.

Receptors of deep sensibility, located in the tendons, the muscles or ligaments, and the internal organs are always **primary sensory cells**. Receptor or sensory cells can combine with other such cells to form an **organ**, in this case, a **sensory organ** (e.g. eye, ear, vestibular apparatus for balance, taste and olfactory organs).

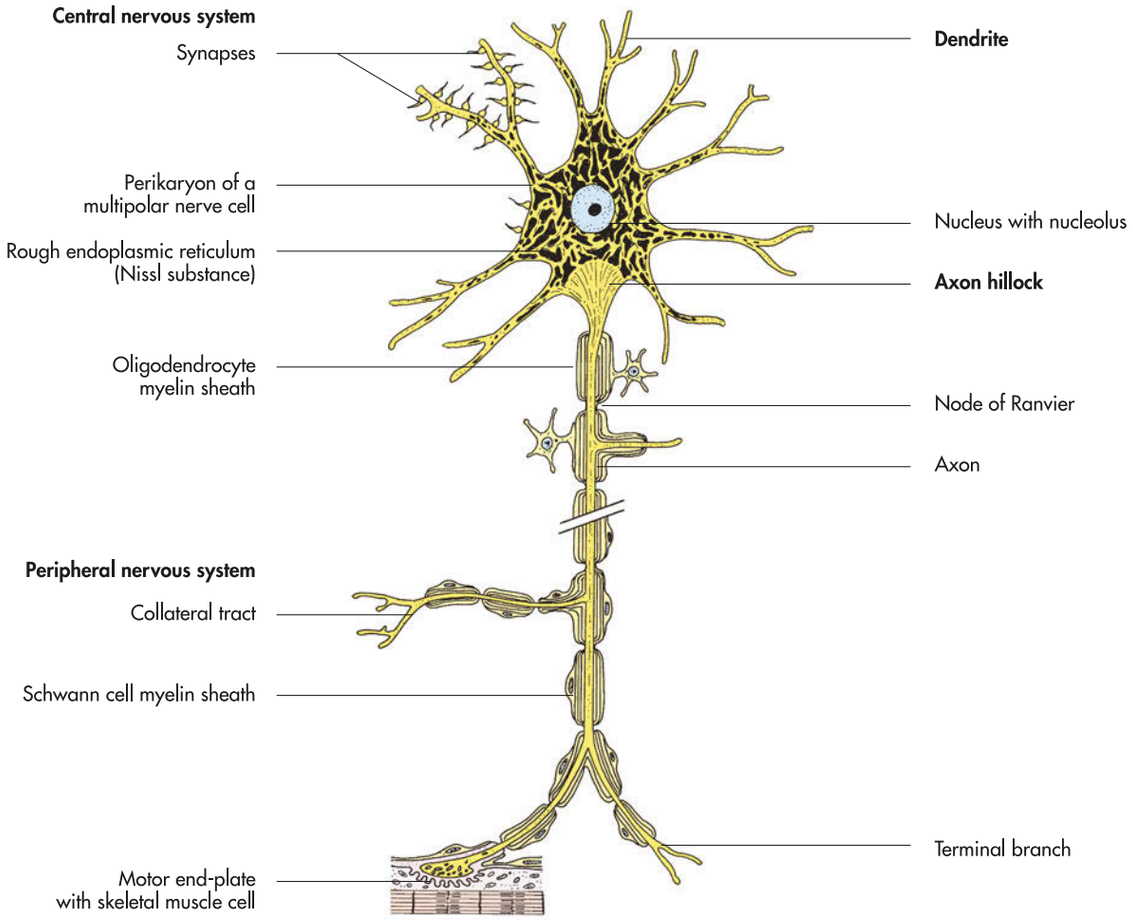


Fig. 1.53 Motor neuron (Nissl staining) with the central perikaryon, a peripheral nerve fibre and a motor end-plate on a muscle cell (schematic).

1.6.3 Nerve tissue (textus nervosus)

The nerve tissue is the basic element that forms the various parts of the nerve system previously mentioned. Nerve tissue originates from the **neuroectodermis**. Cells found in nerve tissue are:

- **nerve cells** (**ganglion cells**, **neurocytes**, **neurons**) as sensory or receptor cells and
- **glial cells** (**gliocytes**) as protectors and suppliers of nerve cells.

Neurons

Neurons vary greatly in function and structure. There is a distinction between:

- **multipolar neurons**, which send impulses to non-neuronal effector cells (**muscle or gland cells**) and induce activity (**efferent**, **motor neurons**),
- **pseudo-unipolar neurons**, which receive stimuli and send them on to higher centers, (**afferent**, **sensible neurons**) and
- **bipolar neurons**, which form a network to connect neurons over short and long distances (**interneurons**).

The **neuron** is the smallest functional unit of the nerve system. Structurally, it contains a **cell body** (neuroplasma, soma, perikaryon) and **various numbers of processes** (dendrites and axons) of different lengths and degrees of branching. Dendrites conduct a nerve impulse towards the cell body (afferent stimuli transmission), and **axons** conduct the nerve impulse towards the periphery (efferent stimuli transmission) (▶ Fig. 1.53 and ▶ Fig. 1.54). In the central nervous system, **interneurons** make up a large percentage of the total nervous tissue. The brain consists of a great variety of nerve cells. One example is the **Purkinje cells** of the cerebellum. A greater distance separates the neurons in the brain than those in the periphery due to the intricate neuron network. The **neuropil** is the area between the perikaryons of the neurons containing the dendrites and axons.

Neurons are seldom individually found; rather, they usually form bunched networks of many cells. A **ganglion** is such a network of neurons located in the periphery. Each ganglion is responsible for innervating a certain section of the periphery and for communicating with higher centres of nerve control. Phylogenetically, vertebrates developed a **complex centralisation of ganglions**, which led to the formation of the central nervous system as the conduction and coordination system of the body.

Glial cells (gliocytes, neuroglia)

Neurons require other cells for nourishment, support and insulation. All types of **glial cells** or **neuroglia** bind together nervous tissue, but are usually specialiced for certain functions. Glial cells do not transmit impulses, but rather assume trophic functions in the central nervous system for the neurons. They form the blood-brain barrier and are situated between the capillaries and the neurons.

In the brain, **macroglia cells** (**astrocytes**) (▶ Fig. 1.55) nourish the neurons by exchanging metabolic substances between capillaries and neurons. These cells also aid nerve impulse conduction by building an insulating layer around the neurons. Other glial cells, the microglia, engulf foreign material, thus providing a non-specific cellular immune defence mechanism to protect the neurons. Specialised **microglia cells** in the spinal cord, the **oligodendroglia**, compose the myelin sheath that provides insulation for the neurons. The **ependymal cells** line the ventricles of the brain and the central canal (canalis centralis) of the spinal cord.

The **Schwann cells** assume the functions of the oligodendroglia cells in the peripheral nervous system. Peripheral nerve fibres are metabolically supported by the Schwann cells and are protected by connective tissue sheaths.

1.6.4 Central nervous system (systema nervosum centrale, CNS)

The central nervous system primarily coordinates voluntary and autonomic functions of the organs that enable an organism to survive in its environment. It includes theis **spinal cord** (medulla spinalis) and the **brain** (encephalon). Both structures arise from the embryonic neural tube; see Chapter 15 “Nervous system” (p. 515).

Within the anterior neural tube, three embryonic regions of the brain differentiate into the **prosencephalon**, **mesencephalon** and **rhombencephalon**.

These give rise to three regions of the adult brain, the forebrain, midbrain and hindbrain. In further embryonic development, the **prosencephalon** differentiates to form the rostral **endbrain** (telencephalon) with two rostrolateral ventricles and the caudal diencephalon. The **rhombencephalon** differentiates into the **myelencephalon** (medulla oblongata) and the **metencephalon**, which includes the cerebellum. The brain is bilaterally symmetric and is protected by a bony skeleton, namely the skull and the vertebrae.

The brain encloses a system of connected cavities consisting of **four ventricles** and **a central canal**. These cavities within the brain are filled with cerebrospinal fluid (liquor cerebrospinalis).

Approximately 100 billion neurons are present in the CNS, including the interneurons and the perikaryons of the motor neurons from the body’s cerebrospinal (somatic) nerve system. The neurons are highly specialised structurally and functionally and have **lost their ability to divide**. New neurons develop from precursor cells, the neuroblasts. Once a neuron is no longer functional, it cannot be replaced. With intensive training, the loss of neuronal function due to small injuries can partly be regained by the neogenesis of neuron network.

The **interneurons** synapse partly with the perikaryon (soma) of a neuron and partly with dendrites. It is estimated that one neuron can have as many as 10 000 interneuronal connections with other neurons. The interneurons form a net, connecting practically all regions of the brain to one another. The assumption that each part of the brain (nucleus) is solely responsible for a single function has been revised in light of the extreme interconnectivity of the neurons. These parts of the brain or nuclei are also controlled by higher functional circuits.

The central nervous system is comprised of **various types of nerve tissue**:

- all **interneurons**,
- the **motor neurons** of the cerebrospinal, voluntary nerve system,
- the central part of the **axons of sensory neurons** and
- **preganglionic motor neurons** of the autonomic, vegetative nervous system.

Clusters of perikaryons with similar functions are grouped in **complexes called nuclei**, where the perikaryons are connected to afferent dendrites through many synapses. These clusters are seen as grey-rose coloured areas in a cross section of the freshly prepared brain or spinal cord. For this reason, this type of nerve tissue is referred to as **grey matter** (substantia grisea). Between these centres in the CNS axons are communicating that are sheathed in **myelin** (myelinated nerves). The myelin tends to be white and this type of nervous tissue is referred to as the **white matter** (substantia alba).

Grey matter (substantia grisea)

The grey matter forms the nuclei in the brain, as well as the cortex of the cerebrum and cerebellum, where it is connected to the ventricles through an expansive layer of ependymal cells. It is also located in the middle of the spinal cord, where in cross section it resembles the form of a butterfly or an “H”. The nuclei in the grey matter can be classified according to the:

- **form of the neurons** (e.g. multipolar pyramidal cells or granular cells and Purkinje cells in the cerebellum),
- **intrinsic neurons** (short, unmyelinated axons within a nucleus),
- **projection neurons** (long, myelinated axons of the white substance tracts),
- **type of nerve impulse** (excitatory or inhibitory neurons) and
- **type of neurotransmitter** or **neuromodulator** (e.g. cholinergic neurons, noradrenergic neurons).

The term nucleus for a cluster of neurons with similar function can be replaced by other terms such as **substantia** (e.g. substantia nigra), **formatio** (e.g. formatio reticularis) and **corpus** (e.g. corpus mammillare). The CNS is comprised of far more glial cells than neurons. It is estimated that glial cells are ten times more abundant, so they are the dominant cell type in the CNS, also making them the most common cell in the CNS. Glial cells retain their ability to divide lifelong, making them the most likely cell type to form tumours.

Protoplasmatic astrocytes are star-like in appearance due to their many filament-like, branched processes. They form cytoplasmic connections between neurons and capillaries, transporting metabolic substrates to the neurons. Additionally, they store transmitter precursors and control the extravasal ion concentrations. Astrocytes also build the outer layer of the cortex (glia limitans).

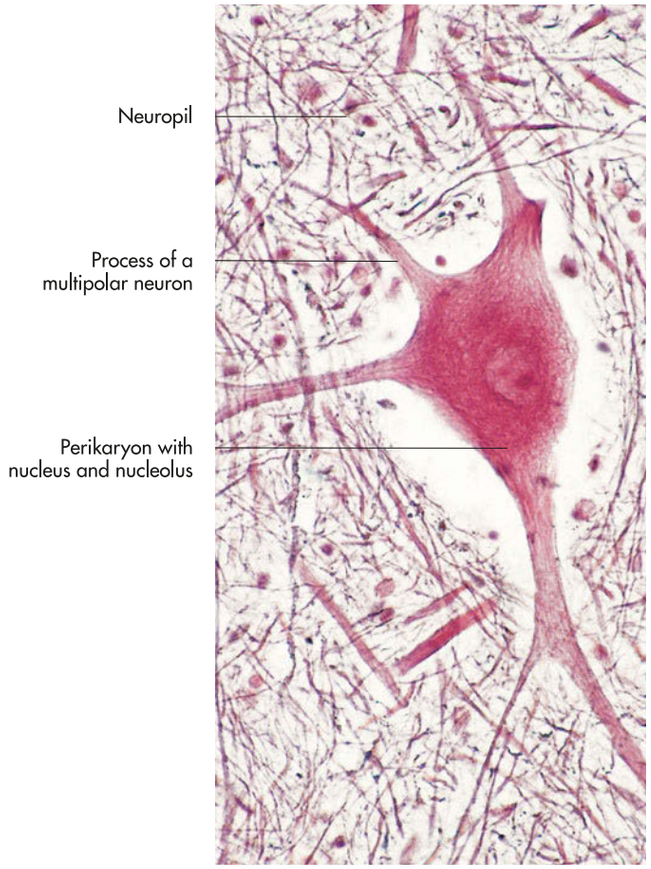


Fig. 1.54 Multipolar neuron in the spinal cord with neurofibrillary inclusions (histological section, Bodian staining).

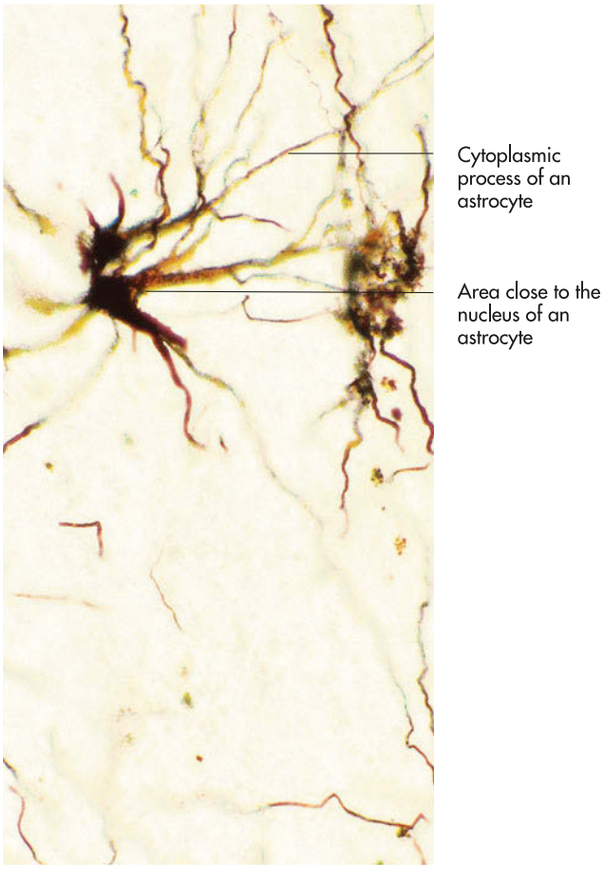


Fig. 1.55 Microglia of the spinal cord (histological section, silver staining).

White matter (substantia alba)

The white matter includes nerve tracts that not only connect central nuclei within the CNS, but also connect parts of the CNS with the periphery. It consists mostly of interneuronal axons, but also sensory nerves. The **white appearance** is due to the presence of the **myelin sheaths** around the nerve processes formed from the **oligodendroglia**. Also found in the white matter are the **fibrillary astrocytes** that not only form supportive tissue in the CNS but also connect neurons and capillaries with their multiple, mostly unbranched processes. The forms of various central nerve fibres are designated as follows:

- **tract**, a central nerve fibre with a definite beginning and end (tractus corticospinalis),
- **lemniscus**, a tract following a spiral course,
- **decussatio (crossing)**, a tract that switches to the other side of the body,
- **radiatio**, a tract spreading radially,
- **funiculus**, a compact tract,
- **fasciculus**, a narrow tract, and
- **commissura**, a tract connecting the right and left sides of the CNS.

The white matter surrounds the grey matter in the spinal cord and is made up of tracts from and to the brain.

1.6.5 Peripheral nervous system (systema nervosum peripheric um, PNS)

The peripheral nervous system connects the CNS to the organs of the body. It includes the **paired cranial** and **spinal nerves**. The spinal nerves sequentially arise from the spinal cord and are named according to their association with regions of the vertebral column (cervical, thoracic, lumbar, sacral). The PNS is comprised of neurons and ganglions. Like the nuclei in the CNS, ganglions are clusters of perkaryons. The tracts of the **peripheral nervous system are the nerves**.

Nerves (nervi, neurons)

The nerves are the nerve processes or fibres of the neurons whose perikaryons (soma) lie in the CNS (brain or spinal cord) or in the spinal ganglions; see Chapter 15 “Nervous system” (p. 515). Nerve fibres differ in diameter, in the thickness of the myelin sheath, and in the interval length of the nodes of Ranvier. Bundles of nerve fibres are enclosed in connective tissue sheaths (endo-, peri- and epineurium) that also provide scaffolding for the blood vessels (vasa nervorum) (▶ Fig. 1.56).

Every nerve fibre is in its entirety the process of a **single neuron**. With the process, a neuron can reach up to 2 meters in length (e.g. the left n. laryngeus recurrens of the horse). Nerves

connect the organs and the CNS to one another. The term peripheral nerves comprises of:
- efferent (axonal, motor) nerves,
- afferent (dendritic, sensory) nerves and
- peripheral glial cells (Schwann cells), which form the myelin sheaths.

The nerve fibres always transmit an impulse in **only one direction**. An **efferent** (Latin: carrying away) **nerve** conducts impulses from the CNS to the PNS (centrifugal direction, towards the periphery). These neurons are also referred to as **motor neurons**, because they carry the impulse to an effector organ, namely the muscles. The motor neuron nuclei of the peripheral nerves lie in the ventral horn of the grey matter in the spinal cord (spinal nerve) and in the grey matter within the brain stem (cranial nerves). Each muscle fibre (cell) is innervated by a single motor neuron.

Afferent (Latin: carrying towards) **nerves** conduct impulses from the **nerve endings** or **sensory cells** (receptor cells) of the PNS to the CNS (in a centripetal direction or towards the centre). As in the central nervous system the impulse or nerve stimulus is registered as a conscious perception or sensation, the neuron is classified as a **sensory neuron**.

Most nerves are so-called **mixed nerves** because they include not only motor and sensory fibre qualities, but also nerve fibres of the vegetative, autonomic (sympathetic and parasympathetic) nervous system.

Motor and sensory roots

The motor output roots are the efferent nerve fibres that leave the spinal cord through the ventral roots of the spinal cord grey matter. Their nerve stimuli are carried to the skeletal musculature. Conversely, sensory input originating on the body surface or from the organs enters the CNS through the dorsal roots of the spinal nerves. These nerve bundles always pass through a sensory, dorsal root ganglion (ganglion spinale) and enter the CNS as a sensory root.

In a reflex arc, the impulse is directly transmitted from a sensory neuron to a motor neuron without first travelling to the brain. Reflex arcs exist as mono- or polysynaptic loops.

Ganglions (ganglia)

A ganglion (▶ Fig. 1.57) is a cluster of nerve cell bodies (perikaryons) with similar functions located outside of the CNS. There are two types of ganglions:
- **sensory ganglia**, which include the perikaryon of the sensory nerves, and
- **vegetative ganglia**, which include the postganglionic motor neurons of the vegetative nervous system.

All **spinal ganglia** contain only **sensory neurons** and can be located as a swelling within the **sensory dorsal roots** (radices dorsales). These sensory ganglia are found on both sides of the spinal cord close to the intervertebral foramen. The cranial nerves (V and VII–X) also contain sensory ganglia that are equivalent to the spinal ganglia. Most of the neurons tend to be pseudounipolar and are sheathed in myelin by Schwann cells.

Vegetative ganglia are part of the autonomic nervous system and are postganglionic motor neurons. They can be classified as:
- **sympathetic chain ganglia** (truncus sympathicus),
- **prevertebral ganglia** (2nd neuron of the sympathetic tract for the abdominal organs),
- **parasympathetic ganglia** in the area of the head and
- **intramural ganglia** in the wall of the alimentary canal (plexus nervorum submucosus, plexus nervorum myentericus).

The vegetative ganglia are nerve networks whose multipolar neurons synapse with motor neurons or collateral tracts of the afferent fibres and the internal organs. The motor neurons of the vegetative ganglia innervate the smooth muscle cells of the organs, blood vessels, and organ-specific glands.

Somatic (voluntary) nervous system

The somatic nervous system is also referred to as the voluntary or animalistic nervous system. This system transmits nerve impulses over sensory neurons from the body surface or from the locomotor system to the CNS. The responses to these stimuli can vary greatly in type or quality and include the:
- innate reflex and
- acquired reflex.

A **reflex** exhibits the simplest level of control within the nervous system. The nerve impulse of an **innate reflex** is triggered by a stimulus (e.g. muscle or tendon stretching) and carried by an afferent, sensory nerve fibre. The response to this stimulus occurs through a simple reflex arc (stretch or tendon reflex) ending in an efferent motor neuron. This type of reflex is a **monosynaptic reflex** which occurs unconsciously and quickly, and the response is always the same (e.g. patellar reflex, achilles tendon reflex). **Polysynaptic reflex arcs** occur when more than two neurons are involved in the response to the stimulus, meaning the impulse is transmitted over more than two synapses. **Acquired reflexes** are learned reflexes, such as the salivation reflex in Pavlov's dogs.

Vegetative (autonomic) nervous system

The vegetative nervous system regulates the internal environment of the body. It presides over the visceral activity of the organs – for example, respiration, digestion, circulation of the blood and sexual functions. In addition, pressure or temperature changes as well as oxygen levels in the blood are registered by the viscerosensory ganglia (glomus caroticum, glomus aorticum), for further information see Chapter 15 "Nervous system" (p. 515). The vegetative nervous system is divided into the:
- sympathetic nervous system (pars sympathica, sympathicus),
- parasympathetic nervous system (pars parasympathica, parasympathicus) and
- enteric nervous system.

The sympathicus and parasympathicus are two contrasting, **antagonistic systems** of control over visceral activity.

The **nuclei of the sympathicus** are present only in the thoracic and lumbar regions of the **spinal cord** (thoracolumbar outflow). The sympathic axons leave the ventral horn of the spinal cord together with motor neurons and continue to the sympathetic chain. The **sympathetic chain** (truncus sympathicus, paired para-

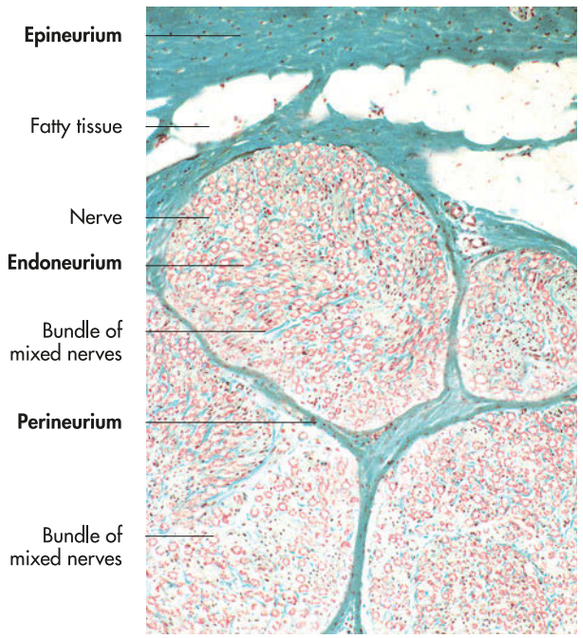


Fig. 1.56 Bundles of mixed nerves enclosed in connective tissue sheaths (endo-, peri- and epineurium) (histological section, Goldner staining).

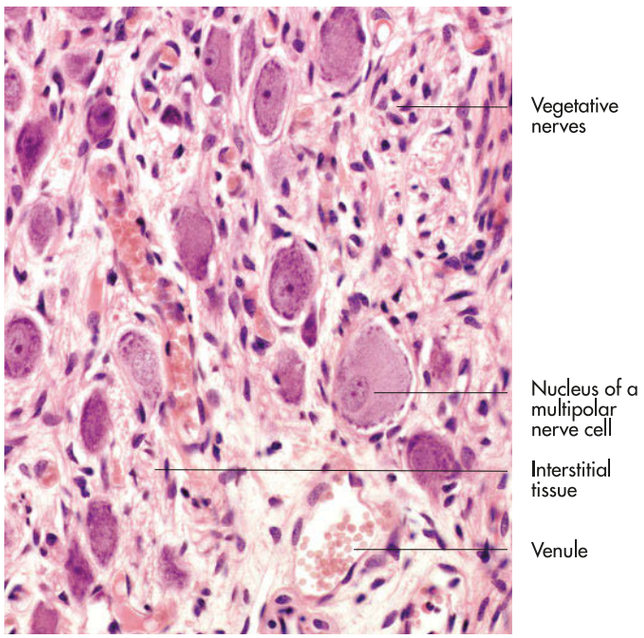


Fig. 1.57 Vegetative ganglion (histological section, hematoxylin and eosin staining).

vertebral sympathetic chain ganglia) is a series of linked sympathetic ganglia adjacent and parallel to each side of the **vertebral column in the thoracolumbar region**. From here, the sympathetic nerve fibre bundles pass through unpaired ganglions to the organs.

The **sympathicus activates vital functions** (catabolic function):
- increases blood pressure,
- increases heart and respiratory rates,
- constricts the blood vessels (vasoconstriction, without heart),
- mobilises glucose (glycolysis),
- increases perspiration, raises hair, dilates the pupils and
- inhibits activity of the alimentary canal.

The sympathicus is said to be adrenergic because the neurotransmitters released during stimulation are noradrenaline and neuropeptide Y. Pharmacologically, the sympathicus can be stimulated by sympathomimetic drugs and inhibited by sympatholytic drugs; β-blockers decrease the heart rate and lower blood pressure through vasodilation.

The **parasympathicus** antagonises the sympathicus in that it restores the body to a restful or idle state. It contains two separate nuclei: cranial nuclei in the **brain stem** (cranial parasympathicus) and caudal nuclei in the **sacral region of the spinal cord** (pelvic parasympathicus). The majority of parasympathetic nerve fibres are contained in the **cranial nerve X** (n. vagus).

The postganglionic neurons are located in the parasympathetic ganglia in the head region as well as in the prevertebral and enteric ganglia of the organs. The **parasympathicus** inhibits the body's use of energy (**trophotropic functions**) by:
- decreasing heart and respiratory rates to their basal values,
- constricting the bronchies,
- constricting the pupils,
- stimulating digestion and
- increasing metabolism.

The parasympathicus is said to be cholinergic because the main neurotransmitter released is acetylcholine. One cotransmitter is vasoactive intestinal peptide, or VIP. The most commonly known parasympatholytic agent, an inhibitor of the parasympathicus, is atropin. Locally applied to the eyes, atropin causes dilatation of the pupils. The **enteric system** is located in the wall of the alimentary canal. It is independent of but can be modified by the sympathetic and parasympathetic nervous systems. This system contains two nerve networks:
- submucosal nerve plexus (plexus nervorum submucosus, Meissner plexus) in the tela submucosa and
- myenteric nerve plexus (plexus nervorum myentericus, Auerbach plexus) in the tunica muscularis.

In these nerve networks, the multipolar neurons interconnect and mingle to form woven patches of nerve processes, termed plexuses (plexus entericus). The Meissner plexus controls resorption and secretion in the wall of the alimentary canal along with the sympathetic and parasympathetic plexus. The Auerbach plexus regulates intestinal motility. The nonmyelinated nerve fibres synapse with as many as 107 or 108 interneurons. The neurotransmitters of the enteric system are the substances noradrenaline, serotonin and acetylcholine.

1.6.6 Nerve transmission of information

Synapses

Complex systems of neurons are dependent on junctions capable of transmitting nerve impulses between neurons, muscle cells and glandular cells. These gaps between the various cells involved in nerve signalling are termed **synapses** and play an extremely important role in the transmission of impulses. One neuron can be equipped with only a few hundred synapses or with far more than a thousand. Synapses break up a network of neurons into functional units responsible for processing information. Without synapses, a nerve impulse could spread throughout an entire network of interconnected neurons, inevitably causing an overload of information or signals. Neighboring cells exchange information through synapses functioning as inhibitors or enhancers (inhibitory/excitatory synapses).

Information travelling through the nervous system is transmitted in the form of electrical and chemical signals. An electrical signal is propagated by decreasing the membrane potential in the neurons (electrical synapse). A chemical signal is propagated through the release of neurotransmitters at the synapse (e.g. acetylcholine, noradrenalin, dopamin, serotonin). A synapse is comprised of the following structures:

- **presynaptic neuron** (with the bulbous corpuscle) with the presynaptic membrane,
- **synaptic gap** and
- **postsynaptic neuron** with the postsynaptic membrane.

The synaptic bulbous corpuscle varies according to the type of tissue in which it is found:

- neurosensory synapses (e.g. sensory nerves of the ears or tongue),
- neuroglandular synapses (e.g. endocrine and exocrine organs),
- interneuronal synapses between the perikarya, dendrites or axons of neurons and
- neuromuscular synapses (motor end plate).

Neuroglandular synapses are also called neuroepithelial synapses. Together with hormones, these synapses enhance or inhibit glandular secretion. For example, parasympathetic nerve fibres promote salivation, whereas sympathetic fibres inhibit it.

Neuromuscular synapses are responsible for the transmission of nerve impulses to skeletal muscle. Acetylcholine functions as the neurotransmitter, which binds to postsynaptic receptors, causing depolarisation of the cell membrane (**excitatory synapse**). The axon of the motor neuron diverges into many smaller, collateral branches, forming bulbous corpuscles or **boutons at their ends**. The neurotransmitter is stored in vesicles located at the ends of the presynaptic neurons. Upon arrival of an electrical nerve impulse, the neurotransmitter is released into the synapse through exocytosis. The transport vesicle fuses with the postsynaptic membrane of the muscle cell. This reaction is high dependent on the presence of calcium. Specific toxins inhibit this specific interaction (e.g. tetanus toxin and botulin neurotoxin).

The most important **neurotransmitters** are **acetylcholin (cholinergic receptors)** and **noradrenalin (adrenergic receptors)**. **Cholinergic receptors** are found in the motor end-plates, in all parasympathetic synapses, in the postganglionic synapses of the sweat glands, in the arteriovenous anastomoses and in the CNS. Blocking the cholinergic receptors, for example with curare, causes total relaxation of the skeletal muscle. This mechanism is taken advantage of in anaesthetics.

Adrenergic receptors are divided into α- and β-receptors. The stimulation of α1-receptors leads to vasoconstriction and the stimulation of α2-receptors to vasodilatation. Activation of β1-receptors increases heart rate and intestinal motility whereas activation of β2-receptors inhibits the bronchus and smooth muscle. It is possible to block receptors with a substance (receptor blockers) that renders the neurotransmitters ineffective. So called β-receptor blockers inhibit the positive chronotropic effect of β1-receptors on the heart and are prescribed to treat high blood pressure.

Neuromodulators (cotransmitters, e.g. substance P, endorphine, neuropeptide Y, and somatostatin) influence the excitability of nerves over a longer time period. After stimulation, the neurotransmitter must be inactivated as quickly as possible to prevent an uncontrolled, permanent depolarisation of the postsynaptic neuron. Otherwise, the neurotransmitter accumulates in the synapse, and, in the case of a neuromuscular end plate, paralysis of the musculature can result. Inactivation of synaptic excitation occurs through one of three mechanisms: enzymes (e.g. acetylcholinase) break down the neurotransmitter in the synaptic gap; the transport vesicle is recycled; or the neighboring glial cells break down or inactivate the transmitter.

1.6.7 Barriers in the nervous system

Biological barriers exist in the nervous system to control the access of blood components to nerve tissue. Nerve tissue functions only within a well-controlled environment separate from the milieu of the periphery. However, a selective exchange of substances serving nutritional and detoxification purposes is indispensable to maintain nerve function. The barriers of the nervous system include the:

- blood-brain barrier,
- blood-liquor barrier and
- blood-nerve barrier.

The mechanisms that control the unique environment of the brain are collectively referred to as the **blood-brain barrier**. The blood-brain barrier strictly limits transport into the brain with both physical (tight junctions) and metabolic (enzymes) barriers. This barrier consists of endothelial cells of the capillaries, which allow the unhindered passage of certain (e.g. fat-soluble) substances only. Other substances are actively carried through this barrier by receptor-mediated transport (e.g. glucose or amino acids).

The **blood-liquor barrier** is formed by the epithelial cells of the choroid plexus (plexus choroideus) in the ventricles of the brain (ventriculi cerebri) and functions much like the blood-brain barrier. The ependymal cells, which line the ventricles, form a continuous sheet around the choroid plexus. The ependymal cells fold over onto themselves, forming the double-layered arachnoid membrane. Within this double layer is the subarachnoid space, which participates in liquor drainage.

A barrier present in the peripheral nervous system is referred to as the **blood-nerve barrier**. It is a semipermeable, diffusion barrier between the endoneurium and the capillaries of the vasa

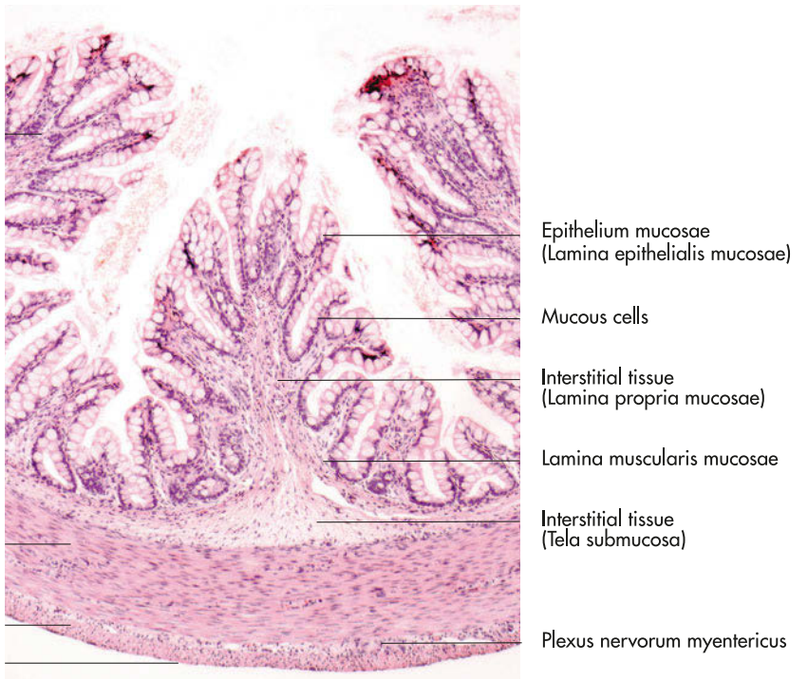


Fig. 1.58 Histological section of the colon of a swine.

nervorum, whose endothelial cells form tight junctions that establish the barrier. This barrier has been found to be relatively less effective within nerve roots, dorsal root ganglia, and autonomic ganglia than along the rest of the nerve.

1.7 General anatomy of the viscera

H.-G. Liebich and H. E. König

The **viscera** denotes the internal organs of the thoracic, abdominal and pelvic cavities, as well as the digestive and respiratory organs located in the head and neck regions. The viscera can be divided into the organs of the head (caput), neck (collum), thorax, abdomen and pelvis. **Splanchnology** (splanchnologia) is the study of the internal organs and is usually taught according to organ system. In contrast, topographical anatomy is concerned with a body region and the functions and interactions of the organs within that region. This fundamental knowledge is the basis for clinical anatomy; for more information see Chapter 20 "Topographical-clinical anatomy" (p. 685).

The digestive, respiratory and urogenital organs are basically canal systems that are referred to in the body as tracts (e.g. digestive tract). These organs are open to the body's surface through the mouth, nose, anus, vagina or urethra. These openings provide the possibility of non-invasive examinations of the internal organs (endoscopy). The individual organs differ in their location and structure and are responsible for a multitude of various functions. Despite these differences, the organs also display structural and functional similarities that justify a general overview of the different systems (▶ Fig. 1.58). In this respect, **basic anatomical terms** must be clarified, such as:

- visceral mucosa (tunica mucosa),
- visceral connective tissue (interstitium),
- visceral motility (tunica muscularis) and
- body cavities and their serous lining (tunica serosa).

1.7.1 Visceral mucosa

The lumen of most hollow organs is in one way or another connected to the external environment. The internal lining of such organs is a layer of muscosa (tunica mucosa, Latin "tunica" = tunic) that normally produces mucus (mucus). The linings of the circulatory and nervous systems are two exceptions, in that they do not produce mucus. Every mucosa is comprised of two layers:

- an epithelial lining on the internal surface of the organ (**epithelium**, epithelium mucosae) and
- an underlying layer of **loose connective tissue** (lamina propria mucosae, Latin "lamina" = sheet, plate and "proprius" = own).

Certain sections of organs also display a third, thin **layer of muscle cells** (lamina muscularis mucosae) beneath the lamina propria mucosae. One example is the alimentary canal.

Epithelium

Functions of the mucosa epithelium are protection and the absorption, resorption and secretion of substances. The **protective functions** include:

- protection against mechanical, chemical, thermal, or osmotic influences (e.g. in the digestive or urinary systems),
- protection against inhaled dust particles or suspended particles in the air, and
- protection against infectious agents (e.g. viruses, bacteria, parasites) and immune defense.

The mucosa is responsible for the **absorption** of substances. To increase the surface area capable of absorption, the mucosa forms villi, crypts, folds, or crests (e.g. longitudinal and tranverse folds of the intestinal mucosa, intestinal villi, ruminal papilla, reticulum crests). In addition to these structures, the apical cells on the free surface facing the lumen contain tiny, finger-like projections, the microvilli (e.g. in the small intestine and in the gallbladder). The microvilli are responsible for the resorption of water, small molecules, and ions.

The mucosa epithelium also secretes substances. It builds, stores, and secretes, for example, mucus and digestive enzymes into the lumen of the gastrointestinal tract. The epithelium is to a degree specialised, in that it contains organ-specific, differentiated, single epithelial cells called goblet cells, and gastric (glandulae gastricae) or intestinal (glandulae intestinales) glands. Multicellular glands (buccal, labial, pharyngeal, nasal, or tracheal glands) can produce large amounts of mucus when necessary, for example, for predigestion in the oral cavity. These glands are always located in connective tissue outside of the epithelium (exoepithelial), but are connected to the organ lumen through single or branched excretory ducts.

Exocrine secretion is the **release of substances** into an organ lumen or onto the surface of the body (Greek "éxo" = outside, "krínein" = to excrete). If the substance is secreted into a capillary network or locally into the surrounding connective tissue, then it is an **endocrine** (Greek "éndon" = inside) **secretion**. The substance internally secreted is a hormone (Greek "hormán" = to stimulate).

The gland cells are categorised on the basis of their structure, method of substance release, or the **composition of their secretion**. Different structures include (▶ Fig. 1.60):

- **tubular glands** with:
  - simple tubular glands (e.g. intestinal glands),
  - simple, coiled, tubular glands (e.g. sweat glands),
  - simple, branched glands with secretion ducts (e.g. stomach glands) and
  - composite, tubular glands with secretion ducts (e.g. glands of the small intestines);
- **acinous glands** (grapelike glands with a small lumen, Latin "acinus" = grape) with:
  - simple, branched acinous glands (e.g. sebaceous glands) and
  - composite acinous glands (e.g. pancreas, parotid salivary gland);
- **alveolar glands** (round glands with a wide lumen) with:
  - composite tubuloalveolar glands (e.g. mammary glands, accessory sex glands).

Glands are also grouped according to secretion composition:

- **mucous glands** produce a mucous substance (e.g. buccal glands),
- **serous glands** produce a watery substance (e.g. parotid salivary gland, lacrimal glands) and
- **mixed glands** contain both serous and mucous secretory units (e.g. sublingual glands).

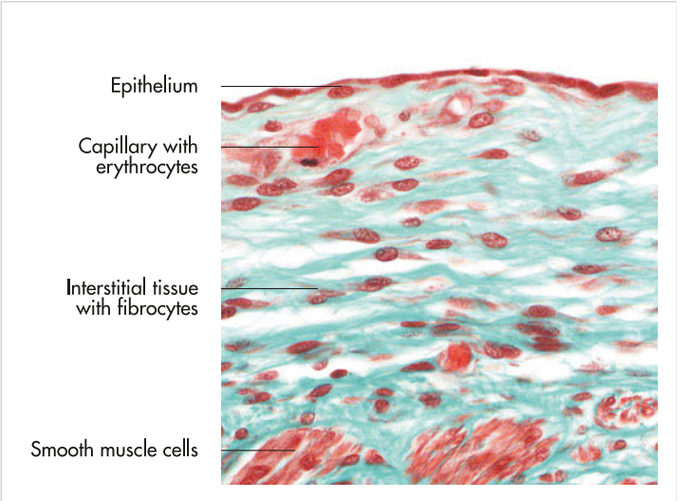


Fig. 1.59 Monocellular layer of the epithelium (Lamina epithelialis serosae) and the interstitial tissue (Lamina propria serosae).

Transport of the secreted substance is achieved through hydrostatic pressure, through the contractile myoepithelial (basket) cells, and through neighbouring smooth muscle cells, as well as through the mechanical power of the skeletal muscle (e.g. mastication muscles for transport of saliva).

Connective tissue layer of the epithelium

Every glandular epithelium rests upon a layer of connective tissue, the **mucous membrane proper** (lamina propria mucosae), which basically has three functions:

- transport of substances
- mechanical protection and
- specific and non-specific immune defense.

The mucous membrane proper contains vessels supplying the mucosa (blood and lymphatic vessels) as well as the nerve tracts innervating the mucosa (sensory and vegetative nerves). This layer is comprised of loose connective tissue containing delicate fibres of collagen bundles with elastic properties. Between the fibres, the spaces are filled with formless intercellular substance. The epithelium is free of blood vessels (except parts of the inner ear wall), so the capillaries of the mucous membrane proper are responsible for the metabolic supply of the epithelial cells. The capillaries also transport substances resorbed in the intestine (amino acids, carbohydrates). The lymphatic capillaries transfer the long-chain fatty acids resorbed in the intestine. Sensory nerve receptors are located in this layer and are responsible for tactile and taste sensations. The mucous membrane proper anchors the epithelium to underlying structures, for example on the palate or the tongue.

This layer can also contains immune cells (lymphocytes, macrophages), which play an important role in the non-specific and specific immune defence mechanisms (MALT, mucosa-associated lymphatic tissue). The immune cells are found as diffused single cells or as collections of cells that form solitary lymph nodules. Aggregates of such cells form the tonsils in the pharynx or the **Peyer's patches** in the intestine.

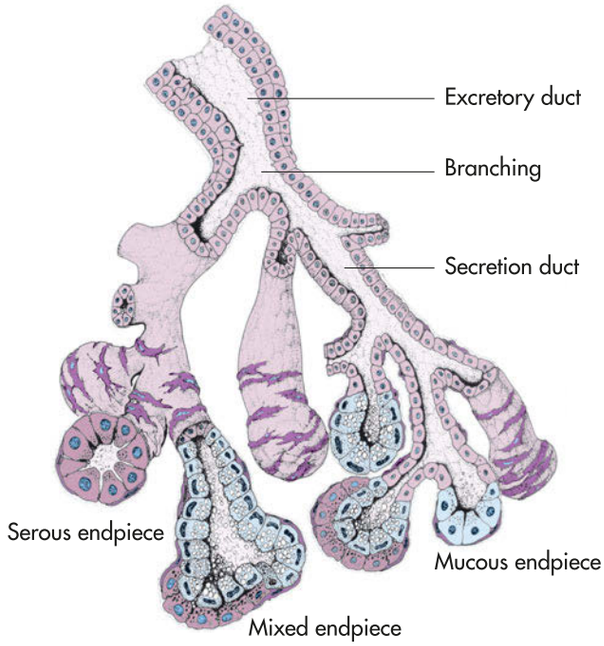


Fig. 1.60 Structure of composite tubuloalveolar glands with different forms of endpieces (schematic).

Muscle layer of the epithelium

In certain sections of the organ walls (e.g. in the alimentary canal), the epithelium (epithelium mucosae and lamina propria mucosae) includes a third layer, the **lamina muscularis mucosae**. This layer is comprised of smooth muscle cells responsible for the motility of the epithelium.

1.7.2 Visceral connective tissue

The connective tissue of the viscera fulfills a wide spectrum of functions. It forms an outer capsule that surrounds the organs, stabilises the form of the organs, and provides connective tissue paths for vessels and nerves. The high degree of flexibility provided by the connective tissue allows organs to adapt to changing amounts of content and permits frictionless movement between the organs. The sheer amount of connective tissue present in the viscera underscores its important functional and structural role. Usually, the importance of the connective tissue is first realised when function is reduced due to weakness or sickness. Two types of connective tissue can be found in one organ:

- the **non-specific connective tissue**, also referred to as the **stroma** (organ stroma) or **interstitial connective tissue** (interstitium), and
- the **organ-specific tissue**, called the **parenchyme** (organ parenchyme), which defines the function of an organ (liver parenchyme, kidney parenchyme).

Such organs are also referred to as **parenchymatous organs**. The **stroma** surrounds the parenchymal parts of the organ (single cells, cell clusters, epithelial bundles or cords, cell groups, cell trabeculae or cell plates, etc.) and encloses the vessels and nerves. It builds the lamina propria mucosae in the epithelium, the tunica adventitia on the outside of the organ as well as the **organ capsule** (kidney capsule, testicular capsule, liver and spleen capsule). The capsule is taut and often contains elastic fibres. Connecting tissue fibres originating in the capsule enter the parenchyme of the organs (i.e. spleen trabeculae, connective tissue septum in the testicles).

Vessels and nerve tracts enter an organ together at a certain point (**hilus**). At this point, the stroma of the organ becomes the **mesenterium**, which provides support for the continuation of the vessels and nerves.

Visceral motility

Visceral motility is responsible for transporting the contents of the different organs. Thus, it controls the amount of contents found in the organ at any time. Through contraction and dilatation mechanisms, the food bolus passes through the intestinal tract, the gallbladder secrets bile, urine is excreted, semen is transported and the uterus wall contracts during birth.

This motility is also responsible for the closing of sphincters, for example at the stomach exit (pylorus) or in the bladder. The diastole and systole of the heart can be understood as the motility of the circulatory system.

The muscle of the internal organs is usually smooth muscle tissue (visceral musculature) (▶ Fig. 1.58). This musculature is innervated by sympathetic and parasympathetic (vegetative-autonomous) nerves. The motility of the internal organs is peristaltic motion, which is controlled by vegetative autonomic nerve impulses. These nerve impulses can have stimulatory or inhibitory effects on the motility. Two exceptions are the heart muscle and the tongue, both of which are composed of striated muscle. The smooth muscle of the hollow, visceral organs is characteristically arranged. One differentiates a **tunica muscularis** with:

- an inner, circular layer of muscle cells (stratum circulare) and
- an outer, longitudinal layer of muscle cells (stratum longitudinale).

1.7.3 Functions of the viscera

The majority of the internal organs (viscera) are situated in the body cavities, in which very little free space remains. The flexible mesenteries and small, fluid-filled spaces between the organs reduce friction to a minimum, thus allowing the organs to glide freely against each other, for example, during breathing or the digestive process. The mesenteries secure the integrity of cavities, define spaces in which active organs operate more freely, and help sequester organs with conflicting activities. The freedom of movement of the visceral organs is essential for their function.

1.7.4 Body cavities and their serous lining

The body cavities are contained in the body trunk and, similar to the vertebrae, can be divided into three **different zones**:

- thorax,
- abdomen and
- pelvis.

At an early embryonic stage, the diaphragm develops from the perpendicular **septum transversum** and the neighboring, predisposed, **mesenchymal muscle**. The diaphragm separates the primary, single body cavity into the:

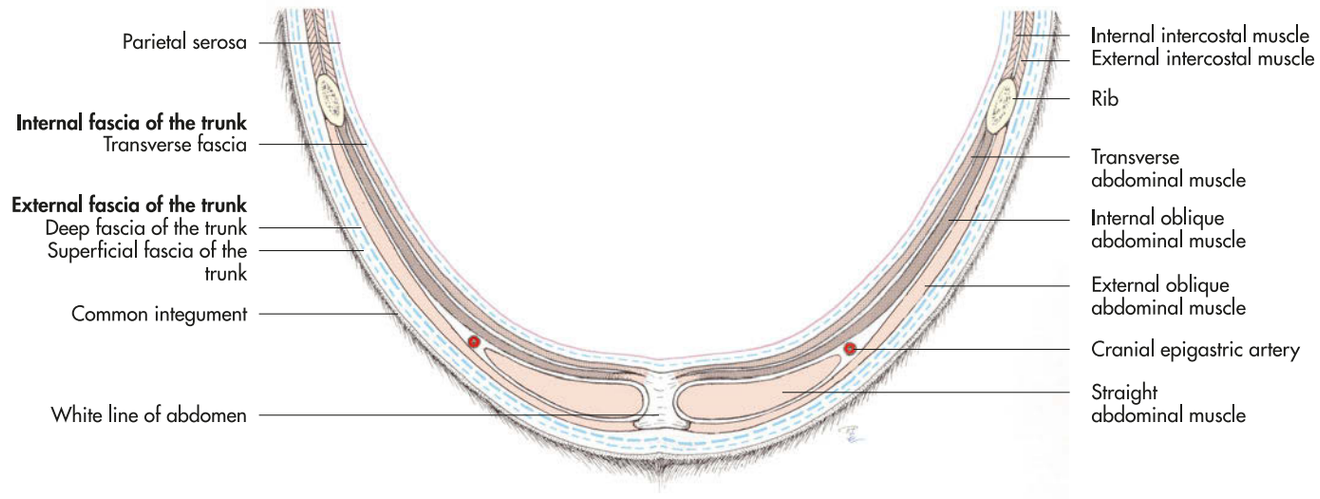


Fig. 1.61 Transverse cross section of the abdominal wall layers (schematic).

- **thoracic cavity** (cavum pectoris) and
- **abdominal cavity** (cavum abdominis), which remains connected to the
- **pelvic cavity** (cavum pelvis).

The thoracic and abdominal cavities communicate through **three openings**, the **caval foramen** (foramen venae cavae), the **oesophagal hiatus** (hiatus oesophageus), through which the oesophagus, the vagal nerve trunks and the oesophagal vessels pass, and the **aortic hiatus** (hiatus aorticus), through which the aorta, the thoracic duct and the azygos and hemiazygos veins pass. Between the dorsal edge of the diaphragmatic crus muscles and the psoas musculature, a small area remains filled with connective tissue, the **lumbocostal arch** (arcus lumbocostalis), through which the sympathetic trunk and splanchnic nerves pass on each side.

This area is a weak spot between the thoracic and abdominal cavities.

The **pelvic cavity** (cavum pelvis) is the caudal continuation of the abdominal cavity. Dividing these two cavities is the terminal line of the pelvis (linea terminalis), which extends from the sacral promontory, runs laterally through both arcuate lines of the ilia to unite on the cranial edge of the pubis.

The internal walls of the body cavities are structurally similar even though modifications occur according to region. The **layers of the walls** are as follows, beginning externally:

- superficial trunk fascia (fascia trunci externa),
- skeletal muscles,
- internal trunk fascia (fascia trunci interna) and the
- serous membrane (tunica serosa with tela subserosa).

Serous membranes line almost completely the body or serous cavities. There are **four serosal cavities**:

- the **left** and **right pleural cavities** (cavum pleurae sinistrum et dextrum),
- the **peritoneal cavity** (cavum peritonei) and
- the **pericardial cavity** (cavum pericardii) with the pericardium.

A serous membrane (tunica serosa) is comprised of a single layer of pavement epithelium (mesothelium = lamina epithelialis serosae) and an underlying (subepithelial) layer of connective tissue, the lamina propria serosae (▶ Fig. 1.59). The serous membrane is capable of **excreting** and **resorbing watery-serous fluids** and of **resorbing air** or **gaseous substances** (e.g. carbon dioxide after a laparoscopy). The serous membrane covers the outside of the organs and lines the inner walls of the body cavities (▶ Fig. 1.61), physiologically appearing **transparent**, **moist**, **smooth** and **shiny**.

The serous fluids contain not only a physiological buffer system, but also mesothelial cells and non-specific immune cells (pleural or peritoneal macrophages) that engulf foreign particles. The serous fluids, together with the mesothelial cells of the inner wall of the body cavities, function as a barrier. This function is extremely important clinically.

The **tela subserosa**, a layer of loose connective tissue, underlies the tunica serosa. This layer contains fat, blood and lymphatic vessels. A delicate network of nerve plexuses in the subepithelial layer (serosa parietalis) is sensitive to tactile, mechanical, thermal and chemical stimuli acting on the serous surfaces.

Between the serous membranes and the wall of the body cavities are narrow, fissure-like spaces formed by the tela subserosa. At the dorsal abdominal wall and at the floor of the pelvic cavity, this **retroserosal space** widens into the **retroperitoneal space**. Located in this space are the kidneys and both ureters (▶ Fig. 1.61). **Retroperitoneal** (behind the peritoneum) describes the location of organs situated in the retroperitoneal space and, therefore, covered only on one side with peritoneum. These organs can be surgically reached without opening the peritoneal cavity. **Peritoneal organs** that are completely covered by serous membranes are located intraperitoneally. The visceral organs located in the thorax that are covered by serous membranes on all sides are described as **intrapleural**.

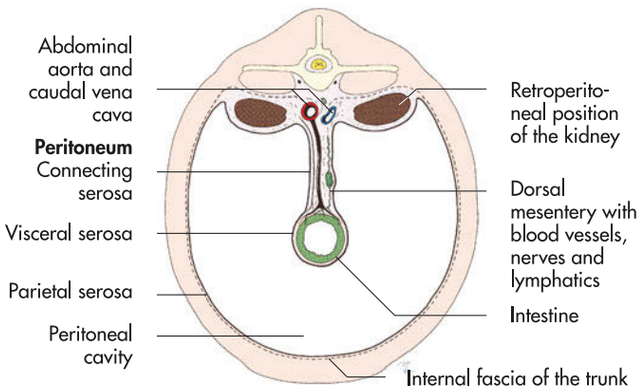


Fig. 1.62 Schematic illustration of the serous membranes as exemplified in the perineal cavity.

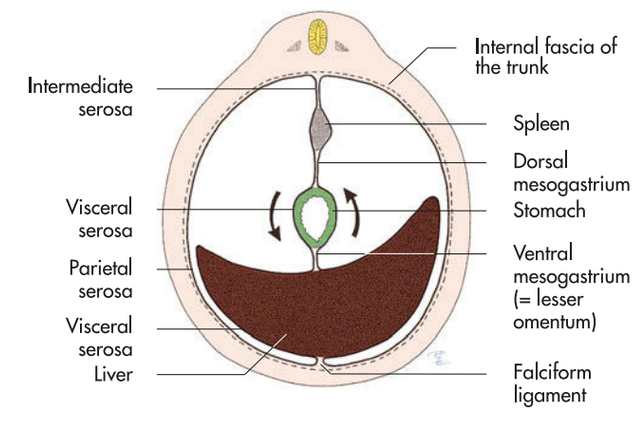


Fig. 1.63 Schematic illustration of the dorsal and ventral mesenteries in early embryonic development.

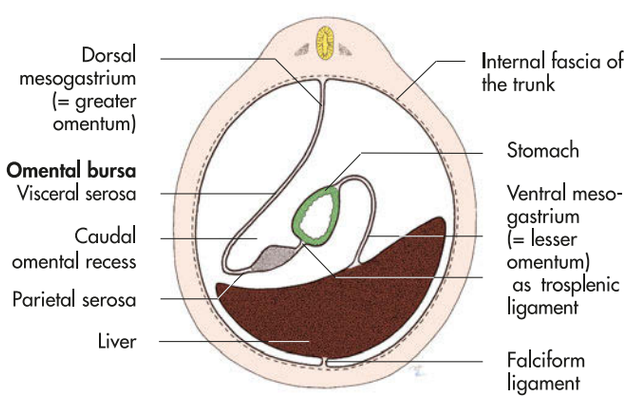


Fig. 1.64 Schematic illustration of the dorsal and ventral gastric mesenteries at an early embryonic stage with the development of the greater and lesser omentum.

The wall of the **serous cavities** (▶ Fig. 1.61 and ▶ Fig. 1.62) are divided into **three general sections**:

- **parietal serosa** (serosa or lamina parietalis) (= serosa of the wall),
- **connecting serosa** (serosa or lamina intermedia) (= mesentery, intermediate serosa) and
- **visceral serosa** (serosa or lamina visceralis) (= serosa of the organs).

The **parietal serosa** is the section of serous membrane that lines the inner wall of the body cavities. Sections covering the organs are named with the prefix "peri" and the Greek name of the organ, for example pericardium or periorchium. In contrast to the other serous membranes, the parietal serosa is extremely sensitive to pain. For surgical procedures, local anaesthesia must be applied to the body wall to render the serosa insensitive to pain. The parietal serosa is divided into sections and named depending on location:

- parietal pleura in the thorax and
- parietal peritoneum in the abdomen and pelvis.

The parietal serosa rests upon and is strongly attached to the **internal fascia** (fascia trunci interna) of the body trunk (▶ Fig. 1.62, ▶ Fig. 1.63 and ▶ Fig. 1.64). The section of this fascia located in the thorax wall is the **endothoracic fascia** (fascia endothoracica); in the lateral and ventral abdominal walls it is called the **transverse fascia** (fascia transversalis, ▶ Fig. 1.61), and in the wall of the processus vaginalis it is the **internal spermatic fascia** (fascia spermatica interna).

The **intermediate serosa** (serosa intermedia) are the serous membranes which form the **mesenteries** (▶ Fig. 1.62). The serosa intermedia is a continuation of the serosa parietalis from the left and right sides in each body cavity. These two sides unite and form a double-layered serosa stemming from the wall of the cavity. This occurs both at the top and bottom of the body cavity, creating dorsal and ventral mesenteries. In some cases, the mesentery is referred to as a **ligament** or **plica**. The individual mesentery sections are named with the prefix "**meso-**" and the Greek name of the organ it reaches, for example mesogastrium (▶ Fig. 1.63). The mesogastrium is the mesentery which leads to the stomach and suspends it in the abdominal cavity.

The **primary mesenteries** also provide a way for the arteries, veins, nerves and lymphatic vessels to reach the organs they supply. The lymph nodes are often located in the mesentery of the organ. The secondary mesenteries support and stabilize the **positions of the organs** (e.g. plica duodenocolica, ligamentum triangulare). A mesentery consists of connective tissue and fat deposits. The mesenteries of cats additionally contain **mechanoreceptors**, most often corpuscles of Vater-Pacini, which respond to pressure.

Mesenteries begin dorsally as double-layered sheets and continue ventrally, where the sheets separate to surround a specific organ of the thoracic, abdominal or pelvic cavity. The part of the mesentery covering the organ is referred to as the visceral serosa. They are more aptly named with the prefix **"epi-"** in combination with the Greek name of the organ, for example epicardium or epiorchium.

Once the other side of the organ is reached, the **visceral serosa** unite again to form a double sheet which attaches to the ventral thoracic wall or to the cranial section of the ventral abdominal

wall. The middle and caudal sections of the intestines **do not have a ventral mesentery** due to the embryonic developmental process.

The dorsal and ventral mesenteries of the stomach and the cranial section of the duodenum build a unique structure in respect to their involvement of the liver (▶ Fig. 1.63 and ▶ Fig. 1.64). The **greater omentum** (omentum majus) develops from the **dorsal mesentery of the stomach** (mesogastrium dorsale), which extends and doubles back, thus forming the pouch-like **omental bursa** (bursa omentalis). The deep, visceral part and the superficial, parietal part of the omental bursa form a **recess**, the recessus caudalis omentalis.

The **greater omentum** originates from the dorsal abdominal wall and extends caudally, in carnivores and ruminants as far as the pelvic inlet, and reverses direction, continuing cranially until attaching to the major curvature of the stomach. Extension folds of the greater omentum bind to other organs, constricting their mobility but also forming niches where displaced organs can become trapped, such as in the nephrosplenic space in the horse; for more information see Chapter 8 "Digestive system" (p. 327).

The **ventral mesogastrium** (▶ Fig. 1.63) is divided into two sections by one of the associated glands of digestion, the **liver**. The proximal section of the mesogastrium ventrale, the **hepatogastric ligament**, extends between the minor curvature of the stomach and the portal fissure. On the parietal facies of the liver, the mesogastrium ventrale continues as the **falciform ligament**, eventually attaching to the linea alba of the ventral abdominal wall. Together, the **hepatogastric ligament** and the only ventral intestinal mesentery, the **hepatoduodenal ligament**, form the **lesser omentum**; for more information see Chapter 8 "Digestive system" (p. 327).

Organs located close to the dorsal wall of the body cavities are only covered on one side by the serous membrane. This position is described in general as **"retroserous"**. In the abdominal cavity, the organs would be located **"retroperitoneal"** (e.g. the location of the kidneys and the ureters) and in the thoracic cavity **"retropleural"** (e.g. the location of the sympathetic trunk). The organs of the caudal pelvic cavity lie **"extraperitoneal"**.

Clinical note

The serosal lining of the body cavities is absorptive, enabling the **intraperitoneal administration of pharmacological agents**. Substances absorbed by the parietal peritoneum reach their target organs **without passing through the liver**.

Inflammation of the peritoneum (**peritonitis**) can result in uptake of bacterial toxins, leading to serious disease. Increased pressure in the venous system, due to cardiac insufficiency or liver disease, may cause **peritoneal fluid** to accumulate within the peritoneal cavity (**ascites**). Abdominocentesis (abdominal paracentesis) is required for removal of excess fluid.

When performed for diagnostic purposes, abdominocentesis is carried out in the **umbilical region** (regio umbilicalis). Removal of pleural fluid is referred to as **thoracocentesis**. This is performed at the level of the costal cartilages.

Surgery conducted within the body cavities can result in **adhesions** of the pleura or peritoneum. Adhesions can be painful and may limit the mobility and motility of organs.

In the case of the peritoneum, this phenomenon can also be exploited for prophylactic purposes. For example, following surgical correction of gastric volvulus, gastropexy is used to bring about fusion of the stomach wall with the parietal peritoneum, thus reducing the risk of further gastric displacement.

2 Axial skeleton (skeleton axiale)

H.-G. Liebich and H. E. König

The axial skeleton comprises the:

- **skeleton of the head** with:
  - skull,
  - neural part (cranium, neurocranium),
  - facial part (facies, viscerocranium),
  - mandible,
  - hyoid apparatus and
  - ossicles of the middle ear,
- **vertebral column** and
- **skeleton of the thorax**.

2.1 Overview of the skull

The skull forms a rigid construction composed of many bones, which are mostly paired. It encompasses and protects the brain and the sensory organs of sight, smell, sound, balance and taste. It also lodges part of the upper respiratory and alimentary tracts. Bony projections form attachments for the facial and masticatory musculature.

The individual bones of the skull are firmly united by **sutures** (suturae), whereas the **lower jaw** (mandible) and the **hyoid apparatus** (apparatus hyoideus) are attached to the skull by articular joints (▶ Fig. 2.1, ▶ Fig. 2.2 and ▶ Fig. 2.23).

Few bones of the head have their embryological origins in the **axial skeleton**, the majority are ossified structures of a **dermal skeleton**. The bones derived from the dermal skeleton develop by membranous ossification and cover the lateral and dorsal aspects of the brain, whereas the bones of the axial skeleton develop by endochondral ossification and form the base of the skull and parts of the facial skull.

The **individual bones** develop from **separate centres of ossification**. In young animals they are divided by strips of fibrous, or less often, cartilagenous tissue. This form of development provides the adaptability of the skull for postnatal growth. In the newborn, the facial part of the skull is comparatively small, due to the disproportionate small size of the masticatory apparatus, the nasal cavities and the paranasal sinuses. In the post-natal period, the proportions of the skull change.

This is due to the species-specific development of the roof of the skull and the individual bones and also the enlargement of the skull as a whole, which is significantly influenced by the growth of the teeth, the formation of the paranasal sinuses and the elongation of the base of the skull. This remodelling is a long process, which continues for some structures of the skull throughout the whole life.

2.2 Overview of the vertebral column or spine

The bony components of the vertebral bodies are derived from the axial, perichondral mesenchymal of the sclerotomes. The **intervertebral discs** (disci intervertebrales) are considered to be remnants of this original tissue. The embryological precursor of the vertebral body forms a bony arch dorsally, thus completing the central **foramen of the vertebra** (foramen vertebrae), which encloses the spinal cord.

The individual vertebrae are joined together by articular processes and ligaments. The vertebral column as a whole consists of a series of separate bones, the vertebrae, which extend from the skull to the tip of the tail. Starting with the **foramen magnum** at the skull and ending with the **sacral canal** (canalis sacralis), the vertebral foramina of the single vertebrae sum up to constitute the **vertebral canal** (canalis vertebralis), which encompasses the spinal cord (medulla spinalis), its meninges, the spinal nerves (nervi spinales), blood vessels and connective tissue. The separate vertebrae are not joined rigidly together, but have spaces between them (spatia intervertebralia) for the passage of the spinal nerves.

Along the long axis of the vertebral column **three major curvatures** are recognised:

- the dorsal convex curvature between the head and neck,
- the dorsal-concave curvature between the cervical and thoracic spine, and
- the dorsal-convex curvature between the thoracic lumbar spine.

The vertebral column serves to support the body and takes over a central function as part of the locomotor system by forming a bridge between the thoracic and pelvic limbs. The cranial thoracic vertebrae of the vertebral column are supported by the ribs, which are linked to the thorax by muscles and tendons. This anatomical arrangement provides stability and mobility for the vertebral column. In the region of the pelvis the vertebral column is firmly joined to the pelvic limb by the articulation of the **sacral wings** to the **ilia**. Thus the propelling force of the hindlimb, generated by the muscles and the hip joint, is transmitted directly to the rest of the body.

The vertebral column fulfills various additional functions. As movement between the individual vertebrae is limited, it contributes to the maintenance of posture. However, the degree of movability of the individual vertebrae forms the basis for dynamic functions, including the transmission and reduction of forces during walking, running and jumping. The smallest functional unit consists of two successive vertebrae, the intervertebral disc, their articulations, ligaments and muscles. Even small anatomical changes of one of the components will result in a significant disturbance of the locomotory system. The movability of the vertebral column varies in the different segments; for example, it is very rigid in the region of the sacrum, while the caudal vertebrae remain quite flexible.

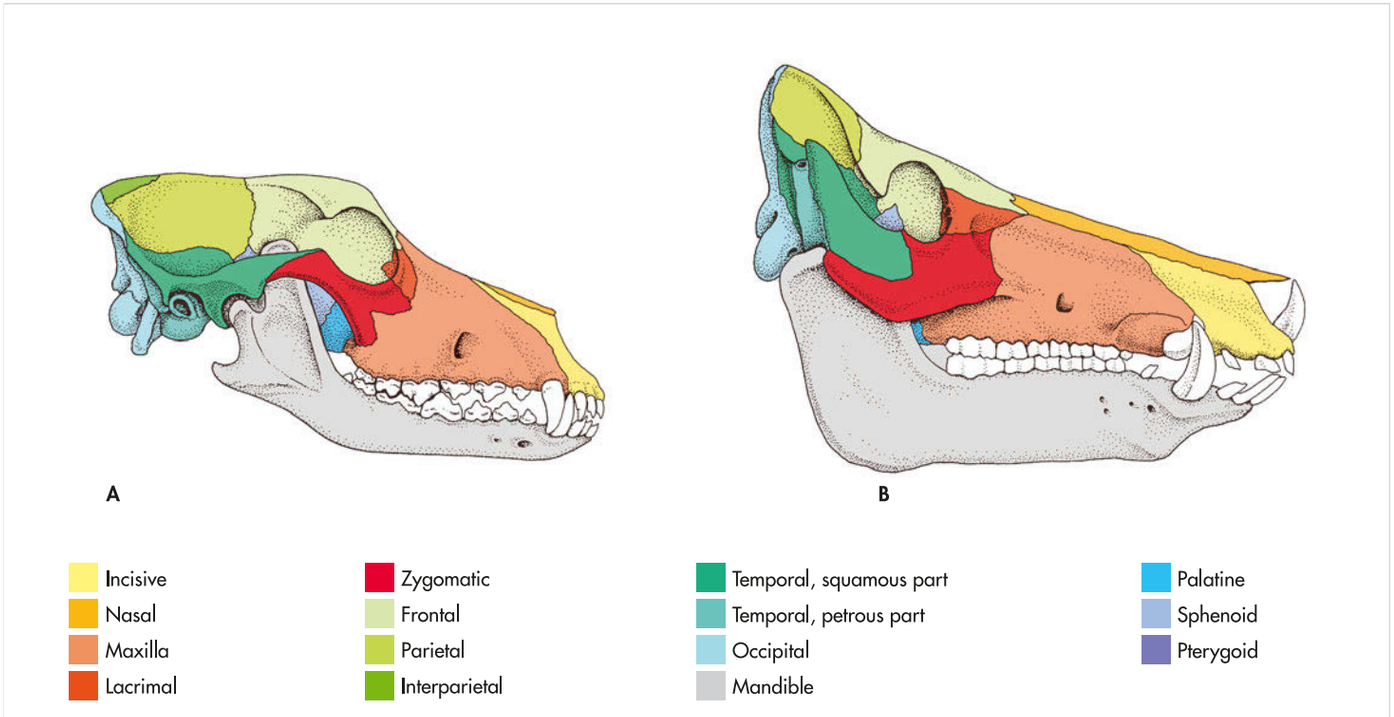


Fig. 2.1 Bones of the skull and mandible of the dog **(A)** and pig **(B)** (schematic, lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

The vertebral column in the thoracic and lumbar region allows movement in three directions. Small movements of the individual intervertebral joints cause dorsal, ventral and lateral flexion of the whole column. Considerable lateral, dorsal and ventral movements are possible in the neck.

2.3 Overview of the thorax

The rib cage is composed of the **thoracic vertebrae** (vertebrae thoracicae) dorsally, the **ribs** (costae) laterally and the **sternum** ventrally. They form the bony components of the thoracic wall and are joined functionally by a variety of ligaments, chondral junctions and true articulations. The rib cage encloses the **thoracic cavity** (cavum thoracis) and is kept under tension by its surrounding muscles. The thorax of the domestic mammals has the shape of a laterally compressed, truncated cone, with its apex pointing cranially and its base caudally. It has a **cranial** and a **caudal aperture** (apertura thoracis cranialis et caudalis).

2.4 Skeleton of the head

2.4.1 Skull, neural part (cranium, neurocranium)

The bones of the neural or cranial part of the skull enclose the **cranial cavity** (cavum cranii), including the brain, its meninges and blood vessels. The structure of the cranium is a collection of many smaller bones, that fit together in a species specific construction. Skulls differ largely, not only between different species and breeds, but also between individuals of the same breed, age and sex. The basic anatomical architecture of the neural part of the skull will be described, with species specific variations emphasised. The cranium is formed by the same bones in all domestic mammals:

- **the floor is composed of the**:
  - unpaired basioccipital bone (pars basilaris ossis occipitalis) and
  - unpaired basisphenoid and presphenoid bones (os basisphenoidale et os presphenoidale),
- **the nuchal wall is composed of the**:
  - unpaired supraoccipital bone (squamous part, squama occipitalis) and
  - exoccipital bones (lateral parts, partes laterales),
- **the lateral walls are composed of the:**
  - paired temporal bone (os temporale),
- **the roof is composed of the:**
  - paired frontal bone (os frontale),
  - paired parietal bone (os parietale) and
  - unpaired interparietal bone (os interparietale), and
- **the nasal wall is composed of the:**
  - unpaired ethmoid bone (os ethmoidale).

Occipital bone (os occipitale)

The occipital bone forms the nuchal wall of the skull and can be divided into the **basilar part**, the **squamous part** and the **lateral parts** (▶ Fig. 2.1, ▶ Fig. 2.2, ▶ Fig. 2.3 and ▶ Fig. 2.4). These bones form a ring surrounding the spinal cord, the **foramen magnum**.

The **basilar part** (pars basilaris, basioccipital bone) constitutes the caudal part of the base of the cranium. It is situated rostral to the foramen magnum, where it is joined to the basisphenoid by a cartilagenous suture (▶ Fig. 2.4). On the ventral surface are the paired **muscular tubercles** (tubercula muscularia) for the attachment of the flexors of the head and neck. The surface of this bone is concave, forming the **caudal cranial fossa** (fossa cranii caudalis)

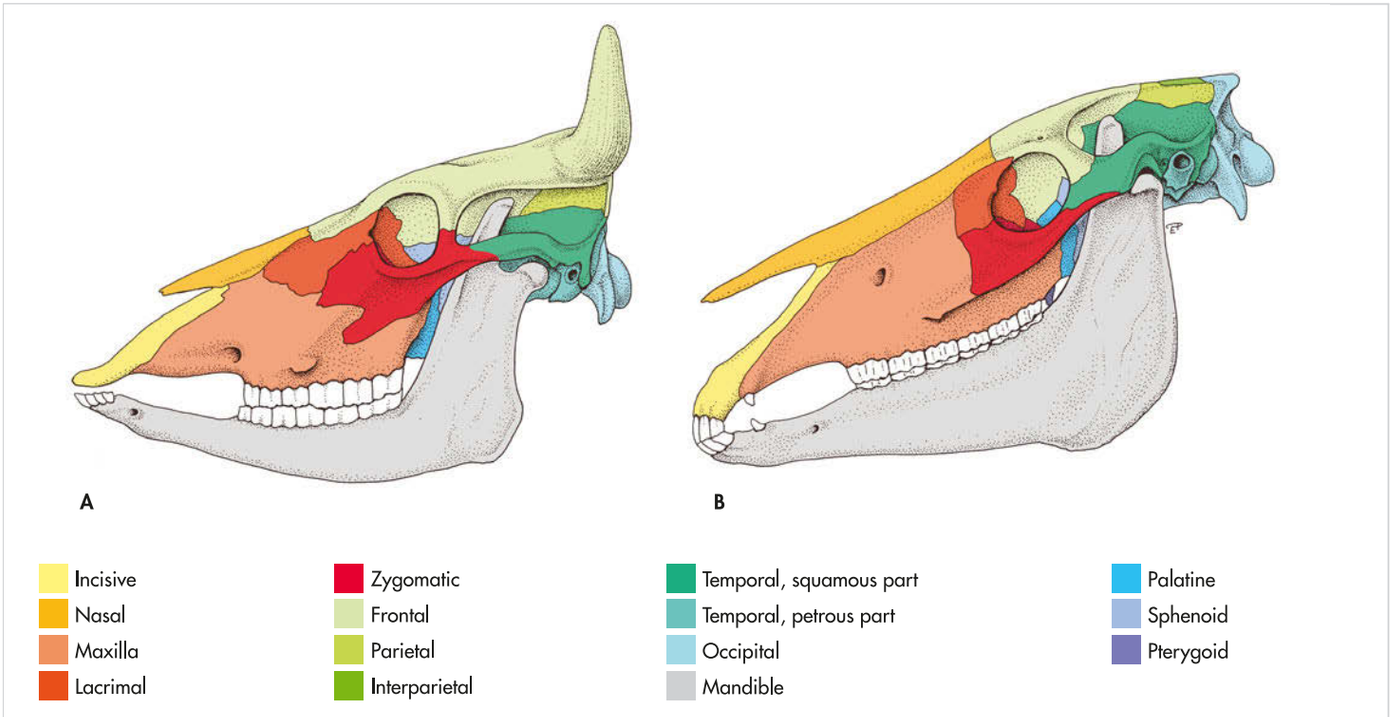


Fig. 2.2 Bones of the skull and mandible of the ox **(A)** and horse **(B)** (schematic, lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

(▶ Fig. 2.5), which is subdivided into rostral and caudal depressions. The rostral depression encompasses the pons (impressio pontina) and the caudal depression encompasses the medulla oblongata (impressio medullaris).

The **jugular foramen** (foramen jugulare) is located on either side of the basilar part, adjacent to the tympanic bullae. In the pig and the horse the sharp and thin lateral borders of the basilar part form the deep **petro-occipital fissure** (fissura petro-occipitalis) together with the petrosal part (pars petrosa) of the temporal bone where the foramen lacerum is built (▶ Fig. 2.40 and ▶ Fig. 2.41).

The **squamous part** (**squamous part**, supraoccipital bone) is situated dorsal to the **lateral parts** (partes laterales ossis occipitalis) and the **occipital condyles** (condyli occipitales), completing the foramen magnum dorsally (▶ Fig. 2.3 and ▶ Fig. 2.4). Its **external surface** (lamina externa) is demarcated by a sharp-edged ridge, the **nuchal crest** (crista nuchae) (▶ Fig. 2.4, ▶ Fig. 2.9 and ▶ Fig. 2.11). In ruminants, the nuchal crest is reduced to the prominant **nuchal line** (linea nuchae). The nuchal crest is easily palpable and can be used as a landmark, together with the wings of the atlas, for the collection of cerebrospinal fluid.

The well-defined median ridge, the **external sagittal crest** (crista sagittalis externa), arises from the nuchal crest in carnivores and the horse (▶ Fig. 2.4, ▶ Fig. 2.9 and ▶ Fig. 2.11). The **external occipital protuberance** (protuberantia occipitalis externa) (▶ Fig. 2.13 and ▶ Fig. 2.92) are median triangular projections with the base pointing towards the base of the cranium, and provides attachments for the **nuchal ligament** (ligamentum nuchae). In carnivores, the poorly defined external occipital crest extends from the external occipital protuberance to the foramen magnum (▶ Fig. 2.4).

The **internal surface of the cranium** (lamina interna) has many shallow depressions, which conform to the surface of the cerebellum (impressiones vermiales) and the basal blood vessels (sulci sinus transversi). The internal surface is marked by the **internal occipital protuberance** (protuberantia occipitalis interna). Carnivores and horses have an additional process, the tentorial process (processus tentoricus), which forms the tentorium cerebelli osseum (▶ Fig. 2.5 and ▶ Fig. 2.10), together with like-named processes of the parietal and interparietal bones.

The **lateral parts of the occipital bone** (partes laterales, exoccipital bones) form the lateral borders of the foramen magnum. They include the **occipital condyles** (condyli occipitales), which articulate with the atlas to form the atlanto-occipital joint (▶ Fig. 2.4 and ▶ Fig. 2.6). Lateral to the condyli process, the **paracondylar processes** (processus paracondylares), provide attachment to the specific muscles of the head (as described in Chapter 2).

These processes are elongated in the pig, shorter in ruminants and the horse and bulb-shaped in carnivores (▶ Fig. 2.4, ▶ Fig. 2.6, ▶ Fig. 2.7 and ▶ Fig. 2.9). They are thought to be rudimentary transverse processes analogous with those of the cervical vertebrae. The ventral **condyloid fossa** (fossa condylaris ventralis) (▶ Fig. 2.6 and ▶ Fig. 2.12), which forms the end of the **hypoglossal canal** (canalis nervi hypoglossi), through which the hypoglossal nerve passes, is located between the paracondylar and the condyli process. This fossa is continuous with the **dorsal condylar fossa** (fossa condylaris dorsalis).

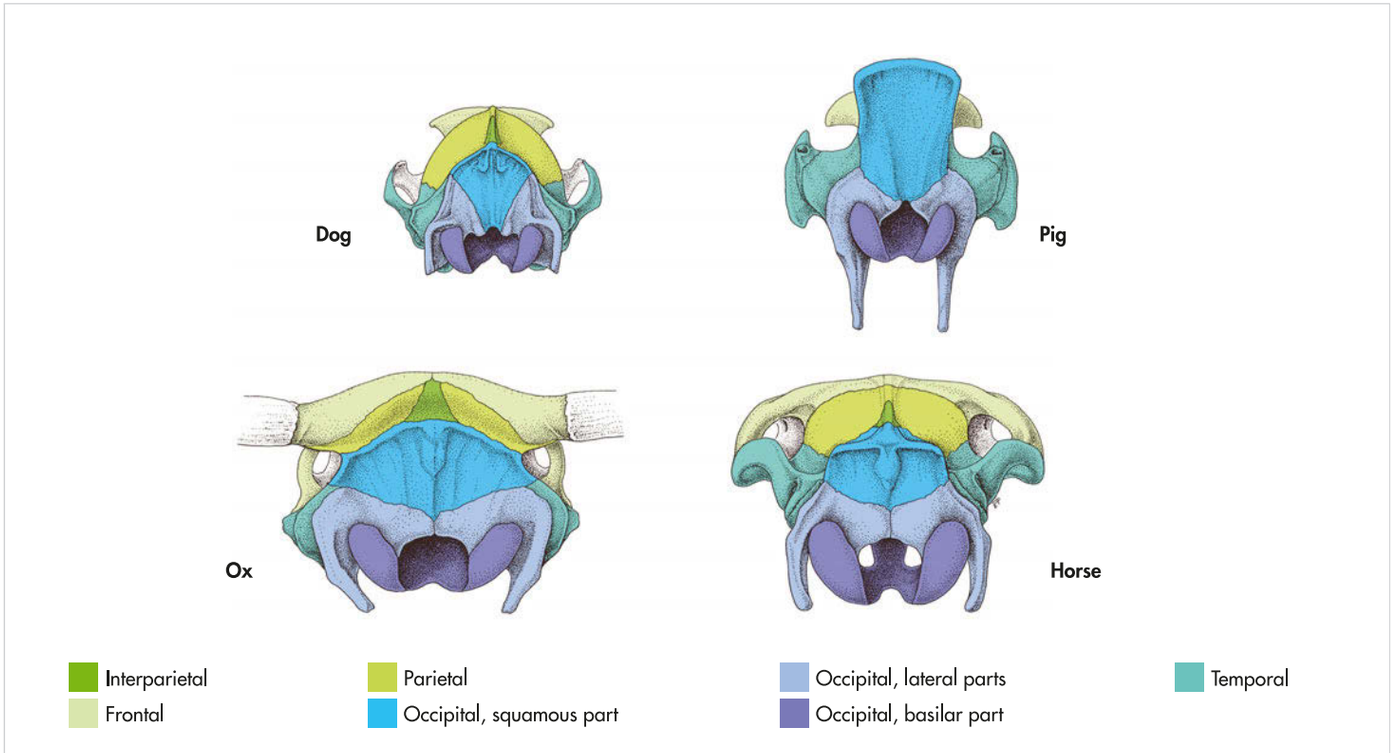


Fig. 2.3 Nuchal aspect of the canine, porcine, bovine and equine skull (schematic); fig. based on data from Ellenberger and Baum, 1943.

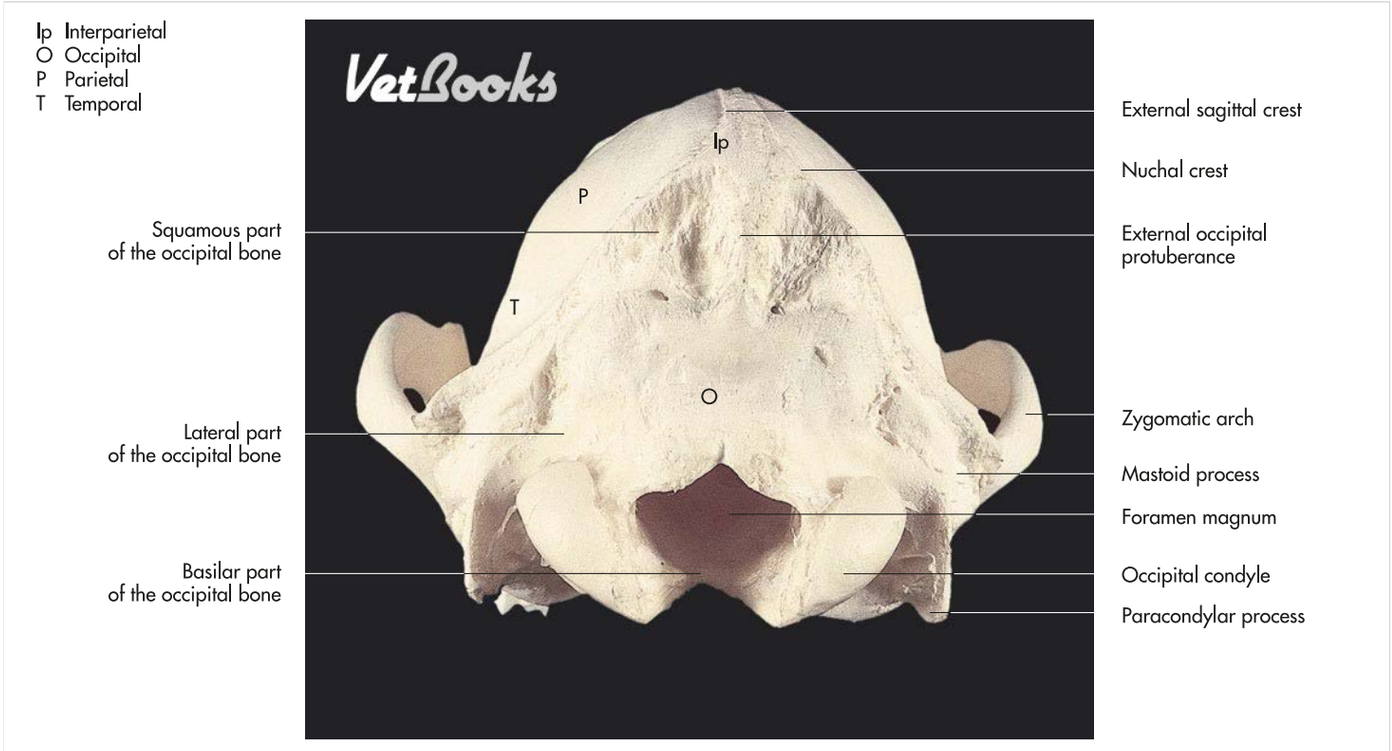


Fig. 2.4 Nuchal aspect of a canine skull.

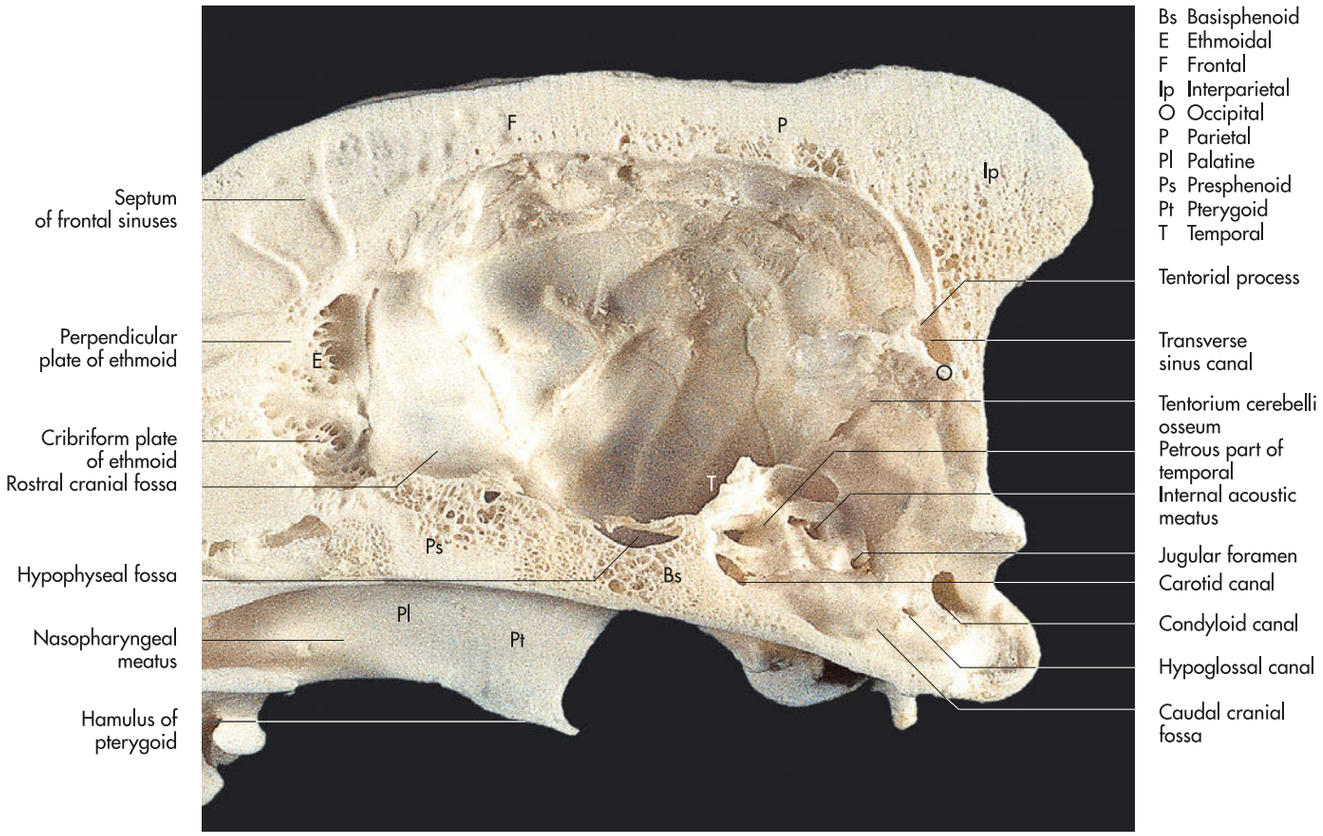


Fig. 2.5 Bones of the cranial part of a canine skull (medial aspect of sagittal section).

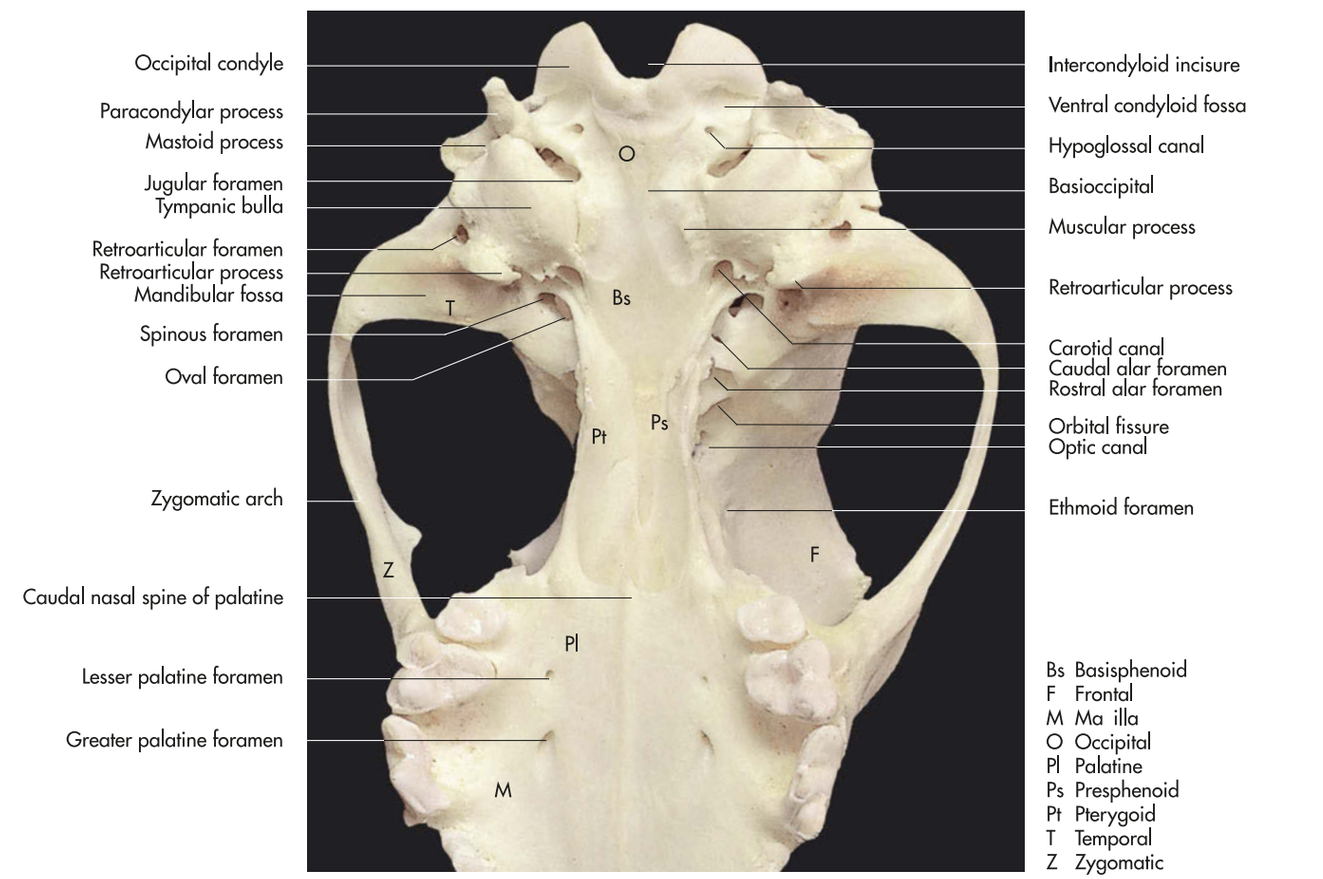


Fig. 2.6 Bones of the cranial part of a canine skull (ventral aspect).

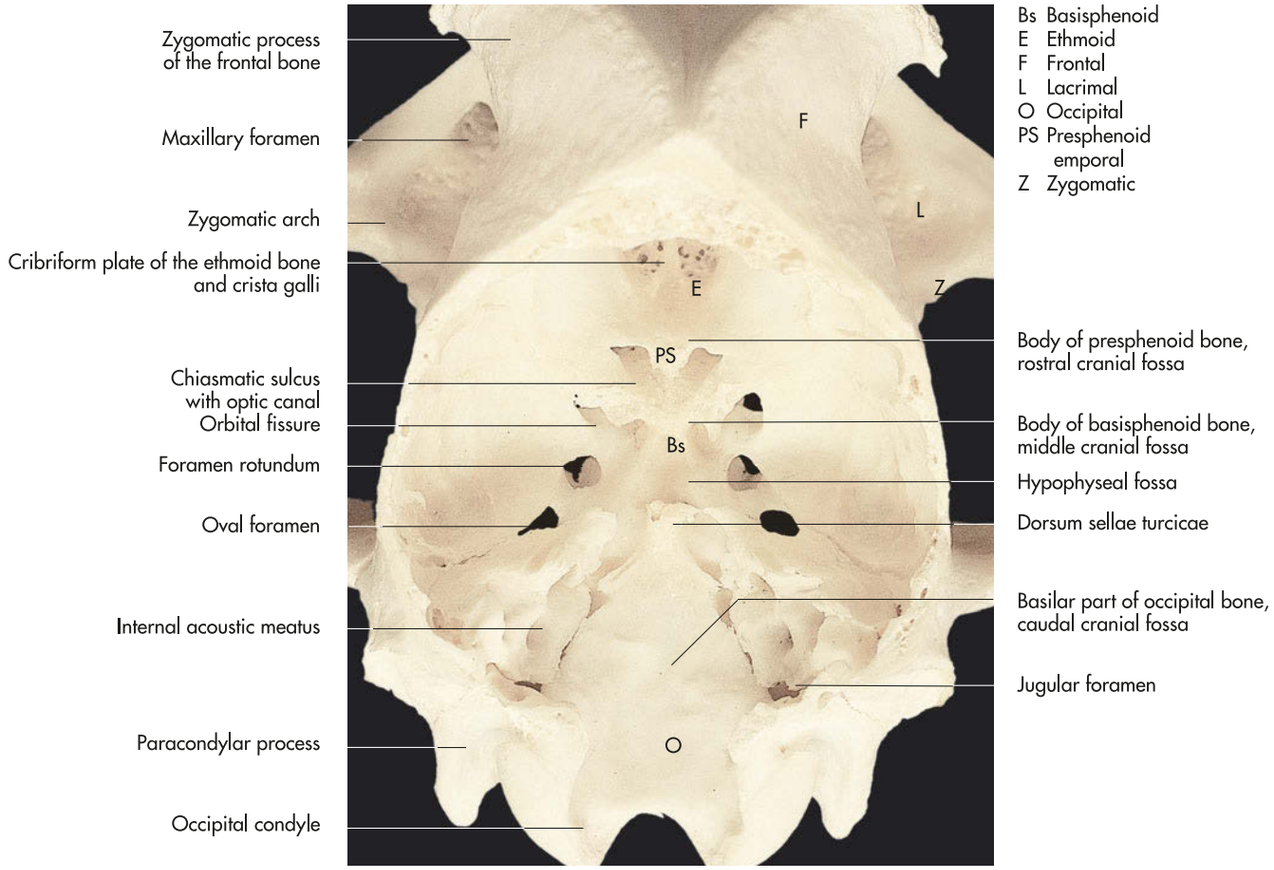


Fig. 2.7 Cranial cavity of a dog with calvaria removed (dorsocaudal aspect).

Sphenoid bone (os sphenoidale)

The **sphenoid bone** forms the rostral part of the base of the neurocranium and consists of two similar segments, the **presphenoid** (os praesphenoidale) rostrally and the **basisphenoid** (os basisphenoidale) caudally (▶ Fig. 2.2, ▶ Fig. 2.5 and ▶ Fig. 2.6).

Each bone is composed of a **median body** (corpus ossis sphenoidalis) and **wings** (alae ossis sphenoidalis) laterally. In humans these bones fuse firmly in early life, while in adolescent domestic mammals they are separated by a cartilagenous suture, which ossifies in the adult. Therefore they are considered as individual bones in veterinary anatomy.

Presphenoid (os praesphenoidale)

The **body** and **wings of the presphenoid** (corpus et alae ossis praesphenoidalis) constitute the bony parts of the **rostral cranial fossa** (fossa cranii rostralis) and articulate with the basisphenoid caudally (▶ Fig. 2.7). The body of the presphenoid is hollow and encloses the paired **sphenoid sinuses** (sinus sphenoidales), which are separated by an incomplete septum (▶ Fig. 2.10). The beak-shaped **sphenoidal rostrum** (rostrum sphenoidale) projects from the body rostrally towards the ethmoid. Just caudal to this, there is a transverse depression (sulcus chiasmatis) on which the **optic chiasm** (chiasma opticum) rests. The bony **optic canal** (canalis opticus) extends from each end of this groove over the wings of the presphenoid through which the optic nerve passes (▶ Fig. 2.7).

The external surface of the **wings of the presphenoid** (alae ossis praesphenoidales) contribute to the formation of the orbit and the optic canal, whereas the internal surface forms part of the cranial cavity.

Basisphenoid (os basisphenoidale)

The **body** and **wings of the basisphenoid** (corpus et alae ossis basisphenoidalis) consitute the bony parts of the **medial cranial fossa** (fossa cranii medialis), which includes the **tuberculum sellae** (sella turcica) rostrally, the **hypophyseal fossa** (fossa hypophysialis) in the middle and the **dorsum sellae** (dorsum sellae turcicae) (with the exception of the horse) caudally (▶ Fig. 2.7). The surfaces of the **wings of the basisphenoid** (alae ossis basisphenoidalis) oppose the brain (facies cerebralis), the temporal bone (facies temporalis), the maxilla (facies maxillaris) and the orbit (facies orbitalis). The piriform fossae are located lateral to the optic groove and encompass the **piriform lobes** (lobi piriformes) of the brain. Each wing contributes to the formation of various foramina and notches for the passage of nerves and blood vessels with species-specific variations.

In the horse, the caudal border of each wing forms the rostral border of the **foramen lacerum**. It forms three notches, the **carotid notch** (incisura carotica) for the passage of the internal carotid artery medially, the **oval notch** (incisura ovalis) for the passage of the mandibular nerve and the **spinous notch** (incisura spinosa) for the middle meningeal artery laterally (▶ Fig. 2.41). The foramen lacerum is absent in carnivores and ruminants and

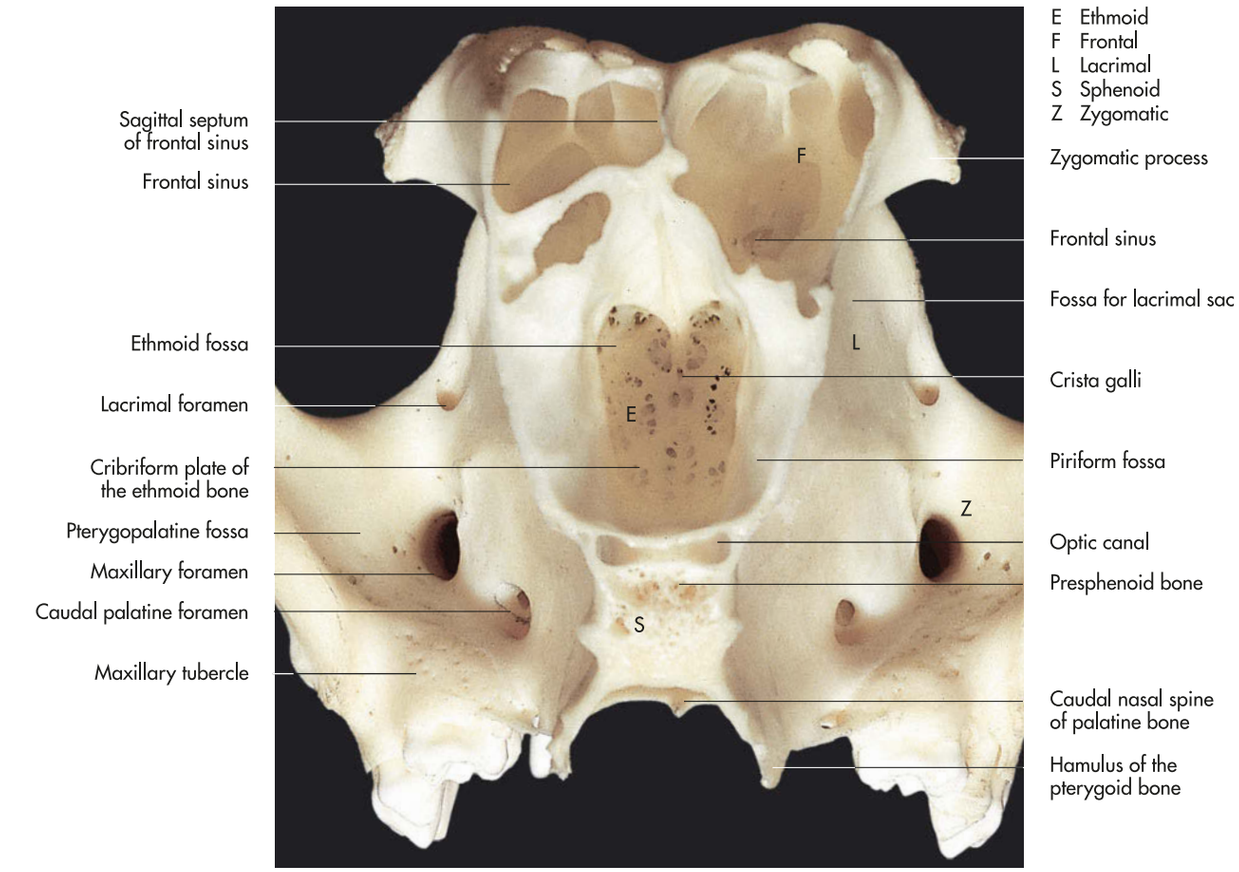


Fig. 2.8 Transverse section of a canine cranial cavity caudal to the zygomatic process of the frontal bone.

its functions are replaced by the **oval foramen**, the **spinous foramen** and the **carotid canal** in carnivores and by a **oval foramen** only in ruminants (▶ Fig. 2.6).

The **pterygoid processes** (processus pterygoidei) arise from the rostral border of the basisphenoid (▶ Fig. 2.5). They project ventro-rostrally and form the boundaries of the choanae, together with the palatine and pterygoid bones. The base is perforated by the **alar canal** (canalis alaris), through which the maxillary artery passes. It originates with the **caudal alar foramen** (foramen alare caudale) and terminates with the **rostral alar foramen** (foramen alare rostrale).

Temporal bone (os temporale)

The temporal bone of the newborn animal consists of three distinct parts (▶ Fig. 2.1 and ▶ Fig. 2.2), which unite later in life:

- squamous part (pars squamosa, squama temporalis),
- petrosal part (pars petrosa, petrosum) with its mastoid process (processus mastoideus) and
- tympanic part (pars tympanica).

The petrosal and tympanic parts are sometimes also called the pyramid and are firmly fused to the squamous part in carnivores and in the ox, but remain separated in the other domestic mammals.

The **cerebral surface** (facies cerebralis) of the **squamous part** (pars squamosa, squama temporalis, squamosum) contributes to the formation of the lateral wall of the cranial cavity. It unites with the frontal, parietal and sphenoid bones in firm osseous sutures.

The long **zygomatic process** (processus zygomaticus) arises from the temporal surface (facies temporalis) of the squamous part. It extends rostrolaterally to unite with the **temporal process of the zygomatic bone**, forming the **zygomatic arch** (arcus zygomaticus) (▶ Fig. 2.4 and ▶ Fig. 2.6). The base of the zygomatic process expands to form the articulating surface of the **temporomandibular joint** (articulatio temporomandibularis). This articulating surface consists of a transversely elongated **articular tubercle** (tuberculum articulare) rostrally and the **mandibular fossa** (fossa mandibularis) caudal to it (▶ Fig. 2.12).

The **mandibular fossa** is deliniated caudally by the **retroarticular process** (processus retroarticularis) (▶ Fig. 2.6). While the articular tubercle is missing in carnivores, these species have an especially well-developed **retroarticular process** (▶ Fig. 2.6).

The caudal part of the squamous part forms the **occipital process** (processus occipitalis); the ventral surface forms the **retrotympanic process** (processus retrotympanicus), which surrounds the **external acoustic meatus** (meatus acusticus externus) caudally. The **retroarticular foramen** (foramen retroarticulare) exits caudal to the latter process and forms the end of the **temporal canal** (meatus temporalis) (▶ Fig. 2.11). The temporal canal is rudimentary in the cat and pig.

The **petrosal part** (pars petrosa, petrosum) is the caudoventral portion of the temporal bone and is bordered by the squamous and the **tympanic parts**. It encloses the **inner ear** with the **co-**

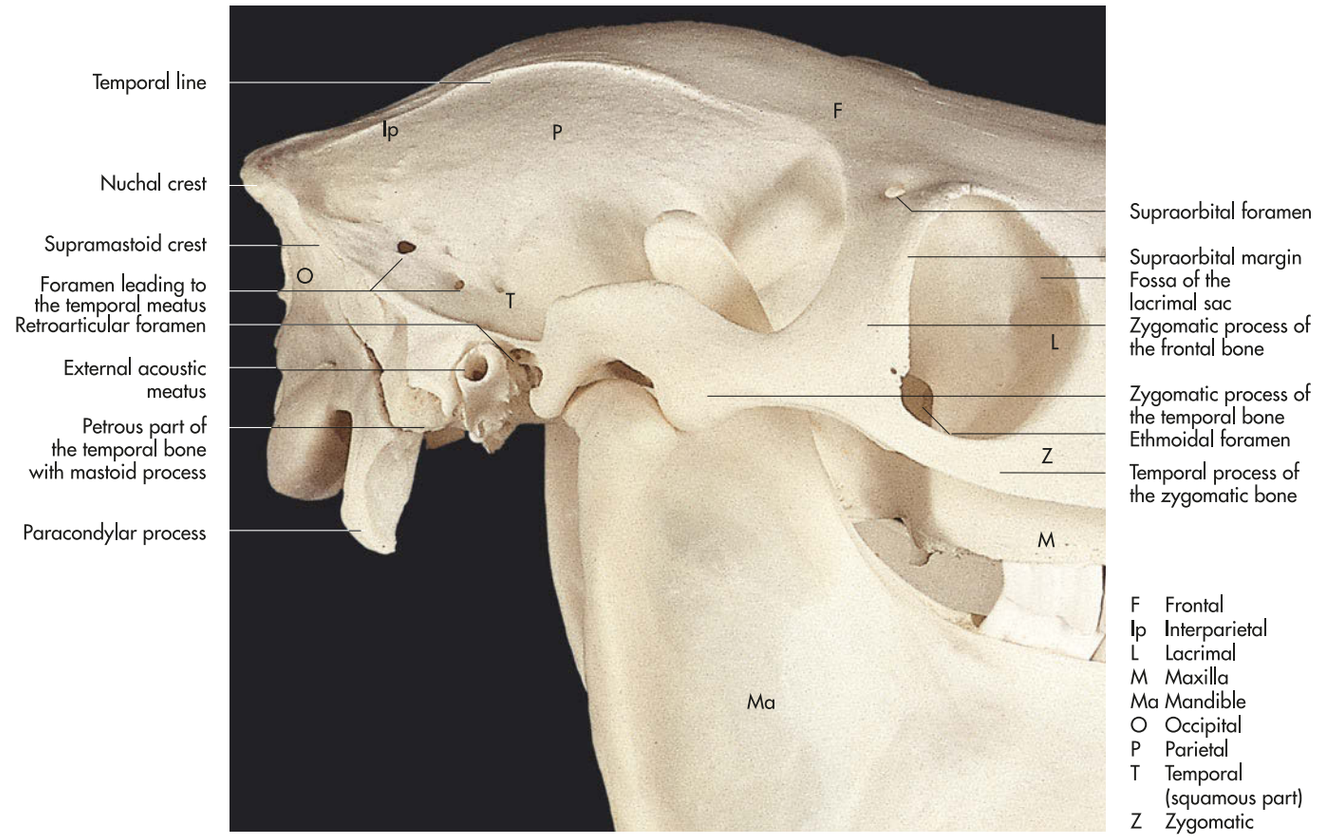


Fig. 2.9 Bones of the cranial part of an equine skull (lateral aspect).

chlea, the **vestibule** (vestibulum) and the **semicircular canals** (canales semicirculares). Its medial surface (facies medialis) is perforated by the entrance (porus acusticus internus) of the **internal acoustic meatus** (meatus acusticus internus) (▶ Fig. 2.5 and ▶ Fig. 2.10), through which the cranial nerves of the face, the **facial nerve** (n. facialis) and of hearing and balance, the **vestibulocochlear nerve** (n. vestibulocochlearis) pass. The rostral and medial surfaces of the petrosal part are separated by the sharp-edged **petrosal crest** (crista partis petrosae) in carnivores and the horse.

Caudally, the petrosal part extends beyond the skull, forming the **mastoid process** (processus mastoideus) ventrally. The mastoid process is a strong, bulb-shaped projection in the horse, whereas it is smaller in the other domestic mammals. Attachment for the **hyoid apparatus** (apparatus hyoideus) is provided by the cylindrical **styloid process** (processus styloideus) in horses and ruminants, which is positioned rostroventral to the external acoustic meatus of the petrosal part (▶ Fig. 2.12 and ▶ Fig. 2.14). The styloid process is absent in carnivores and the pig and therefore the hyoid apparatus articulates with the mastoid process of the petrosal part in carnivores (▶ Fig. 2.6) and the nuchal process (processus nuchalis) of the squamous part, which is located close to the base of the paracondylar process in the pig. The external opening of the facial canal, where the facial nerve emerges, the **stylomastoid foramen** (foramen stylomastoideum) is situated between the styloid and mastoid process in ruminants, the pig and the horse and between the mastoid process and the tympanic part in carnivores (▶ Fig. 2.38 and ▶ Fig. 2.40).

The **tympanic part** (pars tympanica, tympanicum) is the ventral portion of the temporal bone. Its bulbous enlargement, the **tympanic bulla** (bulla tympanica) encloses the **tympanic cavity of the middle ear** (cavum tympani) (▶ Fig. 2.6, ▶ Fig. 2.13 and ▶ Fig. 2.14). In the cat, the tympanic cavity is divided into two parts and the medial wall is formed by the cartilagenous precursor of a separate endotympanic part (pars endotympanica).

The **external acoustic meatus** (meatus acusticus externus) opens dorsolaterally (porus acusticus externus) (▶ Fig. 2.9 and ▶ Fig. 2.14) and is separated from the tympanic cavity by a membranous diaphragm, the **tympanic membrane** or **eardrum** (membrana tympani), which is attached to the **tympanic ring** (anulus tympanicus). The dorsal part of the tympanic cavity encloses the auditory ossicles (ossicula auditus), the stapes, malleus and incus. The **muscular process** (processus muscularis) extends from the mediorostral walls of the tympanic bulla. This is especially prominent in horses and ruminants. The groove-like auditory tube (semicanalis tubae auditivae) is medial to the muscular process and adjacent to the groove of the tensor veli palatini muscles (semicanalis musculi tensoris veli palatini) in the musculotubal canal (canalis musculotubarius), which connects the tympanic cavity to the pharynx.

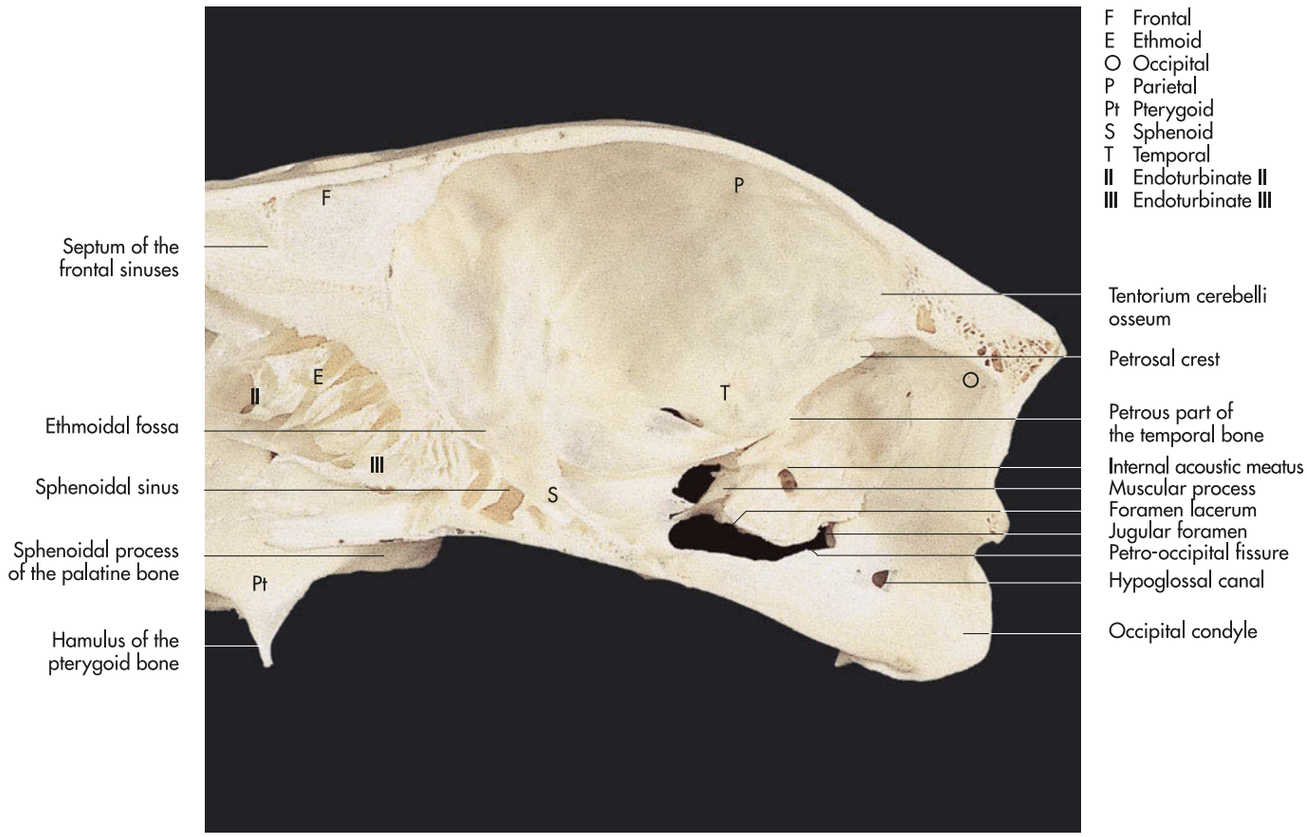


Fig. 2.10 Bones of the cranial part of an equine skull (medial aspect of sagittal section).

Frontal bone (os frontale)

The paired frontal bones are situated between the cranium and the face (▶ Fig. 2.1 and ▶ Fig. 2.2) and are united in the **interfrontal suture** (sutura interfrontalis). Each frontal bone encloses, depending on the species, one or more air-filled cavities, the frontal sinuses (sinus frontales) (▶ Fig. 2.10). Based on their location the frontal bone can be divided in four segments:

- frontal squama (squama frontalis),
- orbital part (pars orbitalis),
- temporal surface (facies temporalis) and
- nasal part (pars nasalis).

The **frontal squama** is bordered by the nasal and lacrimal bone in large animals and is limited to the wall of the orbital cavity in carnivores. It extends to form the **zygomatic process** (processus zygomaticus) laterally (▶ Fig. 2.8, ▶ Fig. 2.9 and ▶ Fig. 2.11), which forms part of the **dorsal margin of the orbit** (margo supraorbitalis). The zygomatic process articulates in a species-specific way. In ruminants it forms an osseous union with the frontal process of the zygomatic bone (processus frontalis ossis zygomatici), in horses with the zygomatic process of the temporal bone (processus zygomaticus ossis temporalis) (▶ Fig. 2.11 and ▶ Fig. 2.18). In carnivores the dorsal margin of the orbit is formed by the **orbital ligament** (ligamentum orbitale). This ligament is often ossified in the cat. The osseous orbit is indented by the lacrimal gland (fossa glandulae lacrimalis), which lies under the zygomatic process or the orbital ligament, respectively.

The frontal squama is separated from the temporal surface by the **temporal line** (linea temporalis), which extends caudally as the **external sagittal crest** (crista sagittalis externa) (▶ Fig. 2.11 and ▶ Fig. 2.18). While it is a prominent structure in the dog, horse and ox, it is insignificant in the other domestic mammals. In horned ruminants the caudal end of the frontal squama carries the paired **cornual processes** (processus cornuales), which support the horn.

The **nasal part** (pars nasalis) is the rostral extension of the frontal bone and is neighboured by the nasal bone rostrally and the lacrimal bone laterally. The **orbital part** (pars orbitalis) forms the major part of the medial wall of the orbital cavity, and is perforated ventrally by the **ethmoidal foramen** (foramen ethmoidale) (▶ Fig. 2.6 and ▶ Fig. 2.14). In the horse the ethmoidal foramen opens on the border between the frontal and sphenoid bone (▶ Fig. 2.38). Medial to the base of the zygomatic process, the orbital part is indented by a shallow groove for the attachment of the dorsal oblique muscle of the eyeball.

Caudal to the orbital part is the small, concave temporal surface (facies temporalis). It forms the rostral part of the temporal fossa (fossa temporalis), which provides attachment for the temporal muscle (▶ Fig. 2.11).

Parietal bone (os parietale)

The **parietal** is paired and forms most of the dorsolateral part of the cranial wall. It is bordered by the occipital bone caudally and the frontal bone rostrally (▶ Fig. 2.1 and ▶ Fig. 2.2). The external

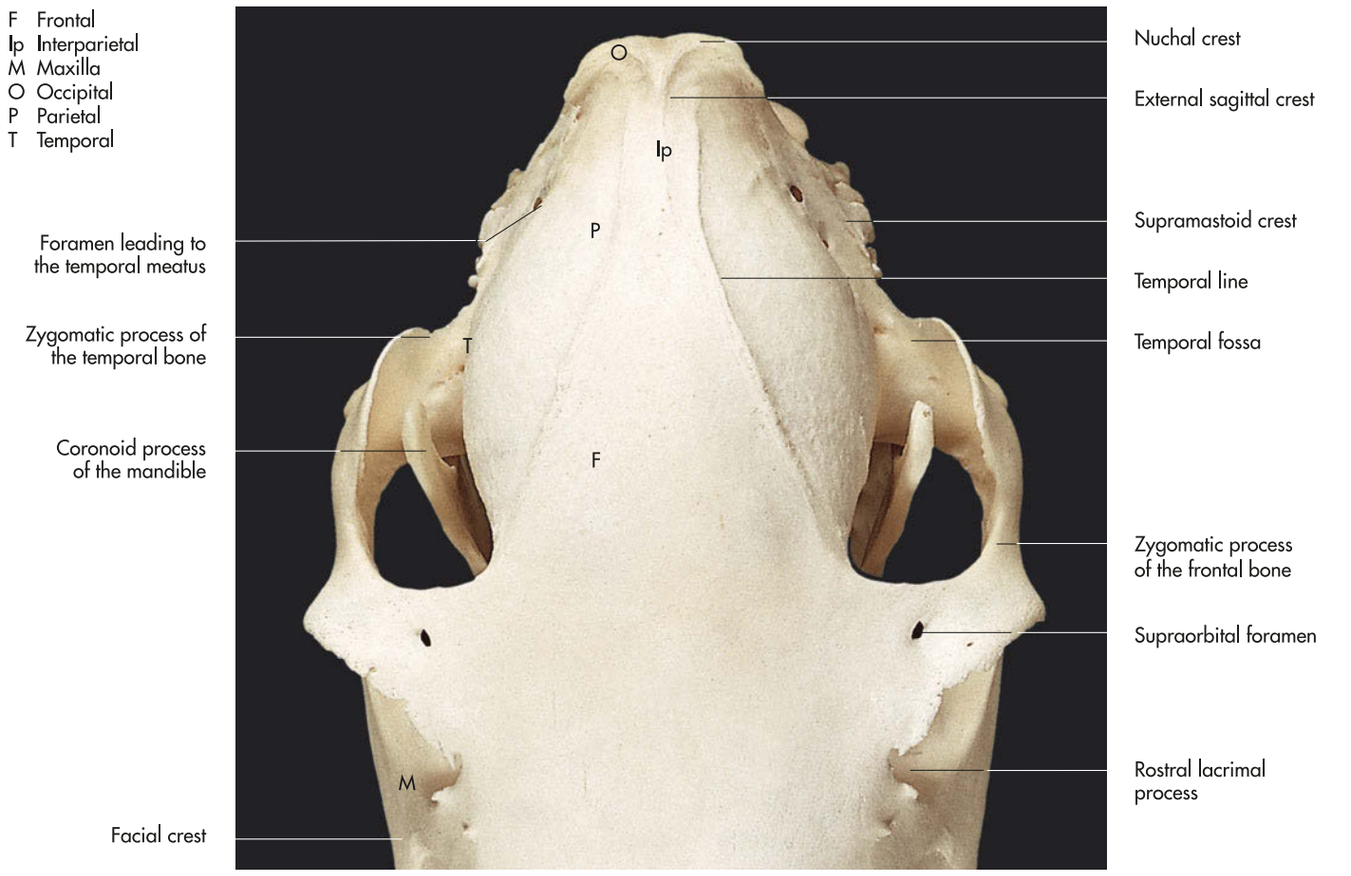


Fig. 2.11 Bones of the cranial part of an equine skull (dorsal aspect).

surface (facies externa) can be divided into a **parietal plane** (planum parietale) forming the dorsal wall of the neurocranium and a **temporal plane** (planum temporale) forming the lateral wall. The ox has an additional **nuchal plane** (planum nuchale), which contributes to the formation of the nuchal aspect of the skull.

The internal surface (facies interna) is characterised by vascular grooves and numerous depressions and ridges, which correspond to the sulci and gyri of the brain. In the horse and pig the internal surface is marked by the median **internal sagittal crest** (crista sagittalis interna), which is accompanied by the groove of the dorsal sagittal sinus (sulcus sinus sagittalis dorsalis). The caudal aspect of the internal surface of the parietal bone has a medial projection (processus tentoricus), which forms part of the **osseous tentorium cerebelli** (tentorium cerebelli osseum) in carnivores and horses (▶ Fig. 2.5, ▶ Fig. 2.10 and ▶ Fig. 2.20).

Interparietal bone (os interparietale)

The **interparietal** is centrally placed between the occipital bone and the parietal bone, with which it fuses during adult life, with the exception of the cat, where the sutures are still visible in the adult (▶ Fig. 2.1 and ▶ Fig. 2.2).

The tentoric proesses on the cerebral surface, fuse with the like-named processes of the parietal and occipital bones, forming the **osseous tentorium cerebelli** (tentorium cerebelli osseum) (▶ Fig. 2.5, ▶ Fig. 2.10 and ▶ Fig. 2.20).

Ethmoid bone (os ethmoidale)

The **ethmoid bone** is situated deep in the walls of the orbit and contributes to the formation of the cranial and facial parts of the skull (▶ Fig. 2.1 and ▶ Fig. 2.2). The **external lamina** (lamina externa) of the tube-like ethmoid bone consists of the **roof plate** (lamina tectoria), the **floor plate** (lamina basalis) ventrally and the extremely thin paired **orbital plates** (laminae orbitales) to each side. The **cribriform plate** (lamina cribrosa) separates the ethmoid bone from the cranial cavity. A median sheet of bone, the **perpendicular plate** (lamina perpendicularis), divides the ethmoid into two tubes. The paired **ethmoidal labyrinth** (labyrinthus ethmoidalis) protrudes from the dorsal and lateral walls of these tubes. The ethmoidal labyrinth is composed of delicate bony scrolls, the **ethmoturbinates** (ethmoturbinalia), with the **air-filled ethmoidal meatus** (meatus ethmoidales) between them (▶ Fig. 2.17).

The **cribriform plate** (lamina cribrosa) is a sieve-like partition between the nasal and cranial cavities (▶ Fig. 2.5, ▶ Fig. 2.7 and ▶ Fig. 2.8). The cribriform plate is perforated by numerous foramina through which the **olfactory nerve bundles** pass. These nerves pass from the olfactory cortices of the brain to the olfactory bulbs. The cerebral surface is divided into two parts by a median ridge, the **crista galli**, which is considered to be the intracranial continuation of the perpendicular plate (▶ Fig. 2.7). Each half is deeply concave, forming the **ethmoidal fossae** (fossae ethmoidales), which enclose the olfactory bulbs (▶ Fig. 2.17).

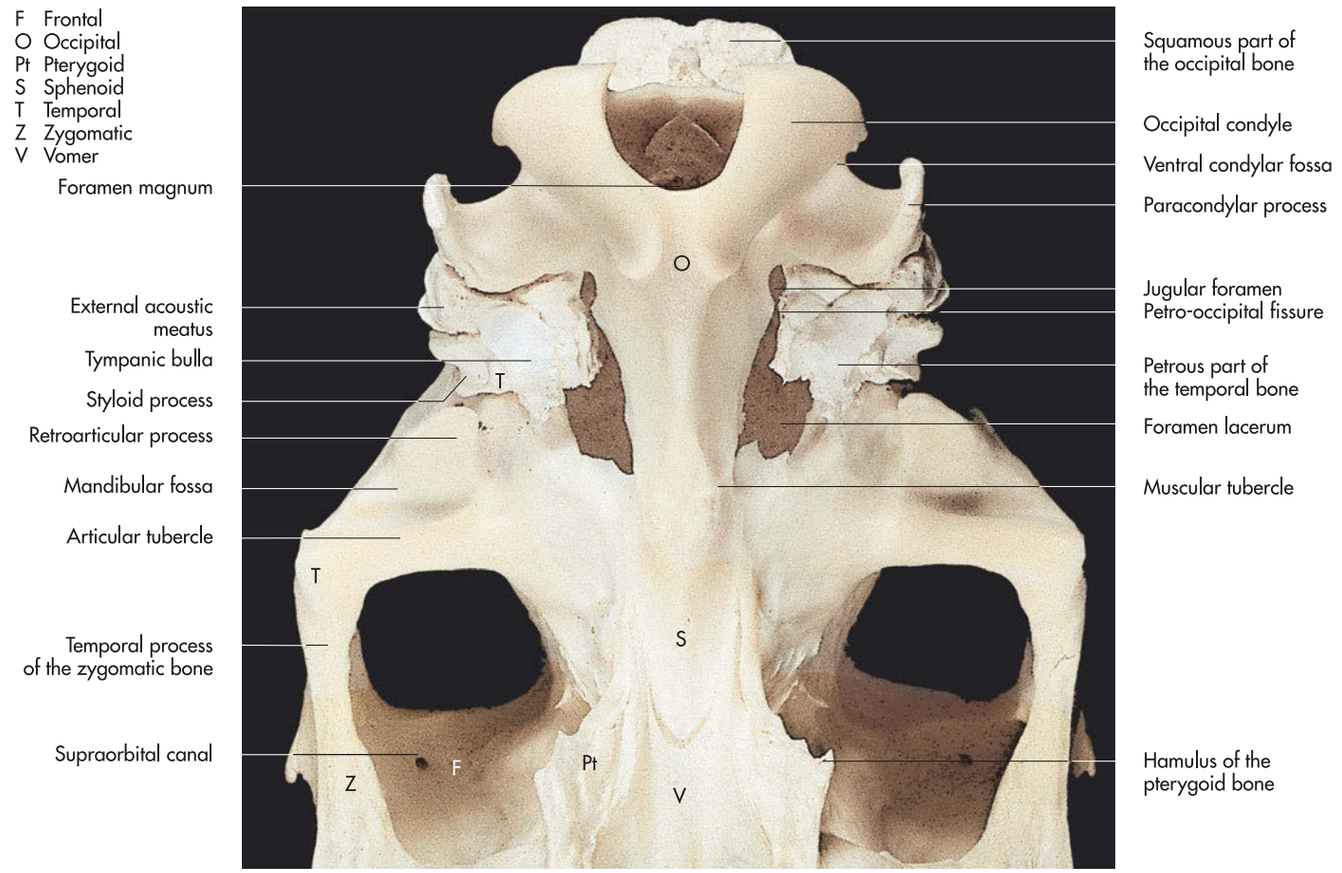


Fig. 2.12 Bones of the cranial part of an equine skull (ventral aspect).

The **ethmoturbinates** (ethmoturbinalia) arise from the dorsal and lateral walls of the ethmoidal bone. They are arranged in two rows, except in the horse, where there are three (▶ Fig. 2.17). Each ethmoturbinate possesses a basal leaf, which attaches to the walls of the ethmoid or the cribriform plate, and a spiral leaf, which projects into the nasal cavity. The majority of the ethmoturbinates have a single scroll and turn ventrally, but some divide into a dorsal and a ventral scroll. Additional secondary turbinates can be found in all the domestic mammals, but are especially common in the dog.

The **ethmoturbinates** can be divided into long, deeply lying **endoturbinates** (endoturbinalia), which extend far into the nasal cavity, and shorter, more superficial **ectoturbinates** (ectoturbinalia). Ectoturbinates are normally arranged in a single row, with the exception of the horse, where they form a double row. The number of the turbinates on each side varies in the different species: Four endoturbinates and six ectoturbinates are found in the dog, seven endoturbinates and 20 ectoturbinates in the pig, four endoturbinates and 18 ectoturbinates in ruminants, six endoturbinates and 25 ectoturbinates in the horse.

The **first endoturbinate** (endoturbinale I) is the longest and most dorsal turbinate and extends far into the nasal cavity. It forms the osseous base of the **dorsal nasal concha** (concha nasalis dorsalis) and attaches to the ethmoidal crest of the nasal bone (▶ Fig. 2.15, ▶ Fig. 2.16 and ▶ Fig. 2.17).

The **second endoturbinate** (endoturbinale II) is second in the row next to the first and forms the bony part of the **middle nasal concha** (concha nasalis media) (▶ Fig. 2.17). The following turbinates diminish in size, with the exception of the dog, in which the second to fourth endoturbinates are especially well-developed. While the dorsal and middle nasal concha are formed by the endoturbinates, the **ventral nasal concha** (concha nasalis ventralis) is part of the **upper jaw** (maxilla) (= maxilloturbinate).

The osseous structure of the **conchal bones** (ossa conchae) are described in the following summary:

- **endoturbinate I** (concha nasalis dorsalis) forms the dorsal nasal concha,
- **endoturbinate II** (concha nasalis media) forms the middle nasal concha and
- **maxilla** forms the ventral nasal concha (concha nasalis ventralis = maxilloturbinate).

The endoturbinates protrude into the nasal cavities and form part of the nasal meatus. There are three nasal meatuses:

- **dorsal nasal meatus** between the roof of the nasal cavity and the dorsal nasal concha,
- **middle nasal meatus** between the two nasal conchae, and
- **ventral nasal meatus** between the ventral nasal conchae and the floor of the nasal cavity.

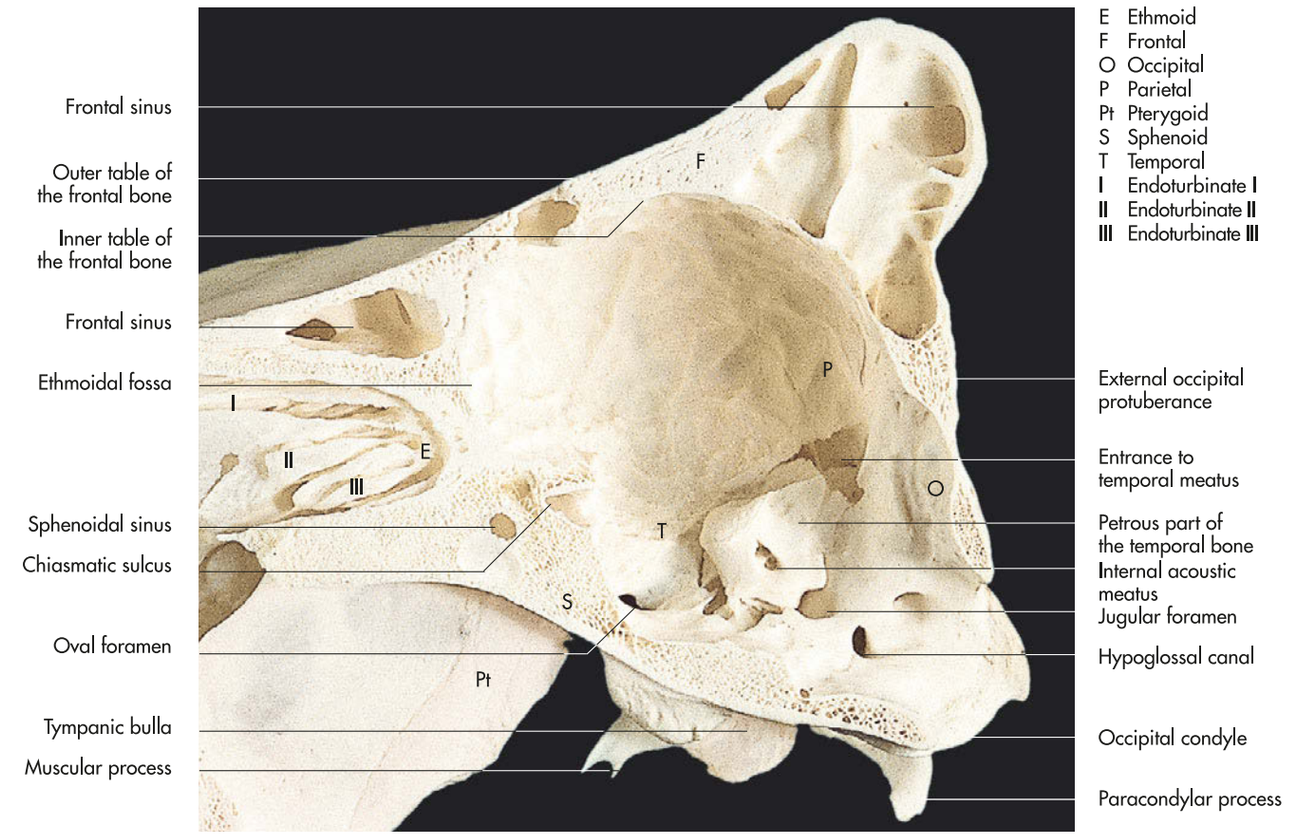


Fig. 2.13 Bones of the cranial part of a bovine skull (medial aspect of sagittal section).

2.4.2 Skull, facial part (facies, viscerocranium)

The **bones of the facial part of the skull** (ossa faciei) form the walls of the nasal cavities, the floors of which form the osseous roof of the oral cavity. The floor and the lateral walls of the oral cavity are completed by the **lower jaw (mandible)** and supported by the **hyoid bone** (os hyoideum) ventrally. The walls of the facial part of the skull are composed of the following segments in all domestic mammals:

- **the lateral walls of the nasal cavity**, formed by:
  - paired lacrimal bones (os lacrimale),
  - paired zygomatic bones (os zygomaticum),
  - paired upper jaw (maxilla) and
  - paired incisive bones (os incisivum);
- **the floor of the nasal cavity/the roof of the oral cavity**, formed by the:
  - paired palatine bones (os palatinum),
  - paired upper jaw (maxilla),
  - paired incisive bones (os incisivum) and
  - unpaired vomer;
- **the roof of the nasal cavity (dorsum nasi)** formed by:
  - paired frontal bones (os frontale) and
  - paired nasal bones (os nasale);
- **the roof or lateral walls of the pharyngeal cavity**, formed by the:
  - paired pterygoid bones (os pterygoideum),
  - parts of the unpaired vomer,
  - paired palatine bones (os palatinum) and
  - paired sphenoid bones (os sphenoidale).

The **ethmoid bone** separates the nasal and cranial cavities. The dorsal and middle nasal conchae, formed by the first and second endoturbinate, and the ventral nasal concha, formed by the maxilla, extend far into the nasal cavity. The nasal cavity is divided vertically into two equal halves by the median **nasal septum** (septum nasi) (▶ Fig. 2.17).

Nasal bone (os nasale)

The **nasal bone** forms the roof of the nasal cavity and has a concave external surface (facies externa), except in some breeds of cat, pig and horse which have a convex nose (▶ Fig. 2.1 and ▶ Fig. 2.2). The **ethmoidal crest** (crista ethmoidalis) is on the internal surface (facies interna) and forms the attachment for the **dorsal nasal concha** (endoturbinale I). The paired nasal bones present a blunt margin towards each other, articulating in a plane suture (sutura plana). The **rostral processes** (processus rostrales) form the apex of the nasal bone (▶ Fig. 2.21 and ▶ Fig. 2.37). This ends centrally in the pig, sheep and horse, laterally in carnivores and has separate apices for each nasal bone in the ox. There is an additional process on the internal surface of the nasal bone of carnivores, which forms part of the nasal septum (processus septalis). The rostral process reaches beyond the bones located ventrally to it, thus forming the **nasoincisive notch** (incisura nasoincisiva) between the nasal and the incisive bone (▶ Fig. 2.37).



Fig. 2.14 Bones of the cranial part of a bovine skull (ventral aspect).

Lacrimal bone (os lacrimale)

The **lacrimal bone** is a small bone situated near the medial canthus of the eye forming parts of the orbit and the lateral wall of the face (▶ Fig. 2.1 and ▶ Fig. 2.2). It articulates with the frontal bone, the zygomatic bone and the maxilla in all domestic mammals and in ruminants and the horse; it also articulates with the nasal bone and in carnivores with the palatine bone. The **lateral surface** (facies lateralis) of the lacrimal bone can be divided into an **orbital part** (facies orbitalis) and a **facial part** (facies facialis), which are separated by the **supra-** and **infraorbital margins** (margo supraorbitalis, margo infraorbitalis), respectively. Near the margin of the orbital surface there is a funnel-shaped fossa, which is occupied by the dilated origin of the nasolacrimal duct (fossa sacci lacrimalis). Caudal to it is a depression for the origin of the ventral oblique muscle of the eye (fossa muscularis).

In ruminants the orbital part is large and bears the expanded thin-walled **lacrimal bulla** (bulla lacrimalis) ventrally, which contains an extension of the maxillary sinus. The nasal surface (facies nasalis) forms the rostral limits of the frontal and maxillary sinuses and is crossed almost horizontally by the **nasolacrimal canal**.

Zygomatic bone (os zygomaticum)

The **zygomatic bone** lies ventrolateral to the lacrimal bone (▶ Fig. 2.1 and ▶ Fig. 2.2) and forms parts of the bony orbit and the zygomatic arch (▶ Fig. 2.4, ▶ Fig. 2.6 and ▶ Fig. 2.18). The **zygomatic arch** (arcus zygomaticus) is formed by the union of the **temporal process** (processus temporalis) of the **zygomatic bone** and the **zygomatic process** (processus zygomaticus) of the **temporal bone** (▶ Fig. 2.9, ▶ Fig. 2.27 and ▶ Fig. 2.28). It extends towards the frontal bone, as the frontal process (processus frontalis), in all species except the horse. The frontal process articulates with the zygomatic process of the frontal bone in ruminants to form the **supraorbital margin** (margo supraorbitalis) (▶ Fig. 2.9).

The supraorbital margin of the horse is formed by the zygomatic processes of the frontal and temporal bones. In carnivores and the pig the frontal process of the zygomatic bone is joined to the zygomatic process of the frontal bone by the **orbital ligament** (ligamentum orbitale) – thus completing the orbital wall. The orbital ligament often ossifies in the cat.

The orbital surface (facies orbitalis) joins the laterally situated facial surface (facies lateralis) in the infraorbital margin (margo infraorbitalis).

The lateral surface is marked by a longitudinal ridge, the **facial crest** (crista facialis), which is continuous rostrally with the like-named ridge on the maxilla. The facial crest is very prominent in the horse, S-shaped in ruminants and less distinct in carnivores and the pig (▶ Fig. 2.37).

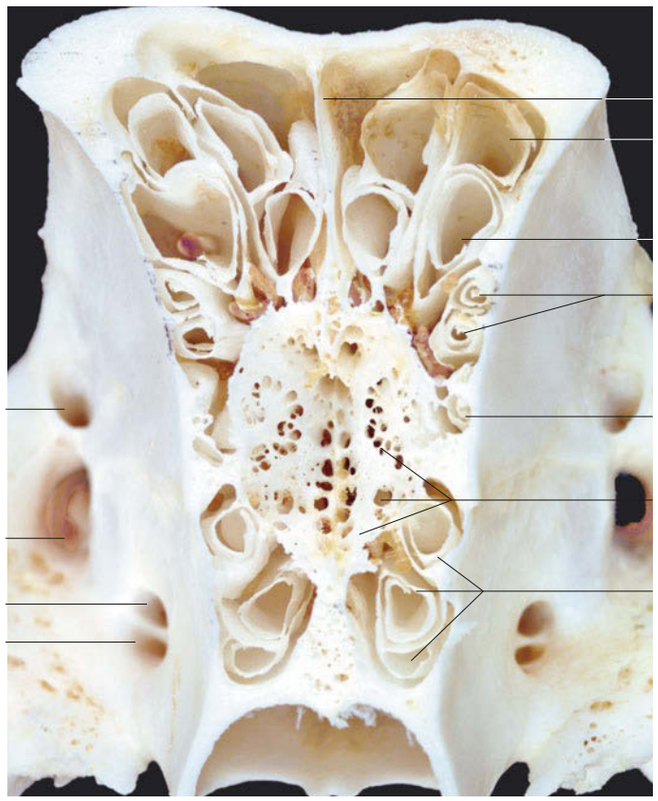


Fig. 2.15 Transverse section of the nasal cavity of a dog with the cribriform plate of the ethmoid bone and endoturbinates.

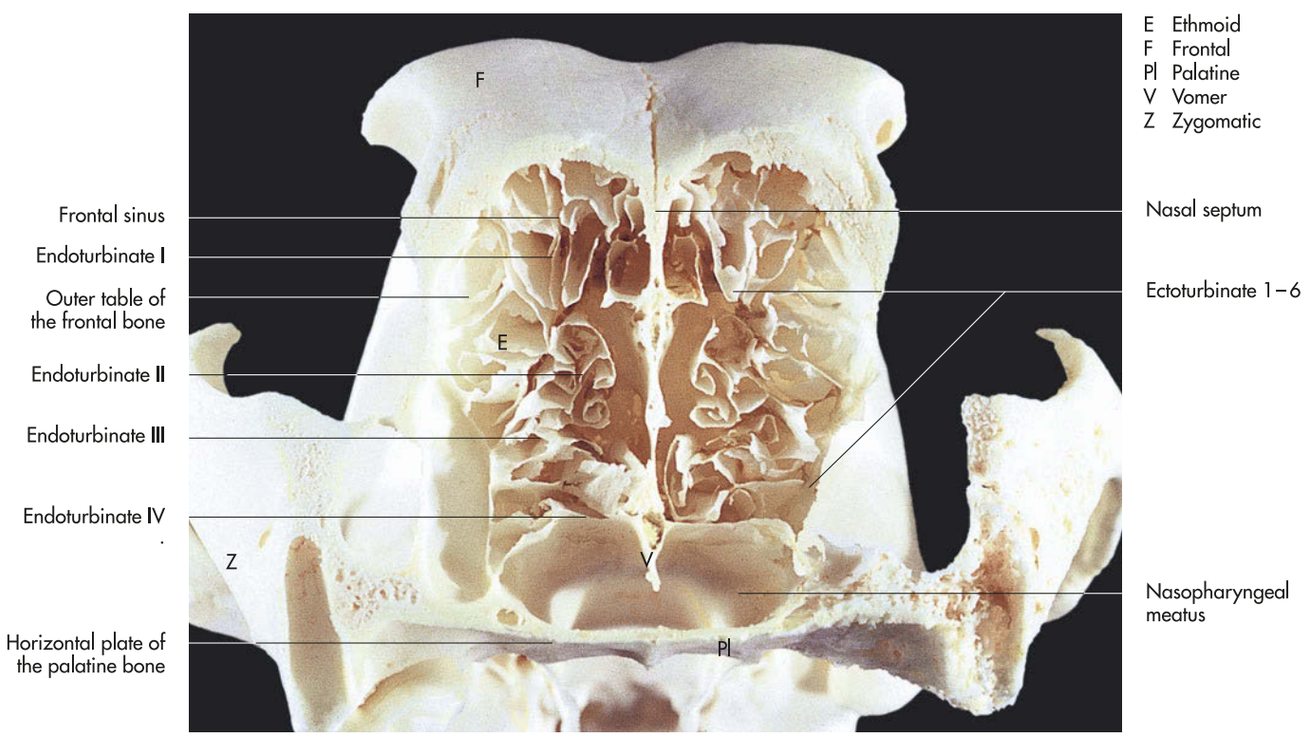


Fig. 2.16 Transverse section of the nasal cavity of a dog with endo- and ectoturbinates.

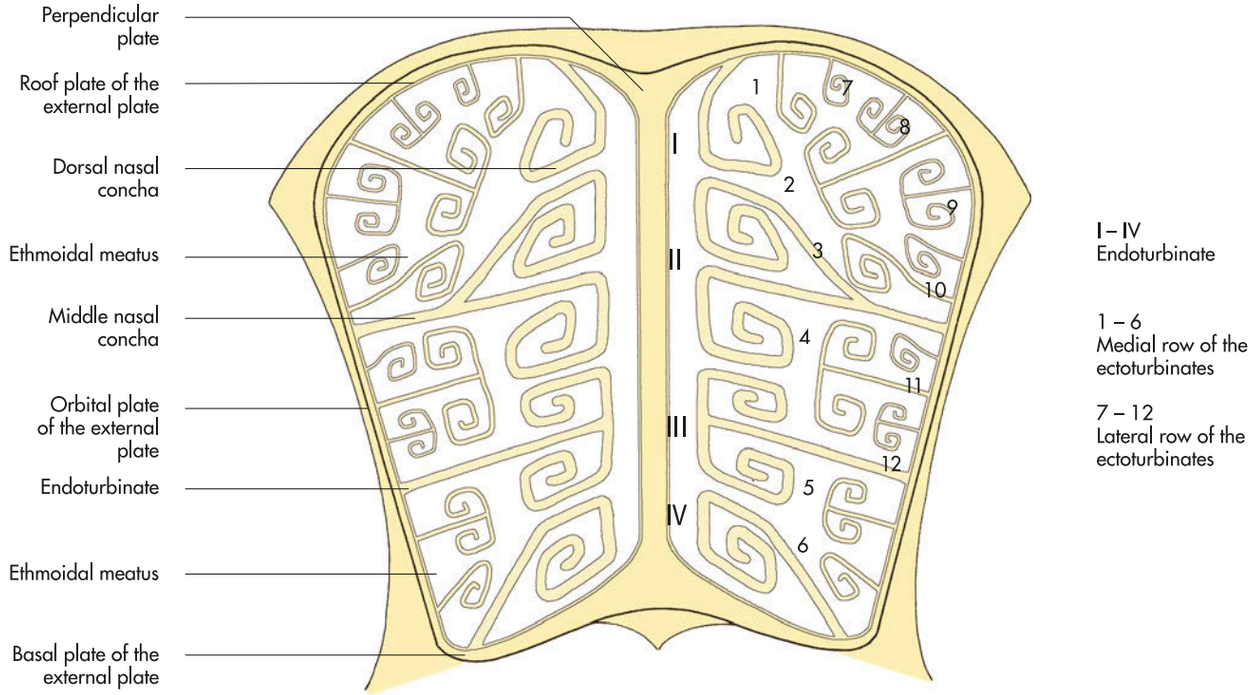


Fig. 2.17 Transverse section of the ethmoturbinates of the horse (schematic); fig. based on data from Nickel, Schummer and Seiferle, 1992.

The zygomatic bone encloses air-filled cavities in some of the domestic species, thus participating in the system of the paranasal sinuses.

Maxilla

The paired maxilla provides the osseous basis for the major part of the facial part of the skull; it contributes to the formation of the lateral walls of the face, the nasal and oral cavities and the hard palate. It is the largest bone of the face and articulates with all of the facial bones (▶ Fig. 2.1, ▶ Fig. 2.2, ▶ Fig. 2.18, ▶ Fig. 2.19 and ▶ Fig. 2.22). It can be divided into several portions:

- **body** (corpus maxillae) with:
  - external surface (facies facialis),
  - internal surface (facies nasalis),
  - pterygopalatine surface (facies pterygopalatina) and
  - orbital surface (facies orbitalis) in the cat and horse,
- alveolar process (processus alveolaris),
- palatine process (processus palatinus),
- frontal process (processus frontalis) in carnivores and
- zygomatic process (processus zygomaticus).

The **body of the maxilla** encloses an air-filled cavity (except in carnivores), which constitutes the major part of the **maxillary sinus** (sinus maxillaris). This paranasal sinus extends also into the zygomatic and lacrimal bones. The pterygopalatine process of ruminants accomodates parts of the **palatine sinus** (sinus palatinus), which is continuous with the sinus cavity enclosed by the horizontal plate of the palatine bone.

The lateral wall of the maxillary body forms the **external surface of the face** (▶ Fig. 2.18 and ▶ Fig. 2.22). It is characterized by a horizontal ridge, the **facial crest** (crista facialis), which is especially prominent in the horse (▶ Fig. 2.37), less distinct in ruminants and the pig and insignificant in carnivores. In ruminants the facial crest begins with the **facial tubercle** (tuber faciale), placed dorsal to the fourth cheek tooth and extends caudally as a rough line. There is a distinct facial crest in the pig, which ends at the **canine fossa** (fossa canina).

The prominent **infraorbital foramen** (foramen infraorbitale) opens dorsal and rostral to the rostral end of the facial crest (▶ Fig. 2.18, ▶ Fig. 2.22 and ▶ Fig. 2.37). This is the external opening of the **infraorbital canal** (canalis infraorbitalis), which passes from the **maxillary foramen** (foramen maxillare) in the **pterygopalatine fossa** (fossa pterygopalatina) ventral to the orbit. The infraorbital artery, vein and nerve, which is a derivative of the facial nerve, pass through this canal.

The **infraorbital foramen** can be used as a palpable landmark for perineural anaesthesia of the infraorbital nerve. The infraorbital foramen is palpable and is situated on an imaginary line drawn from the nasoincisive notch to the rostral end of the facial crest in the horse; it is found 3 cm dorsal to the first maxillary cheek tooth in the ox and 1 cm dorsal to the third cheek tooth in the dog. Prior to its exit, through the infraorbital foramen, the infraorbital canal divides into an additional canal (canalis alveolaris) through which the nerves and blood vessels of the incisors pass.

The **nasal surface** has a distinct ridge, the **conchal crest** (crista conchalis), where the **ventral nasal concha** (= **Maxilloturbinate**) (concha nasalis ventralis) attaches (▶ Fig. 2.20, ▶ Fig. 2.36 and ▶ Fig. 2.45). The spiral part of the ventral nasal concha turns dorsally towards the middle nasal meatus in the horse and encloses in its caudal part a tunnel-shaped paranasal **sinus** (sinus conchae nasalis ventralis), which communicates with the rostral part of the **maxillary sinus** (sinus maxillaris rostralis) and thus with the

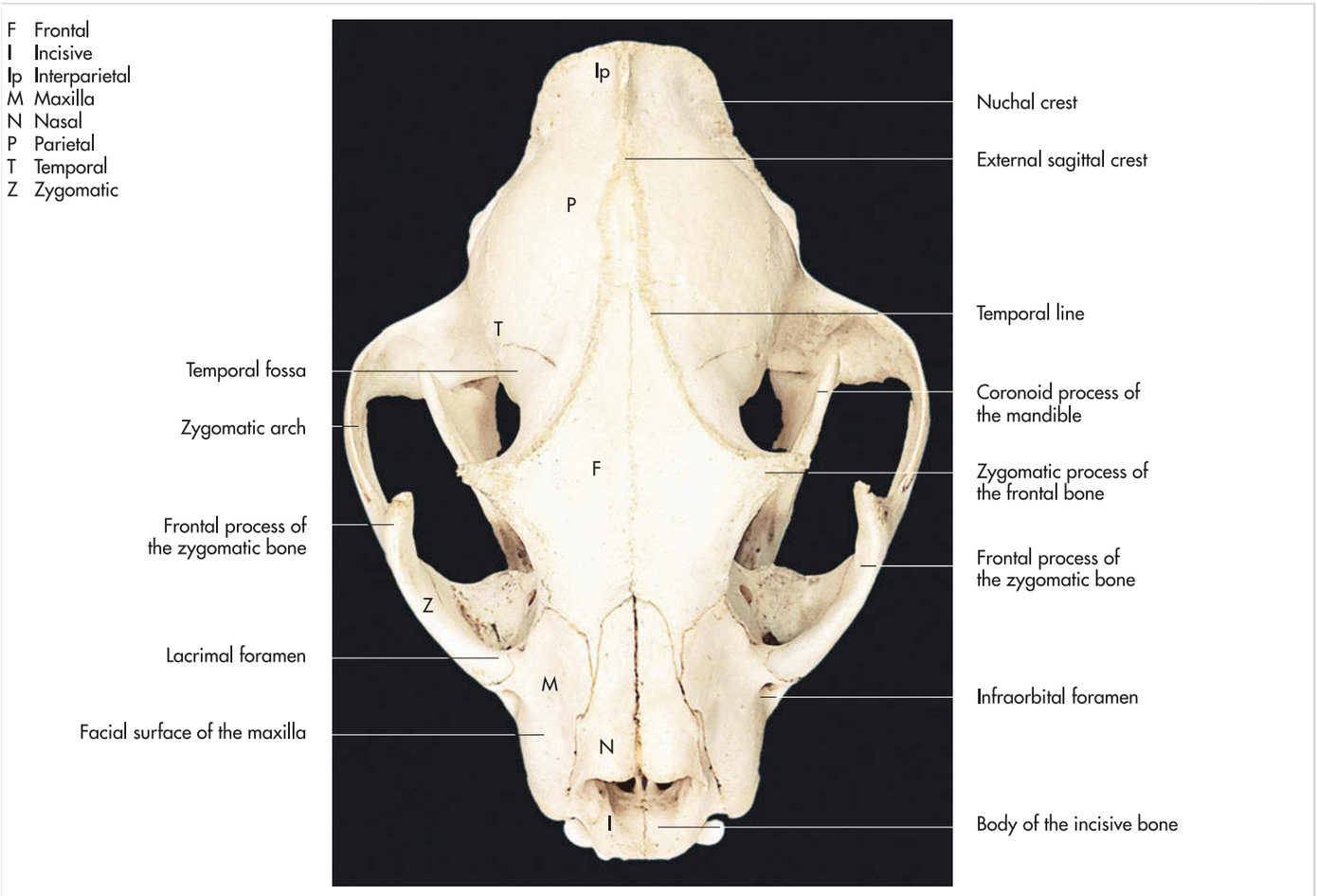


Fig. 2.18 Skull of a puma (dorsal aspect).

nasal cavity (▶ Fig. 2.42 and ▶ Fig. 2.43). The ventral nasal concha of the other domestic mammals divides into a dorsal spiral leaf towards the middle nasal meatus and a ventral one towards the ventral nasal meatus. The bony part of the **lacrimal canal** (canalis lacrimalis) opens on the nasal surface of the maxillary bone in the **lacrimal foramen** (foramen lacrimale), which is situated dorsal to the facial crest in horses and ventral to it in the other domestic mammals.

The **pterygopalatine surface** (facies pterygopalatina) forms the caudal part of the maxilla extending to the **maxillary tuber** (tuber maxillae) (▶ Fig. 2.37) and demarcates the medially located pterygopalatine fossa, in which the **maxillary** (foramen maxillare), the **sphenopalatine** (foramen sphenopalatinum) and the **caudal palatine foramen** (foramen palatinum caudale) open (▶ Fig. 2.8).

The **alveolar process** (processus alveolaris) encloses the cavities for the teeth, the **dental alveoli** (alveoli dentales) and on its free border, the **alveolar margin** (margo alveolaris). The alveoli are separated by transverse **interalveolar septa** (septa interalveolaria). The **interalveolar margin** (margo interalveolaris) extends between the canine and first cheek tooth (▶ Fig. 2.22 and ▶ Fig. 2.27). The lower facial surface of the maxilla presents smooth elevations (juga alveolaria) caused by the roots of the teeth (▶ Fig. 2.44).

The **palatine process** (processus palatinus) is a transverse plate of bone which arises from the alveolar process and meets its contralateral pair in the **median palatine suture** (sutura palatina mediana) (▶ Fig. 2.19). It forms the osseous hard palate together with the palatine bone, with which it articulates caudally. Rostrally it articulates with parts of the incisive bone in the formation of the bony **palatine fissure** (fissura palatina) (▶ Fig. 2.19 and ▶ Fig. 2.44). These paired horizontal plates of bone, together with the incisive bone, form the floor of the nasal cavity, which constitutes the roof of the oral cavity. The nasal surface of the palatine process forms the **nasal crest** (crista nasalis) to which the vomer attaches (▶ Fig. 2.19, ▶ Fig. 2.20 and ▶ Fig. 2.33). The oral surface is perforated by the **greater palatine foramen** (foramen palatinum majus), the location of which varies among the different domestic species (▶ Fig. 2.6). The palatine process encloses parts of the **palatine sinus** (sinus palatinus).

Incisive bone (os incisivum)

The paired **incisive bones** consist of the **body** (corpus ossis incisivi) (▶ Fig. 2.1, ▶ Fig. 2.2 and ▶ Fig. 2.18), **nasal** (processus nasalis), **palatine** (processus palatinus) and **alveolar processes** (processus alveolaris). The incisive bones form the rostral portion of the facial part of the skull and form part of the opening to the nasal cavity and the roof of the hard palate.

The body of the incisive bone presents two surfaces, the concave **palatine surface** (facies palatina) and the convex **labial surface** (facies labialis). It extends rostrally to form the alveolar pro-

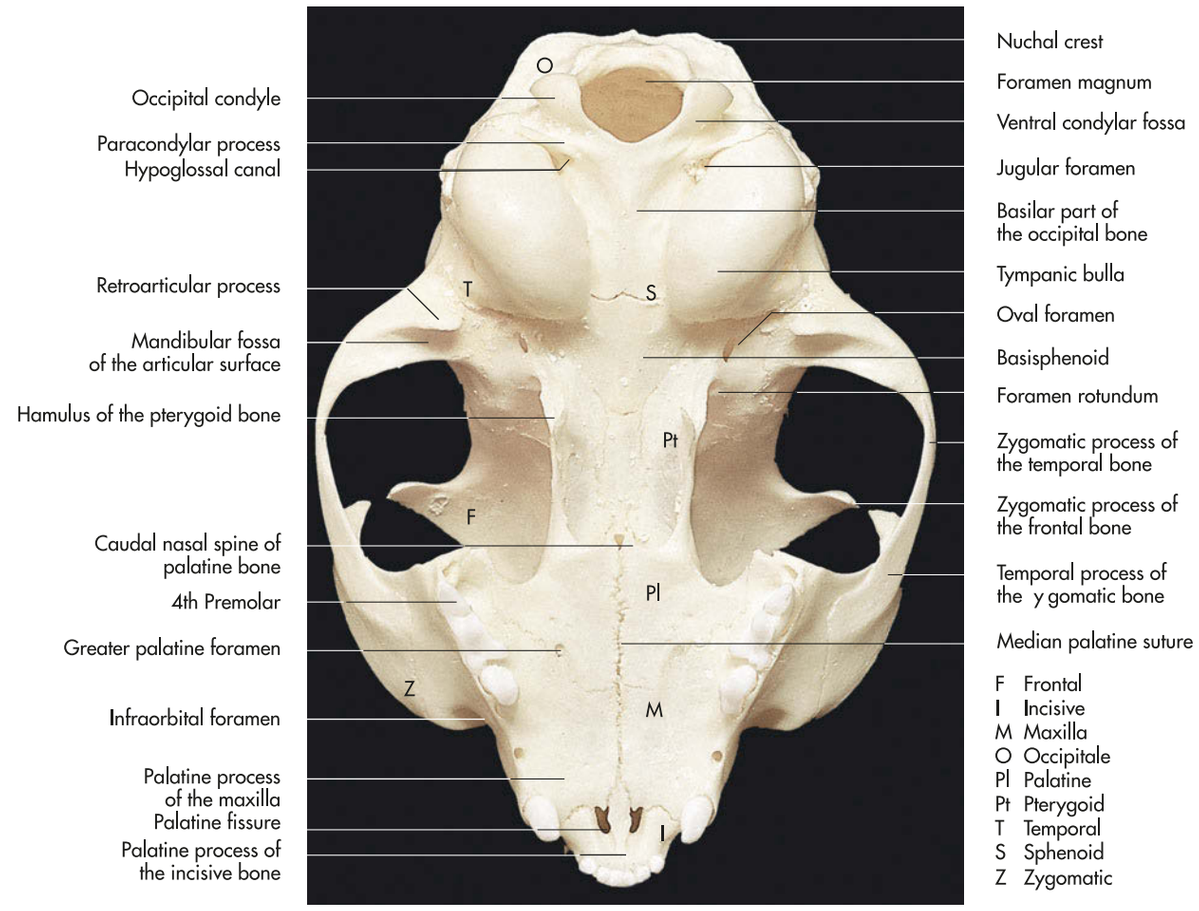


Fig. 2.19 Skull of a cat (ventral aspect).

cess. The **alveolar process** forms conical sockets, the **dental alveoli** for the three incisor teeth of each side. Since there are neither upper incisor teeth, nor a canine tooth in ruminants, the dental alveoli for these teeth are lacking in these species. The alveolar process of the incisive bone joins the maxilla caudally forming the **interalveolar margin**, which is relatively long in horses, but short in pigs and carnivores. The palatine process of the incisive bone meets its contralateral pair in the mid-line; they are either firmly fused in the interincisive suture (carnivores and pig) or leave a narrow cleft, the interincisive fissure (pig and ruminants).

In humans the incisive bone (also called Goethe's bone) remains separate until four years of age, after which it is firmly fused with the maxilla.

Palatine bone (os palatinum)

The paired **palatine bones** are located between the maxilla, the sphenoid and the pterygoid bones (▶ Fig. 2.1, ▶ Fig. 2.2, ▶ Fig. 2.19, ▶ Fig. 2.20 and ▶ Fig. 2.21). They are divided into a **horizontal plate** (lamina horizontalis); which forms part of the hard palate (▶ Fig. 2.16) and a **perpendicular plate** (lamina perpendicularis), which forms part of the lateral and dorsal walls of the **nasopharyngeal meatus** (meatus nasopharyngeus) and the **choanae**, the openings, which lead from the nasal cavities to the nasopharynx (▶ Fig. 2.19 and ▶ Fig. 2.20).

The **caudal border** (margo liber) of the horizontal plate is free and directed towards the nasopharyngeal meatus. It forms the caudal part of the hard palate to which the soft palate attaches. The nasal surface of the horizontal plate, adjacent to the median palatine suture, is marked by the **nasal crest** (crista nasalis), which ends caudally in the mostly unpaired **nasal spine** (spina nasalis caudalis) (▶ Fig. 2.44). The horizontal plate encloses part of the **palatine sinus** (sinus palatinus), which also extends into the palatine process of the maxilla in the ox. The **palatine canal** (canalis palatinus) runs through the horizontal plate and allows the passage of the major palatine artery, vein and nerve. The **perpendicular plate** joins the horizontal plate at a right angle and extends to the sphenoid and pterygoid bones caudally and the walls of the orbit rostrally. It extends medially to form the **sphenoethmoidal plate** (lamina sphenoethmoidalis), which articulates with the base of the ethmoid and the vomer. Its free margin completes the border of the choanae laterally. In the horse the perpendicular plate encloses the palatine sinus.

Vomer

The **vomer** is an unpaired bone that extends from the choanal region into the nasal cavity, where it attaches to the median nasal crest (crista nasalis) on the floor of the nasal cavity (▶ Fig. 2.16). Its basal part extends to the nasal crest of the horizontal plate of the palatine bone in carnivores, whereas in ruminants, it joins

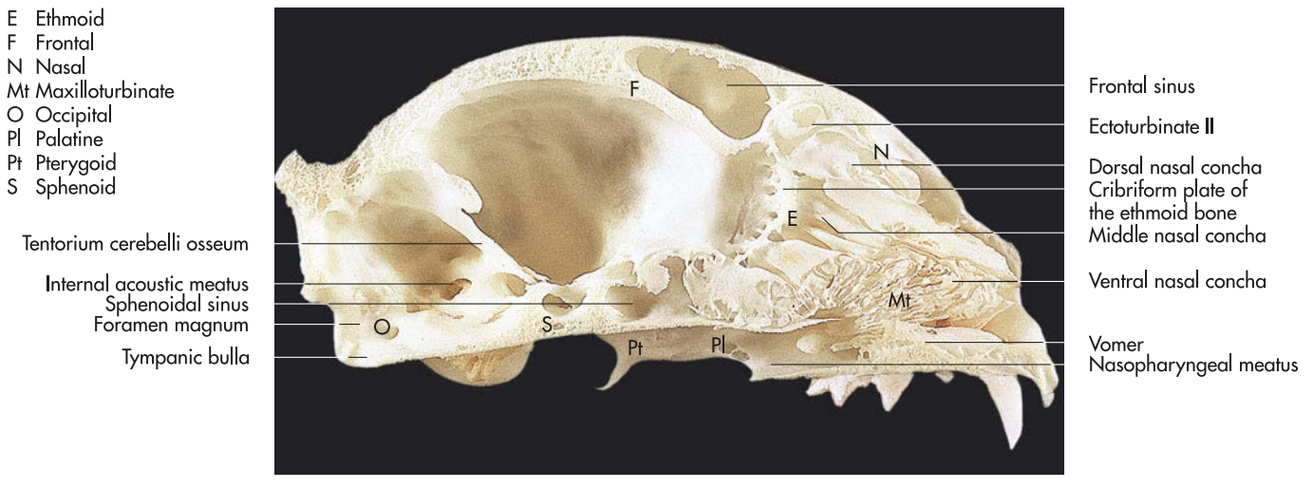


Fig. 2.20 Skull of a cat (medial aspect of sagittal section).

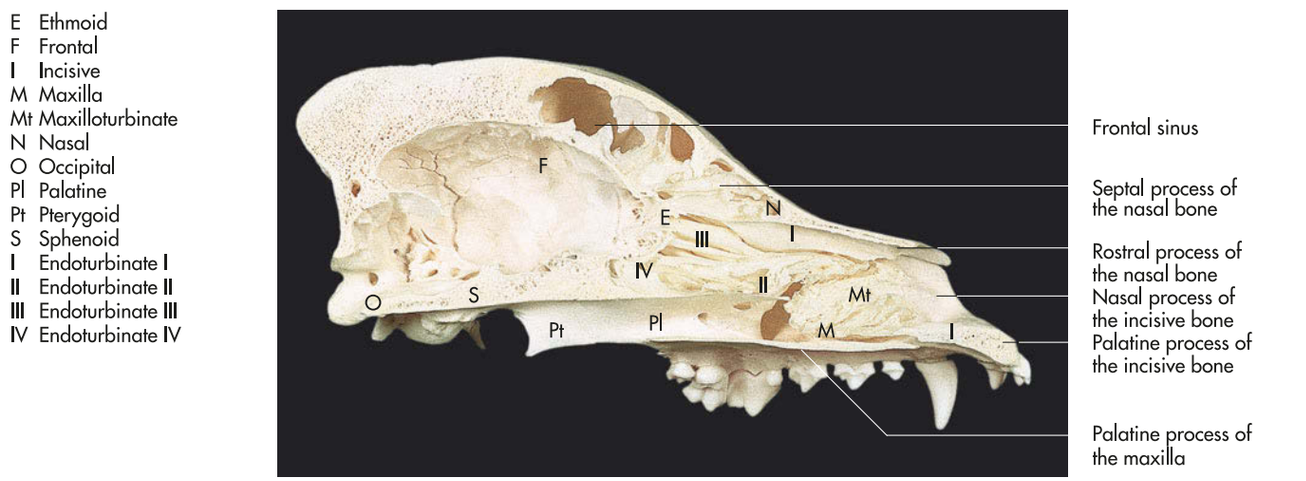


Fig. 2.21 Skull of a dog (medial aspect of sagittal section).

the palatine process of the maxilla. The two lateral plates extend from each side of the base dorsally, thus forming a narrow groove, the **septal sulcus** (sulcus septalis), which surrounds the nasal septum.

Pterygoid bone (os pterygoideum)

The **paired pterygoid bone** is a thin bony plate, bordered by the sphenoid bone and the horizontal plate of the palatine bone. It forms part of the dorsal and lateral walls of the nasopharyngeal cavity. Its free margin forms a small hook-shaped process, the **pterygoid hamulus** (hamulus pterygoideus), which projects beyond the margin of the choanae, it is well developed in the horse (▶ Fig. 2.1, ▶ Fig. 2.2 and ▶ Fig. 2.45).

Mandible (mandibula)

The two halves of the **mandible** develop in the cranial mesoderm of the first branchial arch and articulate firmly at the **mental angle** (angulus mentalis), forming the median **mandibular synchondrosis** (synchondrosis intermandibularis) rostrally. This fibrous union is normally completed during the first year post partum in the pig and the horse but may occur later in life, or remains bipartate in carnivores and ruminants. Each half can be divided into (▶ Fig. 2.1, ▶ Fig. 2.2, ▶ Fig. 2.23 and ▶ Fig. 2.24):

- **body of the mandible** (corpus mandibulae), supporting the teeth, and
- **mandibular ramus** (ramus mandibulae).

From the synchondrosis the two halves diverge, enclosing the **mandibular space** (spatium mandibulae) between them.

The body of the mandible can be subdivided into a **rostral part** (pars incisiva), that contains the incisor teeth and a **caudal part** (pars molaris), that contains the cheek teeth. The incisive part consists of a horizontal plate with a convex surface towards the lips (facies labialis) and a concave surface towards the tongue (facies lingualis), which meet at the **alveolar border** (arcus alveolaris). The alveolar border is indented by six conical cavities for the roots of the incisor teeth (alveoli dentales). The dental alveolus for the canine tooth is situated directly caudal to it in carnivores and ruminants and some space apart in the horse and the pig.

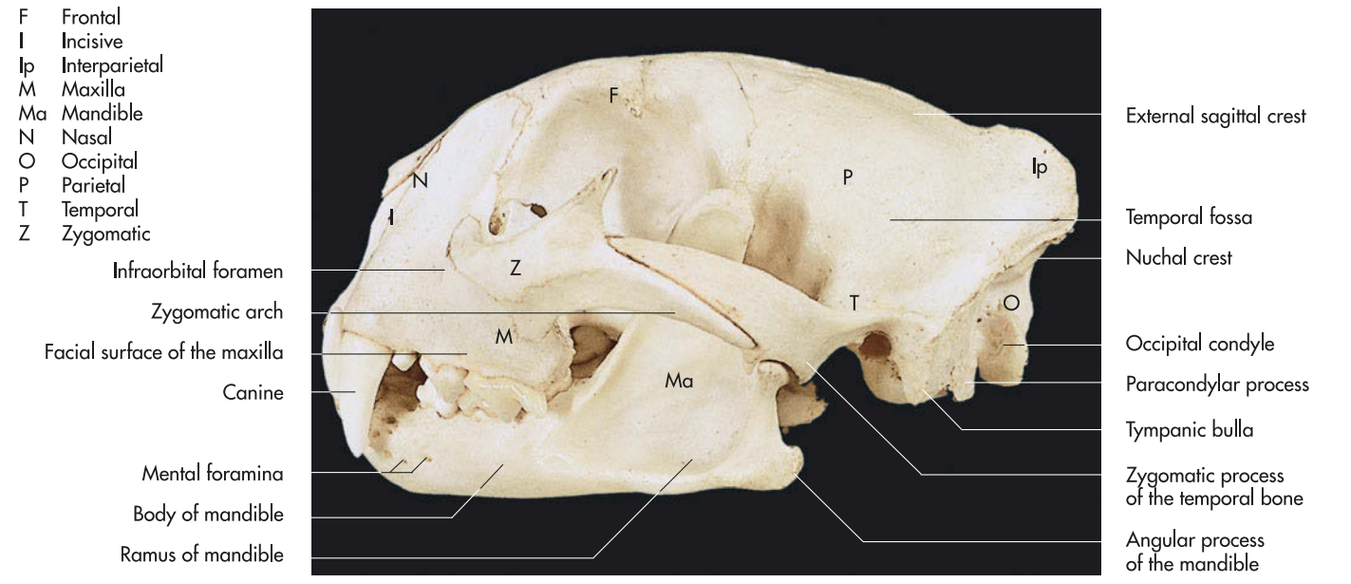


Fig. 2.22 Skull of a puma (lateral aspect).

The molar part has a lateral **buccal surface** (facies buccalis) and a medial **lingual surface** (facies lingualis), which are separated by the **ventral margin** (margo ventralis). The caudal part of the **dorsal border** (margo alveolaris) forms the sockets, which contain the roots of the cheek teeth. There are three cheek teeth in the cat, seven in the dog and the pig, six in ruminants and six or seven in the horse.

The tooth-free rostral part of the dorsal margin between the canine and the first cheek tooth is termed the **interalveolar margin** (margo interalveolaris) or **diastema**, which is longest in horses and ruminants (▶ Fig. 2.24 and ▶ Fig. 2.27). The body of the mandible contains the **mandibular canal** (canalis mandibularis), through which the mandibular artery and vein and the mandibular alveolar nerve (n. alveolaris mandibularis) pass. The mandibular canal has its caudal opening in the **mandibular foramen** (foramen mandibulae) on the medial surface of the mandible; it passes rostrally, ventral to the dental alveoli and ends in the **mental foramen** (foramen mentale) on the lateral surface of the **interalveolar margin** (margo interalveolaris) (▶ Fig. 2.24 and ▶ Fig. 2.27). The mental foramen consists of a single opening in ruminants and the horse and of two or three openings in carnivores and up to five openings in the pig. The mandibular canal continues rostrally to the dental alveoli of the incisor and canine teeth as the alveolar canal (canalis alveolaris). The ventral border of the mandibular body is marked by a smooth indentation, the **facial notch** (incisura vasorum facialium), where the facial vessels and the parotid duct curve around the bone. In the horse the pulse is commonly palpated at this site (▶ Fig. 2.24).

Clinical note

The mandibular and mental foramen can be used as **landmarks for perineural anaesthesia** (▶ Fig. 2.26, ▶ Fig. 2.27, ▶ Fig. 2.28 and ▶ Fig. 2.29):

- **mandibular foramen** (foramen mandibulae):
  - **horse and ox**: on the medial surface on the centre of an imaginary line, drawn from the condylar process to the facial notch (incisura vasorum facialium),
  - **dog**: on the medial surface 2 cm caudal to the last cheek tooth;
- **mental foramen** (foramen mentale):
  - **horse**: on the lateral surface of the interalveolar margin 1 cm below the dorsal border at the level of the rostral end of the intermandibular space,
  - **ox**: on the lateral surface 1 cm ventral and caudal to the canine,
  - **dog**: in the middle of the lateral surface ventral to the first cheek tooth.

The **ramus of the mandible** (ramus mandibulae) is a vertical bone plate which extends from the mandibular body towards the zygomatic arch (▶ Fig. 2.23 and ▶ Fig. 2.24). Its lateral surface is characterized by the **masseteric fossa** (fossa masseterica), which is the site of attachment of the masseter muscle (m. masseter), its medial surface, by the **pterygoid fossa** (fossa pterygoidea), which is the site of attachment of the medial pterygoid muscle (m. pterygoideus medialis). The caudoventral part of the mandibular ramus forms the **angle of the mandible** (angulus mandibulae), which extends a hooked process in carnivores, the **angular process** (processus angularis).

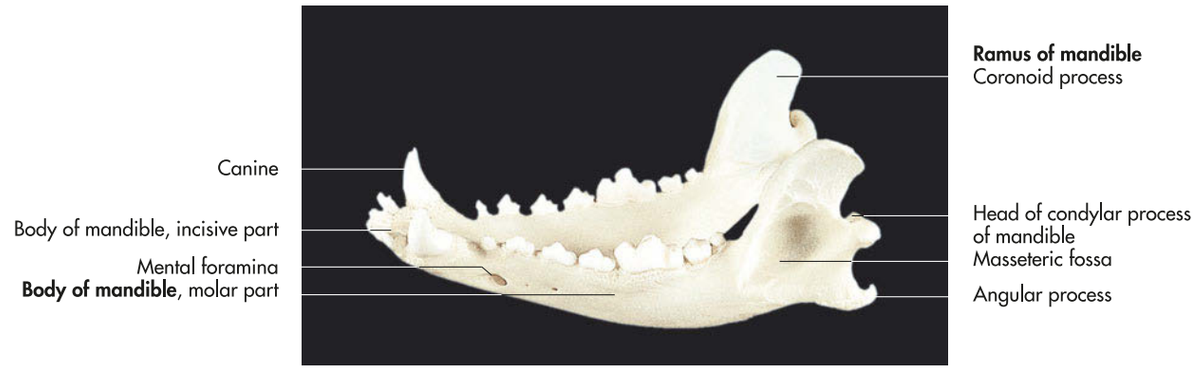


Fig. 2.23 Mandible of the dog (lateral aspect).



Fig. 2.24 Mandible of a stallion (lateral aspect).

The free end of the mandibular ramus consists of the **condylar process** (processus condylaris) and the transversely elongated **mandibular head** (caput mandibulae) for the formation of the temporomandibular joint caudally. Rostrally it extends to form the long **coronoid process** (processus coronoideus), where the temporal muscle (m. temporalis) inserts. These two processes are separated by the **mandibular notch** (incisura mandibulae) (▶ Fig. 2.23 and ▶ Fig. 2.24).

Hyoid bone, hyoid apparatus (os hyoideum, apparatus hyoideus)

The **hyoid bone** develops from parts of the second and third branchial arches; its separate cartilagenous components ossify early in life and unite forming firm synchondroses. The hyoid bones are situated between the rami of the mandible at the base of the tongue and act as a **suspensory mechanism for the tongue** and **larynx**. It can be divided into two parts. The first part connects to the tongue and larynx and is regarded as the hyoid apparatus, equivalent to that of man. The second is directed dorsally, articulating with the temporal bone and is termed the suspensory apparatus.

The major part of hyoid corresponds to that of man and consists of three components (▶ Fig. 2.25 and ▶ Fig. 2.26):

- basihyoid or body (corpus ossis hyoidei, basihyoideum),
- thyrohyoid (thyrohyoideum) and
- ceratohyoid (ceratohyoideum).

The **basihyoid** is a short transverse unpaired bone lying in the musculature of the base of the tongue. Its rostral border carries medially the **lingual process** (processus lingualis), which is long in the horse and shorter in ruminants.

The **thyrohyoid** projects caudally from the basihyoid, with which it is firmly fused in ruminants and horses, towards the thyroid cartilage of the larynx; with which it forms a movable joint.

The **ceratohyoid** articulates with the basihyoid and the thyrohyoid caudally and the epihyoid proximally, thus connecting the hyoid with the suspensory apparatus.

The suspensory apparatus joins the hyoid bones to the skull in a species specific way: In ruminants and the horse the hyoid articulates with the **styloid process** (processus styloideus) of the tympanic part of the temporal bone, in carnivores with the **mastoid process** (processus mastoideus) of the petrous temporal bone and in the pig with the **nuchal process** (processus nuchalis) of the squamous temporal bone.

It consists of three parts:

- the proximal part or tympanohyoid (tympanohyoideum),
- the middle part or stylohyoid (stylohyoideum) and
- the distal part or epihyoid (epihyoideum).

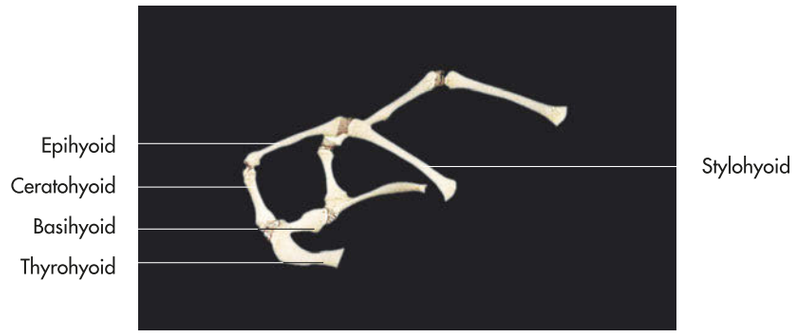


Fig. 2.25 Hyoid bone of a cat (caudolateral aspect).



Fig. 2.26 Hyoid bone of a horse (caudolateral aspect).

The **tympanohyoid** is a short cartilagenous bar in most animals and composed of fibrous tissue in carnivores. It is a continuation of the proximal end of the stylohyoid and is fused to the temporal bone. The **stylohyoid** is a laterally flattened cylinder in ruminants and the horse; the distal part remains cartilagenous in pigs and carnivores. The **epihyoid** is interposed between the stylohyoid and the ceratohyoid. It is cylindrical in carnivores, fused with the stylohyoid in horses and replaced by the **epihyoid ligament** (ligamentum epihyoideum) in pigs.

Paranasal sinuses (sinus paranasales)

The **paranasal sinuses** are air-filled cavities between the external and internal lamina of the bones of the skull, which are connected to the nasal cavity (▶ Fig. 2.8, ▶ Fig. 2.13, ▶ Fig. 2.20, ▶ Fig. 2.21, ▶ Fig. 2.36, ▶ Fig. 2.42 and ▶ Fig. 2.43). Since the paranasal sinuses vary greatly in the different domestic mammals, they are described separately for the different species.

The following paired paranasal sinuses can be found in the skull of domestic mammals:

- maxillary sinus (sinus maxillaris),
- frontal sinus (sinus frontalis),
- palatine sinus (sinus palatinus),
- sphenoidal sinus (sinus sphenoidalis),
- lacrimal sinus (sinus lacrimalis) in pigs and ruminants,
- dorsal conchal sinus (sinus conchae dorsalis),
- ventral conchal sinus (sinus conchae ventralis) in the pig, ruminants and the horse, and
- cellulae ethmoidales in the pig and ruminants.

Table 2.1 Openings of the skull and structures passing through.

Openings	Bones	Transmitted structures	Particulars
Hypoglossal canal	Occipital	Hypoglossal nerve (XII), Condylar vein and artery	Often double in the ox, Foramen in the horse
Optic canal	Presphenoid	Optic nerve (II)	Lies above the sphenoidal sinus
Orbital fissure	Presphenoid	Ophthalmic nerve (V_1), III., IV. and VI. cranial nerve	In carnivores and in the horse
Foramen rotundum	Presphenoid	Maxillary nerve (V_2)	Foramen orbitorotundum in ruminants and in the pig
Caudal alar foramen	Basisphenoid	Maxillary artery	In the dog and in the horse
Rostral alar foramen	Basisphenoid	Maxillary artery	In the dog also the maxillary nerve (V_2)
Small alar foramen	Basisphenoid	Rostral deep temporal artery	Only in the horse
Foramen lacerum	Basioccipital, Temporal, Basisphenoid	Internal carotid artery, Mandibular nerve (V_3), Middle meningeal artery	In the horse and in the pig
Jugular foramen	Basioccipital, Temporal	IX., X. and XI. cranial nerve, Dog: Internal carotid artery	Foramen lacerum as the caudal part
Oval foramen	Basisphenoid	Mandibular nerve (V_3)	In the horse the oval notch lies in the foramen lacerum
Carotid canal	Basisphenoid	Internal carotid artery (excl. dog), Internal carotid nerve	In the horse carotid notch and foramen lacerum
Spinous foramen	Basisphenoid	Trochlear nerve (IV), Middle meningeal artery	In the horse spinous notch lies in the foramen lacerum
Supraorbital foramen	Frontal	Frontal nerve (V_1), Frontal vein and artery	Lacking in carnivores
Ethmoidal foramen	Frontal	Ethmoidal nerve (V_1), Ethmoidal vein and external ethmoidal artery	–
Petro-occipital fissure	Temporal/Occipital	Greater petrosal nerve (VII), Chorda tympani (VII)	–
Retroarticular foramen	Squamous temporal	Emissary veins for the temporal sinus	–
Facial area	Petrous part	Facial nerve (VII)	Internal acoustic meatus
Cochlear area	Temporal	Cochlear nerve (VIII)	Internal acoustic meatus
Dorsal vestibular area	Temporal	Vestibular nerve (VIII)	Internal acoustic meatus
Ventral vestibular area	Temporal	Vestibular nerve (VIII)	Internal acoustic meatus
Stylomastoid foramen	Petrous part/Tympanic part	Facial nerve (VII)	–
Maxillary foramen	Maxilla	Infraorbital nerve (V_2), vein and artery	Pterygopalatine fossa
Caudal palatine foramen	Maxilla	Greater palatine nerve (V_2), vein and artery	Pterygopalatine fossa
Sphenopalatine foramen	Maxilla	Caudal nasal nerve (V_2); Sphenopalatine vein and artery	Pterygopalatine fossa
Infraorbital foramen	Maxilla	Infraorbital nerve (V_2), vein and artery	–
Interincisive canal	Incisive	Greater palatine artery	–
Mandibular foramen	Mandible	Mandibular nerve (V_3), vein and artery	–
Mental foramen	Mandible	Mental nerve (V_3), vein and artery	–
Greater palatine foramen	Palatine	Greater palatine nerve (V_2) and artery	Greater palatine vein only in small ruminants

2.5 The skull as a whole

2.5.1 The skull of carnivores

There are many variations in the shape of the skull, not only between the different carnivore species (▶ Fig. 2.30, ▶ Fig. 2.31, ▶ Fig. 2.32, ▶ Fig. 2.34 and ▶ Fig. 2.35), but also amongst the different breeds, especially in the dog. Based on the form of the skull, the canine breeds can be grouped in **dolichocephalic** (meaning long, narrow-headed), **brachycephalic** (meaning short, wide-headed) and **mesocephalic** (meaning a head of medium proportions) breeds.

Doliochocephalic breeds have an elongated facial skeleton and a narrow cranial part with a distinct **external sagittal crest** (crista sagittalis externa) for the attachment of the temporal muscle (▶ Fig. 2.36). The frontal and nasal part is flatly concave and the zygomatic arches protrude less laterally than in the other groups. Some breed examples are: Border Collie, Irish Wolfhound, Greyhounds.

In brachyocephalic breeds the cranial part of the skull is relatively large compared to the facial part, which is shortened and broadened. The external sagittal crest is reduced or missing altogether. In some breeds the fontanelles remain open throughout life. This group includes Pekingeses, Pugs, Pomeranian and some Spaniels. In some brachycephalic breeds the lower jaw protrudes rostral to the upper jaw, producing the condition known as **prognathism of the mandible**.

In mesocephalic breeds, such as Beagles or Dachshounds, the facial and cranial part of the skull are well proportioned, resulting in an average conformation between the two other groups. In spite of these breed-specific variations, which are complemented by age- and gender-specific characteristics, the basic architecture of the canine skull remains the same. It is generally stated that the skull of the dog is relatively large, which is thought to be of life-saving importance in predatory animals, since the skull hosts the sense organs (e.g. sight, hearing and smell) and the brain.

Therefore this type of skull is characterised by a well-developed facial part, dominant orbital cavities with incomplete, fibrous orbits, distinct temporal fossae and large tympanic bullae. Compared to the mesocephalic dog the face of the cat is shorter, the orbital cavities larger and positioned more frontally, thus enlarging the field of binocular vision. The nuchal surface of the skull of carnivores is formed by the squamous and lateral parts of the occipital bone and by the narrow caudal part of the petrous temporal bone in the dog. It is separated from the roof of the skull by the **external occipital protuberance** (protuberantia occipitalis externa) and the **nuchal crest** (crista nuchae), both of which provide attachment to the head and neck musculature. Laterally it is limited by the **supramastoid crest** (crista supramastoidea). The lower part of the nuchal surface is perforated by the **foramen magnum**, through which the spinal cord and associated structures enter the skull.

Lateral to the foramen magnum are the **occipital condyles** (condyli occipitales), which articulate with the first cervical vertebra forming the **atlanto-occipital joint** (articulatio atlanto-occipitalis). The **paracondylar processes** (processus paracondylares) and the **nuchal tubercles** (tubercula nuchalia) are well developed in the dog and provide attachment to the head and neck musculature.

The roof of the skull can be divided into cranial and facial parts. The dorsal surface of the cranial part of the skull is formed by the paired external lamina of the narrow parietal part of the squamous occipital bone, the interparietal bone and the parietal bones and is continued rostrally by the paired frontal bones. A distinct external sagittal crest is found only in the cat and dolichocephalic breeds of dog, in which it continues along the parietal bone as the temporal line (linea temporalis). Its greatest width reaches the dorsal surface at the level of the orbit, where the **orbital ligament** (ligamentum supraorbitale) forms the fibrous supraorbital margin of the orbital wall (margo supraorbitalis) and attaches to the zygomatic process (processus zygomaticus) of the frontal bone.

The dorsal surface of the facial part of the skull is variable, depending on the breed. It is formed mainly by the paired nasal bones, complemented laterally by the rostral part of the maxilla and the nasal processes of the incisive bone. The concave rostral end of the dorsal surface of the nose is formed by the apices of the paired nasal bones.

The lateral surface of the cranial part of the skull varies greatly between the different breeds. Its prominent features are the zygomatic arches, the temporal fossa, the tympanic bulla, the orbital cavity and the pterygopalatine fossa.

The **zygomatic arch** (arcus zygomaticus) is the most prominent lateral projection in the cat and brachycephalic breeds of dog, whereas it is less prominent in dolichocephalic breeds. It extends as a convex arch rostrally towards the facial part of the skull below the orbit. It is formed by the **zygomatic bone** and the zygomatic process of the **squamous temporal bone**, which meet in an overlapping suture.

The transverse surface of the base of the zygomatic process articulates with the **temporomandibular joint**. The corresponding articulating surface of the mandible has two parts, the mandibular fossa and the distinct retroarticular process.

The concave **temporal fossa** (fossa temporalis), which forms the attachment of the temporal muscle, is formed by the temporal and parietal bones and the pterygoid plate of the basisphenoid bone. The frontal process of the zygomatic bone does not extend to the zygomatic process of the frontal bone. This leaves an opening in the dorsal orbital margin, which is closed by the orbital ligament.

The lateral surface forms structures of the **external auditory apparatus**. The **external acoustic meatus** is a short bony tube to which the external ear is attached and is closed by the **tympanic membrane**, which separates the canal of the external ear from the cavity of the middle ear. It is missing in the cat. Ventral and medial to the external acoustic meatus is the **tympanic bulla**, which encloses part of the cavity of the middle ear. Caudal to it, the **auditory canal**, through which the facial and stylomastoid nerves and the stylomastoid artery pass, exits through the **stylomastoid foramen**. The **otic notch** (incisura otica) is indistinct.

The bony **orbit** is the most prominent structure of the dorsal and lateral aspect of the skull, situated between its cranial and facial parts. The orbit is situated more laterally in the dog (79° angle between the orbital axis and the median plane) and more frontally towards the median plane in the cat (49° angle).

While the bony orbit is closed dorsally (margo supraorbitalis) by the **orbital ligament** (ligamentum orbitale), which ossifies in most cats, the osseous infraorbital margin is part of the zygo-



Fig. 2.27 Canine skull with the mandible (lateral aspect).

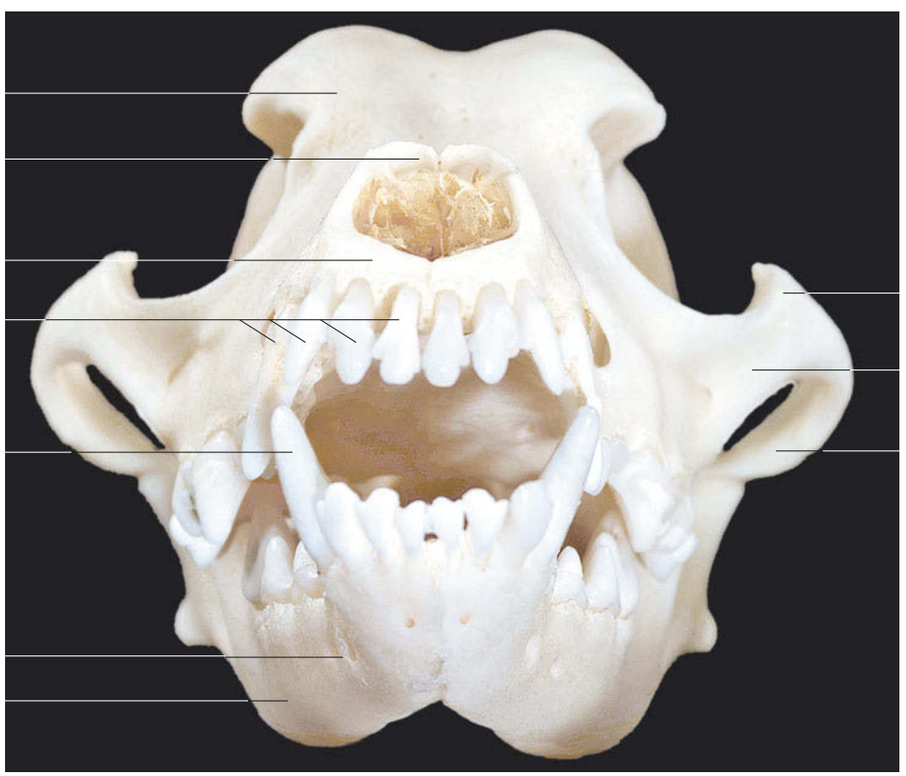


Fig. 2.28 Skull of a dog (rostral aspect).

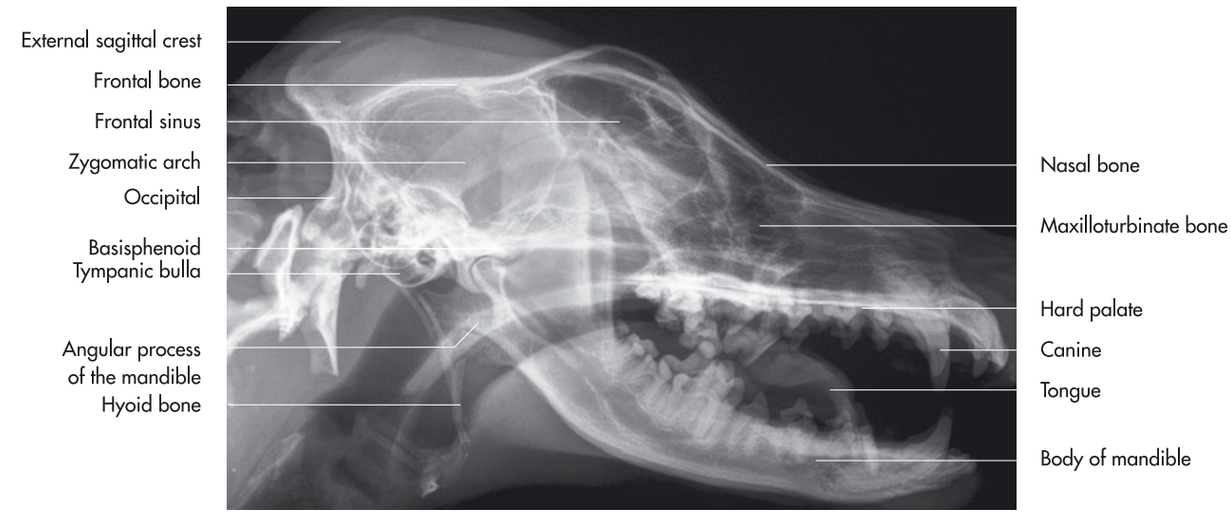


Fig. 2.29 Radiograph of a canine skull (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

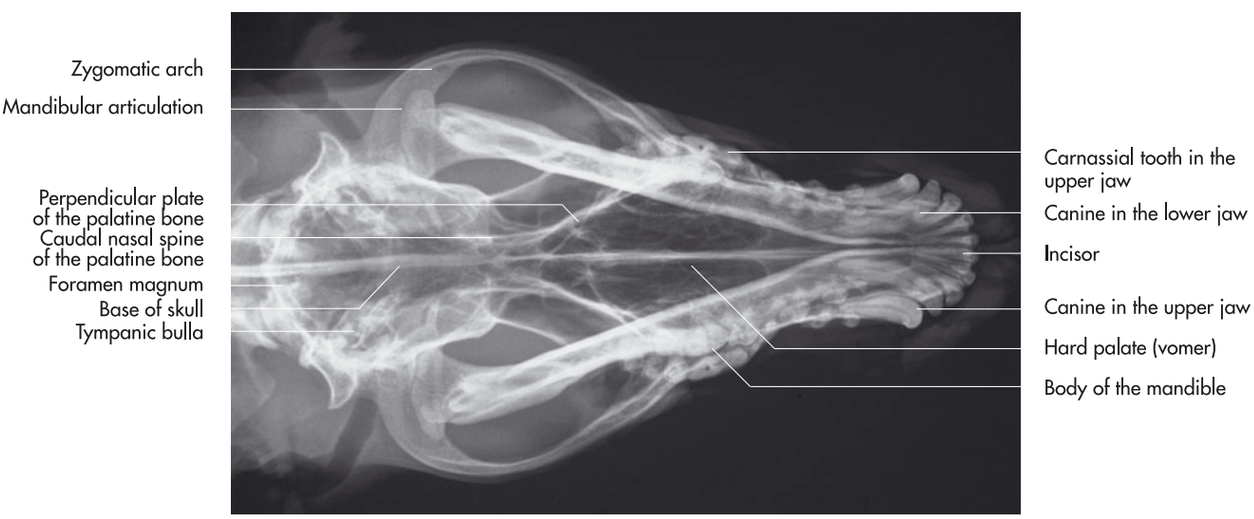


Fig. 2.30 Radiograph of a canine skull (ventrodorsal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

matic arch. The rostromedial wall of the orbital cavity is formed by the lacrimal bone and contains the **lacrimal fossa** which partially encloses the lacrimal sac. The **nasolacrimal duct** originates within the lacrimal fossa. The dorsomedial wall is excavated to form the distinct **trochlear fovea** (fovea trochlearis). The medial orbital wall is marked by three large openings: the **optic canal** (canalis opticus), the **orbital fissure** (fissura orbitalis) and the **rostral alar foramen** (foramen alare rostrale).

The optic opening is the portal of entry for the optic nerve. The external ophthalmic vein, the ophthalmic, oculomotor, trochlear and abducent nerves, which innervate the muscles of the eye, pass through the orbital fissure. The maxillary nerve and artery pass, from the cranial cavity through the foramen rotundum (▶ Table 2.1), through the rostral alar foramen and along the alar canal of the sphenoid bone. The artery and nerve then pass through the **pterygopalatine fossa** (fossa pterygopalatina),which forms the caudal opening to the infraorbital canal, just ventral to the orbital cavity (▶ Fig. 2.9).

The **sphenopalatine foramen** is located caudal and ventral to the pteygopalatine fossa which communicates with the nasal cavity and the caudal palatine foramen, the opening of the palatine canal.

The lateral surface of the facial part of the skull is formed by the maxilla and the incisive bone, complemented in dogs by parts of the zygomatic and lacrimal bones. The most prominent feature of the lateral facial surface is the **infraorbital foramen**, through which the infraorbital nerve leaves the infraorbital canal. The infraorbital canal is remarkably short in cats. The infraorbital foramen is easily palpable in the live dog and is located 1 cm dorsal to the third cheek tooth. In the cat, in which palpation is not possible, it is situated in the angle formed by the zygomatic arch and the maxilla.

The ventral surface of the skull has three distinct regions: The **base of the cranium**, the **hard palate** and the **choanal region** between the nasal cavities and the pharynx.

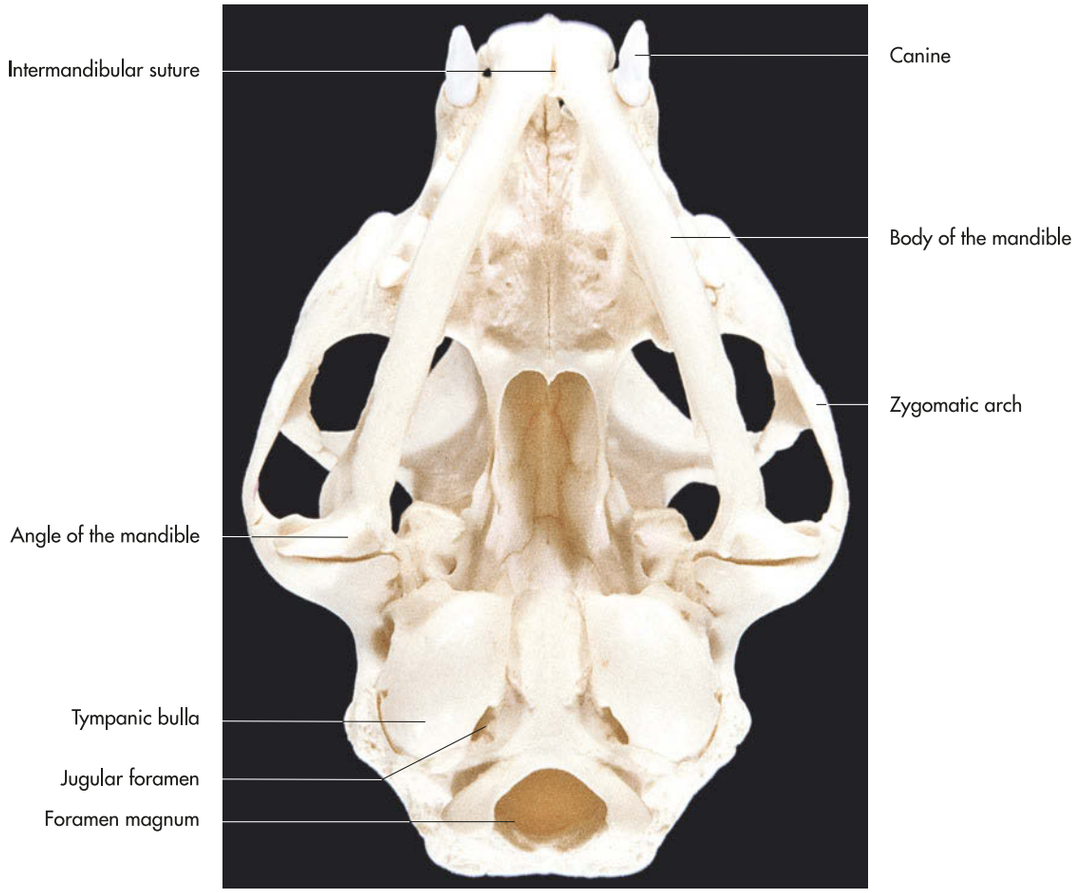


Fig. 2.31 Skull of a cat with mandible (ventral aspect).

The **base of the cranium** (basis cranii externa) is made up of the paired occipital condyles and the basilar part of the occipital bone, the bodies of the sphenoid bones and the wings and processes of the pterygoid bone. These are arranged into one horizontal plane, whereas the paracondylar processes extend beyond the base of the cranium ventrally and further ventrally in the dog than in the cat. Rostral to these, the base of the cranium is flat, with the site of insertion of the flexors of the head central. It is perforated by various openings, through which the cranial nerves and vessels pass. The **canal of the hypoglossal nerve** (canalis nervi hypoglossi) opens rostral to the occipital condyles, and forms the exit for the like-named nerve (XII). The **jugular foramen** (foramen jugulare), through which the glossopharyngeal (IX), vagus (X) and accessory (XI) nerves pass, together with the internal carotid artery, is situated between the occipital bone and the tympanic bulla. The **oval foramen** (foramen ovale), through which the mandibular nerve (nervus mandibularis) emerges, opens at the junction between the occipital bone and the basisphenoid bone.

The **hard palate** (palatum osseum) is broad caudally and becomes more narrow rostrally. It is bordered by the dental alveoli, which are embedded in the alveolar processes of the maxilla and the incisive bone. The hard palate is formed mostly by the horizontal part of the palatine bone and complemented by those of the incisive bone. The **major palatine canal**, through which the like-named nerve and arteries pass, emerges at the paired **greater palatine foramina** at the junction of the palatine bone with the maxilla. The **choanae** are the openings that lead from the nasal cavities to the pharynx and are especially long and narrow in dolichocephalic dogs. The choanal region is bounded by the perpendicular parts of the palatine and pterygoid bones laterally, which join the sphenoid bone and the vomer dorsally to form the choanal roof. The horizontal hard palate extends a fine process at its caudal margin, the caudal nasal spine (spina nasalis caudalis). The hook-shaped **hamulus** projects rostrally from the pterygoid bone (hamulus pterygoideus).

The **mandible** is a paired bone, which is firmly united rostrally by the fibrous tissue of the **mandibular symphysis** (articulatio intermandibularis). The body of each mandible extends to form the angular process caudally. Its ventral margin is convex without being indented by the **facial notch** (incisura vasorum facialium) which is typical for domestic mammals other than the carnivores. The alveolar margin of the mandibular body carries the dental alveoli for the cheek teeth (seven in the dog, three in the cat), the canine tooth and the three incisor teeth. The **interalveolar margin** (diastema) is comparatively short.

The lateral surface of the mandibular ramus is concave, forming the **masseteric fossa**, which is bordered by the rostral and caudal mandibular crests (crista mandibularis rostralis et caudalis). The short condylar process carries the transversely elongated **head of the mandible** (caput mandibulae), which forms the **temporomandibular joint** by articulating with the temporal bone. The coronoid process extends beyond the condylar process dorsally and gives attachment to the temporal muscle.

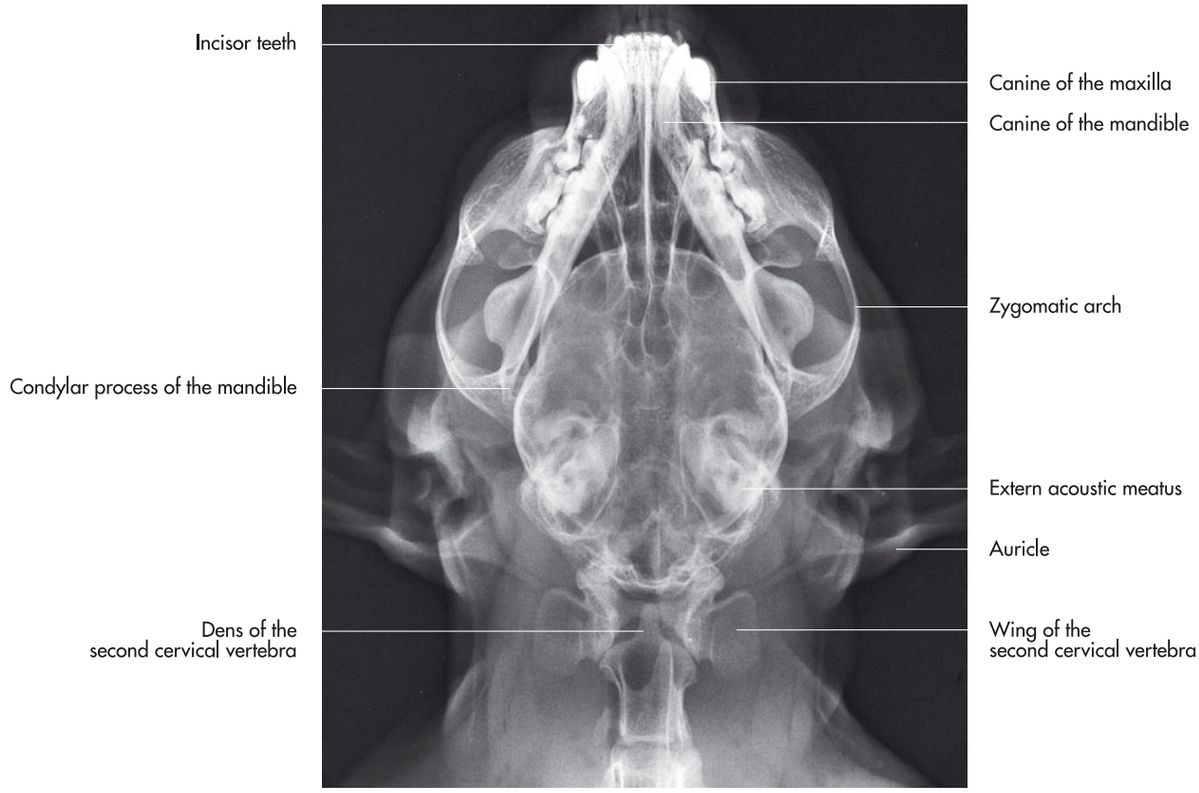


Fig. 2.32 Radiograph of the skull of a cat (ventrodorsal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

The **ramus of the mandible** is perforated by the **mandibular canal**, through which the mandibular alveolar nerve passes. The mandibular canal begins caudally with the mandibular foramen on the medial surface of the ramus of the mandibula and emerges rostrally on the lateral surface of the interalveolar margin by means of the mental foramen. The latter foramen consists of two to three openings in carnivores. The mandibular canal continues rostrally to the dental alveoli of the incisor and canine teeth as the alveolar canal. In the dog the mental foramen can be located in the middle of the lateral surface ventral to the first cheek tooth; the mandibular foramen is found 2 cm caudal of the last mandibular cheek tooth.

Hyoid bone (os hyoideum)

The **hyoid bone** comprises the transverse, unpaired **basihyoid** (basihyoideum), each end of which articulates rostrodorsally with the paired **ceratohyoids** thus connecting to the suspensory part of the hyoid apparatus and caudally with the paired **thyrohyoid**. The thyrohyoid extends dorsocaudally to the thyroid cartilage of the larynx. The suspensory apparatus consists of the bony **epihyoid** and **stylohyoid** and the cartilagenous tympanohyoid joined together by cartilagenous tissue. The **tympanohyoid** joins the hyoid apparatus to the skull, by articulating with the **mastoid process of the petrosal part of the temporal bone**, which is situated caudal to the external acoustic meatus, forming a syndesmosis. This system of uniting the component parts by synchondroses provides the anatomical structure of the hyoid apparatus, which acts as a flexible suspensory mechanism between the base of the tongue, the skull and the larynx. The various elements of the bone can be visualised radiographically, but one has to remember that it takes at least two to three months post partum for the bones of the major part of the hyoid apparatus to ossify.

2.5.2 Cavities of the skull of carnivores

Cranial cavity (cavum cranii)

The **cranial cavity** is divided into a **larger rostral cavity**, which encloses the cerebrum and a **smaller caudal part** for the cerebellum. The separation of the two compartments is marked by the tentorium cerebelli osseum dorsally, the paired petrosal crests laterally and the dorsum sellae turcicae ventrally. The roof of the skull, the **calvaria**, consists of an external and an internal lamina, which enclose the frontal sinus in its rostral two thirds (▶ Fig. 2.21). The internal surface of the cranial cavity has smooth **impressions** (impressiones digitatae) and irregular **elevations** (juga cerebralia), which correspond to the sulci and gyri of the brain.

The **median internal sagittal crest**, to which the falx cerebri attaches, is low and smooth. It is accompanied on both sides by the groove for the dorsal sagittal sinus (sulcus sinus sagittalis dorsalis). These blood sinuses enter the osseous tentorium cerebelli (foramen sinus sagittalis) and pass through the canal of the trans-

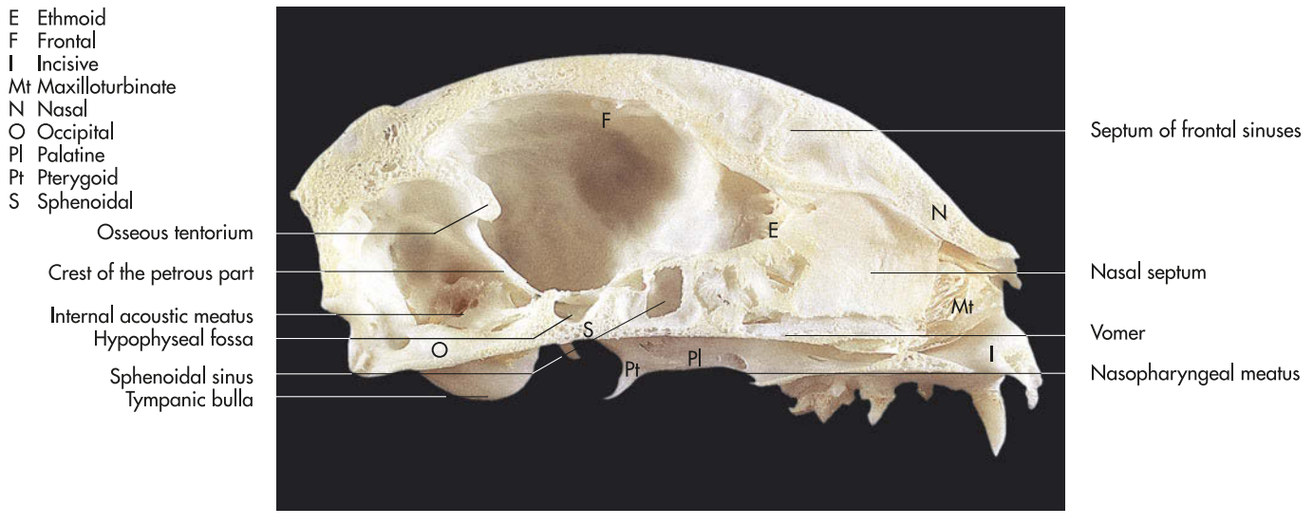


Fig. 2.33 Skull of a cat (medial aspect of sagittal section).

verse sinus (canalis sinus transversi), which leads, via the temporal canal, to the retroarticular foramen next to the external acoustic meatus. The temporal canal is absent in the cat.

The rostral wall is formed by the transversely orientated cribriform plate of the ethmoid bone and parts of the internal lamina of the frontal bone. The median crista galli is only present in the dorsal part of the cribriform plate, thus leaving a single ethmoidal fossa ventrally for the passage of the olfactory nerve bundles and blood vessels through the cribriform plate. The ethmoidal foramen, through which the ethmoidal nerve and external ethmoidal artery and vein emerge, is found either side of the cribriform plate. While these foramina are paired in the dog, there is only a single ethmoidal foramen in the cat.

The internal surface of the **base of the cranium** (basis cranii interna) is divided into three distinct fossae (▶ Fig. 2.7). The relatively long **rostral cranial fossa** (fossa cranii rostralis) is formed mostly by the presphenoid bone and extends from the cribriform plate to the orbitosphenoidal crest (crista orbitosphenoidalis). It covers the **chiasmatic groove** (sulcus chiasmatis) of the optic chiasm and includes the paired optic canal, through which the optic nerves pass.

The **middle cranial fossa** (fossa cranii medialis) is separated from the **caudal cranial fossa** (fossa cranii caudalis) by the prominent dorsum sellae turcicae. The **hypophyseal fossa**, in which the **hypophysis** lies, is rostral to this. Either side of it are two deep fossae, which protect the piriform lobes (lobi piriformes) of the cerebrum. The middle cranial fossa is perforated by several different-shaped openings through which nerves and vessels pass (▶ Fig. 2.7). These are, from rostral to caudal:

- **orbital fissure** (fissura orbitalis), through which the oculomotor, trochlear and abducent nerves, and the anastomotic branch of the internal carotid artery pass,
- **round foramen** (foramen rotundum), through which the maxillary nerve passes, and
- **oval foramen** (foramen ovale), through which the mandibular nerve and the middle meningeal artery pass.

The osseous structure of the **caudal fossa of the cranium** (fossa cranii caudalis) is formed by the basilar part of the occipital bone, bound laterally by the petrosal part of the temporal bone and extends caudally to the foramen magnum (▶ Fig. 2.7). The internal surface has two concave impressions (impressio pontina and impressio medullaris). The **jugular foramen** (foramen jugulare), through which the glossopharyngeal, vagus and accessory nerves, and in the dog, the internal carotid artery pass, is located close to the occipitotympanic suture.

Nasal cavity (cavum nasi)

The **nasal cavity** is the facial part of the respiratory tract and extends from the osseous **nasal opening** (apertura nasi ossea) to the **cribriform plate of the ethmoid bone**. It is separated longitudinally into two symmetric halves by the median nasal septum, which continues caudally in the perpendicular plate of the ethmoid bone and rostrally in the cartilagenous, flexible part of the nasal septum (pars mobilis septi nasi).

Each half of the nasal cavity contains the **nasal conchae** (conchae nasales) rostrally and the **ethmoturbinates** (ethmoturbinalia) caudally. The nasal cavity ends in the nasopharyngeal meatus, which leads to the nasal part of the pharynx.

The **dorsal nasal concha** (concha nasalis dorsalis) is formed by the single basal leaf of the first endoturbinate; the **middle nasal concha** (concha nasalis media) is formed by the two spiral leaves of the second endoturbinate and the **ventral nasal concha** (concha nasalis ventralis) is formed by the maxillary turbinate.

The **endoturbinates** are attached to the dorsal and lateral walls and the cribriform ethmoidal plate. The dog ususally has four larger endoturbinates and six smaller ectoturbinates. The **first endoturbinate** is the most dorsal and provides the osseous structure of the dorsal nasal concha. It arises from the perpendicular plate of the ethmoid, attaches to the ethmoid crest (crista ethmoidalis) of the nasal bone and extends into the nasal cavity. The dorsal and ventral spiral leaf of the long second endoturbinate forms the middle nasal concha. The **third** and **fourth endo-**

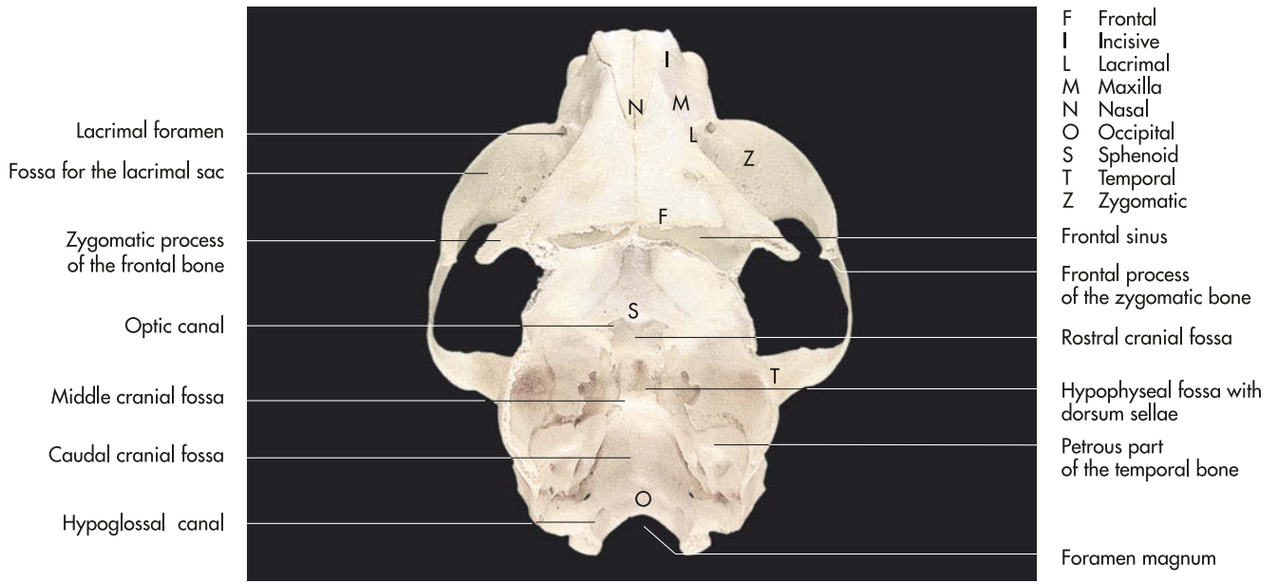


Fig. 2.34 Skull of a cat with calvaria removed (dorsal aspect).

turbinates are extremely well developed with the third being longer than the fourth.

The **ventral nasal concha** arises from the internal surface of the maxilla beginning at the level of the third cheek tooth reaching up to the nasal process of the incisive bone. The basal leaf divides into a ventral and a dorsal spiral leaf, each of which extend secondary smaller leaves, which results in the extremely complex ethmoidal system.

The protruding nasal conchae divide the nasal cavity into the **dorsal nasal meatus** (meatus nasi dorsalis) between the dorsal nasal concha and the nasal roof, the **middle nasal meatus** (meatus nasi medius) between the dorsal nasal concha and the middle and ventral nasal conchae, which are arranged behind each other, and the **ventral nasal meatus (meatus nasi ventralis)** between the middle and ventral nasal conchae and the nasal floor. The **common nasal meatus** (meatus nasi communis) is a slit-like space between the conchae and the nasal septum.

Paranasal sinuses (sinus paranasales)

The maxillary sinus of carnivores is better termed the **maxillary recess** (recessus maxillaris), since it is a large diverticulum of the nasal cavity at the level of the medial nasal conchae and not, like in the other domestic mammals, an air-filled cavity between the internal and external laminae of the bones of the skull. In the dog it is bound by the maxilla, the lacrimal bone, the palatine bone and the ethmoidal bone. The broad **nasomaxillary opening** (aditus nasomaxillaris) leads from the middle nasal meatus into the maxillary sinus.

In the dog the **frontal sinus** (sinus frontalis) is located in the rostral two thirds of the frontal bone and is divided into a rostral, lateral and medial compartment. They communicate with the nasal cavity via the space between the second and third ectoturbinate. The cat possesses an undivided frontal sinus and a palatine sinus on each side.

2.5.3 The skull of the horse

The general shape of the equine skull (▶ Fig. 2.37) is determined by the age, the sex and the breed of the animal. In foals the roof of the cranium is domed to match the contours of the brain, the facial part of the skull is short and shallow. The conformation of the adult skull develops as the facial part of the skull lengthens and deepens to accommodate the full set of teeth and the expanding paranasal sinuses. The enlargement of the frontal sinus largely influences the dorsal profile of the nose and gives it its breed-specific appearance: A **convex profile** (ram's head) is typical for certain draft and warmblood horses, a **concave profile** (dished head) typical for Arabs and common in horses with a mixture of Arab blood. Breed and sex-specific characterisitcs become more pronounced in older horses.

The nuchal surface of the equine skull is formed by the squamous and the lateral parts of the occipital bone. It is separated from the dorsal surface by the **nuchal crest** (crista nuchae) and the **external occipital protuberance** (protuberantia occipitalis externa), both of which form the sites of attachment to the head and neck musculature. The external occipital protuberance continues laterally as the supramastoid crest (crista supramastoidea), bordering the nuchal surface.

The **foramen magnum**, through which the spinal cord passes, opens between the two occipital condyles, on the midline. The dorsal surface of the skull of the horse can be divided into a cranial and a facial region. The cranial part is formed by the squamous part of the occipital bone, the parietal and the interparietal bone, which are firmly fused with each other. The frontal bone lies rostral to these and is firmly fused to them by an osseous suture. The unpaired external sagittal crest, medial to the dorsal surface, bifurcates rostrally and then continues as the temporal line, forming part of the wall of the orbit.

The roof of the skull is widest at the level of the supraorbital foramen, which is located at the base of the zygomatic process of the frontal bone. This process unites with the frontal process of

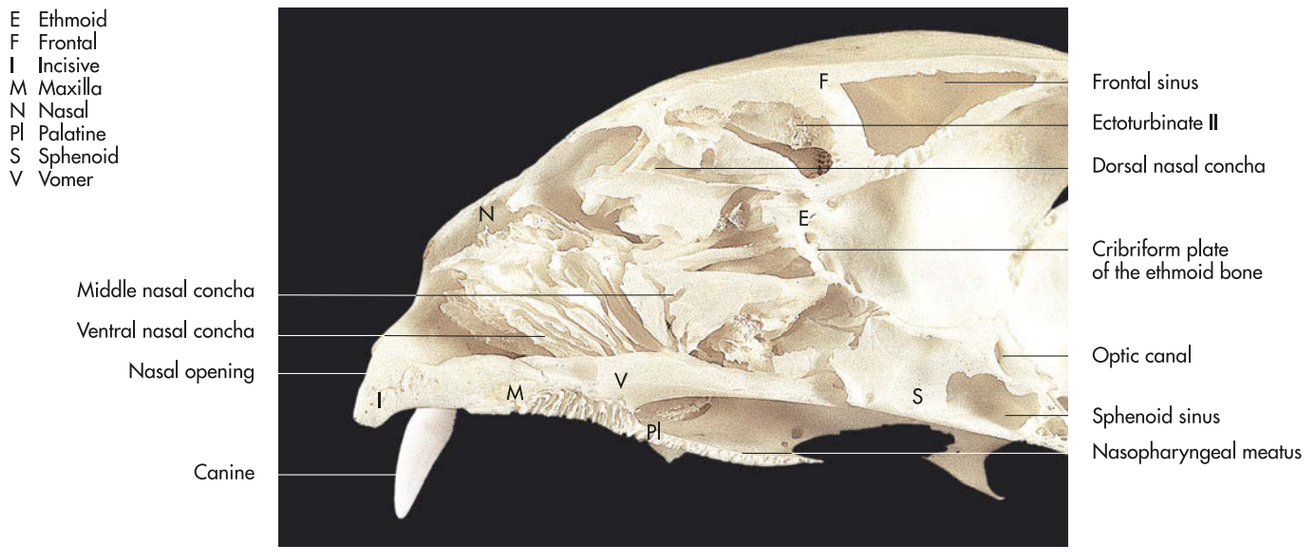


Fig. 2.35 Skull of a cat (median aspect of paramedian section).

the zygomatic bone, thus completing the bony supraorbital margin.

The major part of the facial region of the skull is formed by the paired nasal bones, complemented laterally by the maxilla and the nasal processes of the incisive bone. The rostral end of the dorsal surface of the nose is formed by the two apices of the paired nasal bones (processus rostrales). Like the dorsal surface, the lateral surface is also divisible in a cranial and facial region. The cranial part has the following features:

- zygomatic arch (arcus zygomaticus),
- temporal fossa (fossa temporalis),
- orbit (orbita) and
- pterygopalatine fossa (fossa pterygopalatina).

The **zygomatic arch** (▶ Fig. 2.38) is strong and passes in a slight lateral bow, rostral by, to the facial part of the skull, covering the lateral aspect of the ventral part of the temporal fossa and the orbit. It is composed of the temporal process of the zygomatic bone and the zygomatic process of the temporal bone. The base of the latter forms the transverse articular surface of the **temporomandibular joint** (articulatio temporomandibularis). The articular area of this joint consists of the articular tubercle (tuberculum articulare) rostrally, the mandibular fossa (fossa mandibularis) in the middle and the **retroarticular process** (processus retroarticularis) caudally (▶ Fig. 2.43).

In the horse, the petrous portion **remains separate** from the other parts of the temporal bone and thus exhibits a limited degree of mobility. This has implications for the biomechanics of the joint formed between the temporal bone and the mobile hyoid apparatus.

The **temporal fossa** (▶ Fig. 2.39) has a semicircular outline curving from the rostral to the laterobasal to the caudal aspects adjacent to the zygomatic arch, the supramastoid and the nuchal crest, respectively. It forms the attachment to the temporal muscle. The caudal aspect of the lateral surface is characterised by the **external parts of the ear** (auris) (▶ Fig. 2.38 and ▶ Fig. 2.39). The **notch** into which the tube-shaped external acoustic canal protrudes with its wide opening (porus acusticus externus), lies caudal to the temporomandibular joint. The **retroarticular foramen** opens just rostral to the otic notch, and forms the opening to the **temporal canal** (meatus temporalis). The **styloid process** (processus styloideus), with which the hyoid bone articulates, is ventral to the retroarticular foramen. The canal through which the facial nerve passes (canalis nervi facialis) opens in the stylomastoid foramen, which is located caudal to the styloid process and through which the stylomastoid artery and vein and the facial nerve run after their passage through the middle ear.

The walls of the **orbital cavity** (▶ Fig. 2.37) are composed of the frontal, lacrimal and zygomatic bones, the basisphenoid and the zygomatic process of the temporal bone. The orbits project almost laterally, resulting in an angle of 115° between the orbital axis and the median plane. The osseous supraorbital margin has a fine edge and extends to the rostral and caudal lacrimal processes. At the medial canthus, the orbital wall is indented by the fossa for the lacrimal sac and the fossa for the ventral oblique muscle of the eye. The trochlear fovea and the fossa for the lacrimal gland are caudomedial to this, at the base of the zygomatic process of the frontal bone. There are several openings (▶ Table 2.1) between the medial orbital wall rostral to the pterygoid crest and the cranial cavity (▶ Fig. 2.38). These are the:

- **ethmoidal foramen** (foramen ethmoidale) close to the osseous suture formed by the frontal bone and the wing of the presphenoid, through which the ethmoidal nerve and external ethmoidal vessels pass,
- **optic canal** (canalis opticus) through which the optic nerve passes,
- **orbital fissure** (fissura orbitalis) for the passage of the ophthalmic, trochlear, occulomotor and abducent nerves, which innervate the muscles of the eye, and the external ophthalmic vein,
- **round foramen** (foramen rotundum) for the maxillary nerve,
- **rostral alar foramen** (foramen alare rostrale) through which the maxillary artery leaves the alar canal and reaches the pterygopalatine fossa and

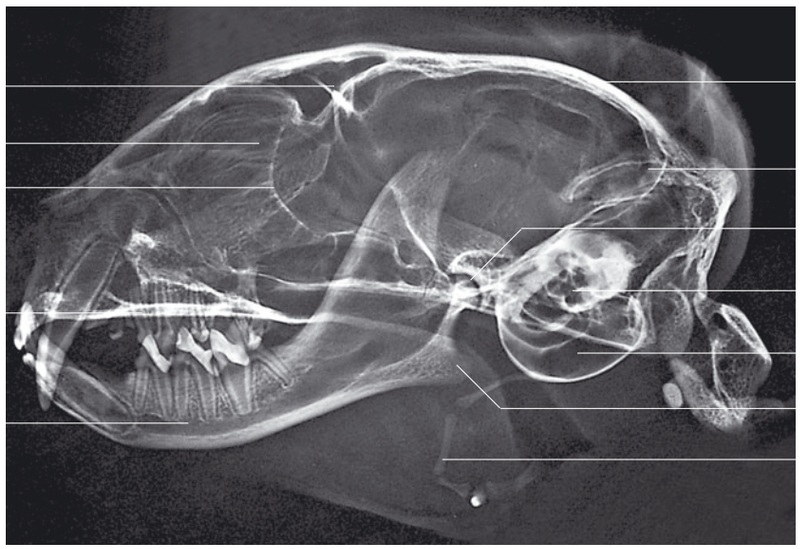


Fig. 2.36 Radiograph of a feline skull (laterolateral projection). (source: courtesy of Prof. Dr. Cordula Poulsen Nautrup, Munich)

- **caudal alar foramen** (foramen alare caudale) through which the maxillary artery enters.

Ventral to the orbital cavity is the **pterygopalatine fossa** (fossa pterygopalatina) (▶ Fig. 2.41), where the large **maxillary foramen** (foramen maxillare) is located rostrally, through which the maxillary artery and nerve enter the infraorbital canal. Dorsomedially to it lie the **sphenopalatine foramen** (foramen sphenopalatinum), which leads into the nasal cavity, and the **caudal palatine foramen** (foramen palatinum caudale), the opening of the palatine canal. Both these foramen enclose branches of the maxillary artery, vein and nerve. The **pterygopalatine fossa** is formed by the maxillary tuber laterally and the perpendicular part of the palatine bone medially.

The **lateral surface** of the facial part of the skull is composed of the maxilla, the incisive, the nasal, the zygomatic and the lacrimal bones. The most prominent features of the lateral facial surface are the **infraorbital foramen** (foramen infraorbitale) and the **facial crest** (crista facialis) (▶ Fig. 2.37). The infraorbital foramen is the opening through which the infraorbital nerve and vessels leave the infraorbital canal. It is easily palpable through the overlying skin, the levator of the upper lip and nasolabial levator muscle (m. levator labii superioris, m. levator nasolabialis) in the live animal 3 cm dorsal to the facial crest and 2 cm rostral to the rostral end of it. The facial crest is a prominent bony ridge on the lateral surface of the maxilla, which is continuous caudally with the zygomatic arch.

The **basal surface** of the skull consists of a cranial, choanal and palatine region, which are arranged behind each other in a horizontal plane.

The **external surface** of the base of the skull is limited caudally by the occipital condyles, which are separated by the **intercondylar notch** (incisura intercondylaris). Rostrolateral to the occipital condyles and separated from them by the deep ventral condylar fossa are the hook-shaped, laterally compressed paracondylar processes. The medial wall of the ventral condylar fossa bears the hypoglossal canal, through which the like-named nerve passes. The median muscular tubercle to which the head and neck musculature attaches is situated on the border between the base of the occipital bone and the basisphenoid.

The **base of the skull** is characterised by several openings through which cranial nerves and vessels pass. The **jugular foramen** opens between the base of the occipital bone and the tympanic bulla, caudal to the petro-occipital fissure. Rostrally lies the **foramen lacerum**, through which caudal extent the glossopharyngeal (IX), the vagus (X), and the accessory (XI) nerve pass (▶ Fig. 2.41). The rostral part of the foramen lacerum is sharply bordered by the expansive wing of the basisphenoid and is subdivided in several notches (incisura carotica, ovalis and spinosa) that allow the passage for the internal carotid artery, the mandibular nerve (V_3) and the middle meningeal artery, respectively (▶ Fig. 2.44).

The **hard palate** (palatum osseum) is relatively long and narrow. It is bordered by the dental alveoli for the six (or seven) upper cheek teeth, which are part of the alveolar processes of the maxilla and the incisive bone. The interalveolar margin carries the socket for the canine tooth and rostral to it are the dental alveoli for incisor teeth. A minor part of the hard palate is formed by the horizontal plates of the palatine bones, the rest is formed by the horizontal parts of the incisive bone and the maxilla. The palatine canal opens in the paired greater palatine foramen, where the narrow palatine bone joins the maxilla. The greater palatine nerve and vessel exit at this foramen.

The **choanae** are the openings which lead from the nasal cavities to the nasopharynx. The choanal region is bordered laterally by the perpendicular plates of the palatine and pterygoid bones, and dorsally by parts of the sphenoid bone and the vomer caudally. The prominent **pterygoid hamulus**, a hook-shaped process, projects from the pterygoid bone, while the caudal nasal spine is an extension of the choanal margin of the horizontal palatine plate.

The two mandibles (▶ Fig. 2.24) are firmly fused at the **mental angle** (angulus mentalis), forming the mandibular symphysis, which becomes undetectable at two years of age. The body of the

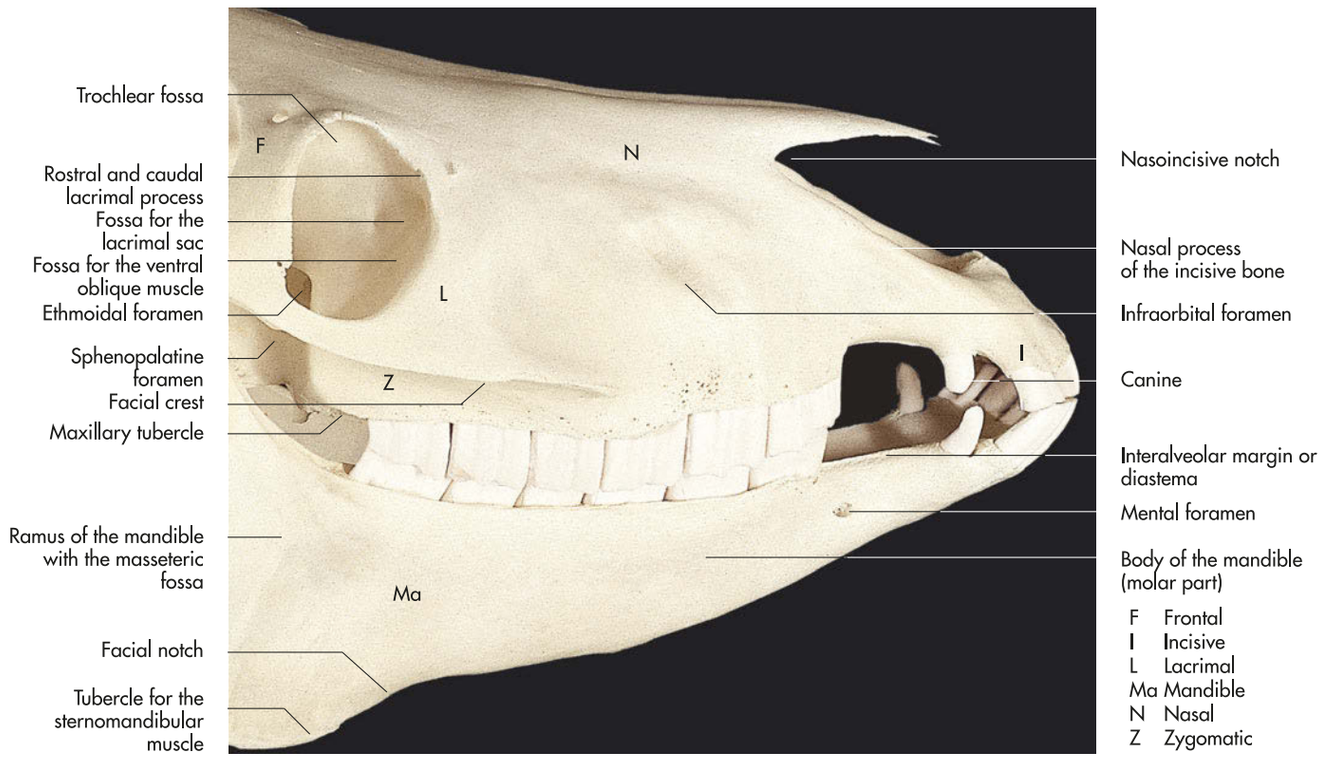


Fig. 2.37 Facial part of a stallion (lateral aspect).

mandible has a roughening for the attachment of the sternomandibular muscle (tuberositas sternomandibularis) caudodorsal to the mandibular angle. Its alveolar border carries the sockets for the six cheek teeth, its interalveolar border, the socket for the canine tooth and its incisive part, for the three incisor teeth. A prominent vascular notch, the **facial notch** (incisura vasorum facialium), marks the ventral border, where the facial vessels pass onto the lateral surface of the face. The condylar process ends dorsally in the transversely orientated mandibular head, and the coronoid process projects far into the temporal fossa. The mandibular canal can be entered via the mandibular foramen on the lateral aspect of the mandibular ramus by drawing an imaginary line from the condylar process to the rostral border of the facial notch (▶ Fig. 2.37). The mandibular nerve leaves the mandibular canal through the mental foramen as the mental nerve, which can be palpated on the lateral surface 1 cm ventral to the interalveolar margin at the level of the labial commissure. The mental nerve is accompanied by the mental vessels.

Hyoid bone (os hyoideum)

A substantial median **lingual process** (processus lingualis) projects from the transverse basihyoid into the root of the tongue (▶ Fig. 2.33). From each end of the basihyoid extend the thyrohyoids caudally to the thyroid cartilage of the larynx. The paired ceratohyoid articulates with the osseous epihyoid, which itself is firmly fused to the osseous stylohyoid and the cartilagenous tympanohyoid in the adult horse. The latter joins the hyoid apparatus to the head by forming a syndesmosis with the styloid process of the tympanic part of the temporal bone.

2.5.4 Cavities of the equine skull

Cranial cavity (cavum cranii)

The cranial cavity is divided into alarger compartment rostrally, which encloses the cerebrum and a smaller compartment caudally for the cerebellum. The limits of these two cavities are indicated dorsally by the osseous tentorium cerebelli and laterally by the paired crests of the petrous temporal bone. The rostral third of the **roof of the skull** (calvaria) (▶ Fig. 2.44) encloses the frontal sinus between its internal and external plates. The internal surface is marked by various **depressions** (impressiones digitatae, juga cerebralia), which match the sulci and gyri of the brain. These grooves lead to the transverse sinus canal, which itself ends in the temporal meatus, and finally opens in the retroarticular foramen, close to the external acoustic meatus. The rostral wall of the cranial cavity is formed by the cribriform plate of the ethmoidal bone and parts of the internal plate of the frontal bone. The **cribriform plate** is divided into two deep **ethmoidal fossae** by a well-developed median ridge, the crista galli. They are peforated to allow the passage of the olfactory nerve bundles and also present the foramina for the ethmoidal nerve and the external ethmoidal artery and vein.

The internal surface of the **base of the cranium** (basis cranii interna) (▶ Fig. 2.44) is divided into three regions. The rostral cranial fossa (fossa cranialis rostralis) lies at a more dorsal level than the following middle fossa and extends from the cribriform plate to the orbitosphenoidal crest; it forms a bony shelf, which covers the optic canal at the **optic chiasm** (chiasma opticum). The demarcation between the middle cranial fossa (fossa cranialis media) and caudal cranial fossa (fossa cranialis caudalis) is indistinct. The middle cranial fossa is concave, forming the hypophyseal fos-

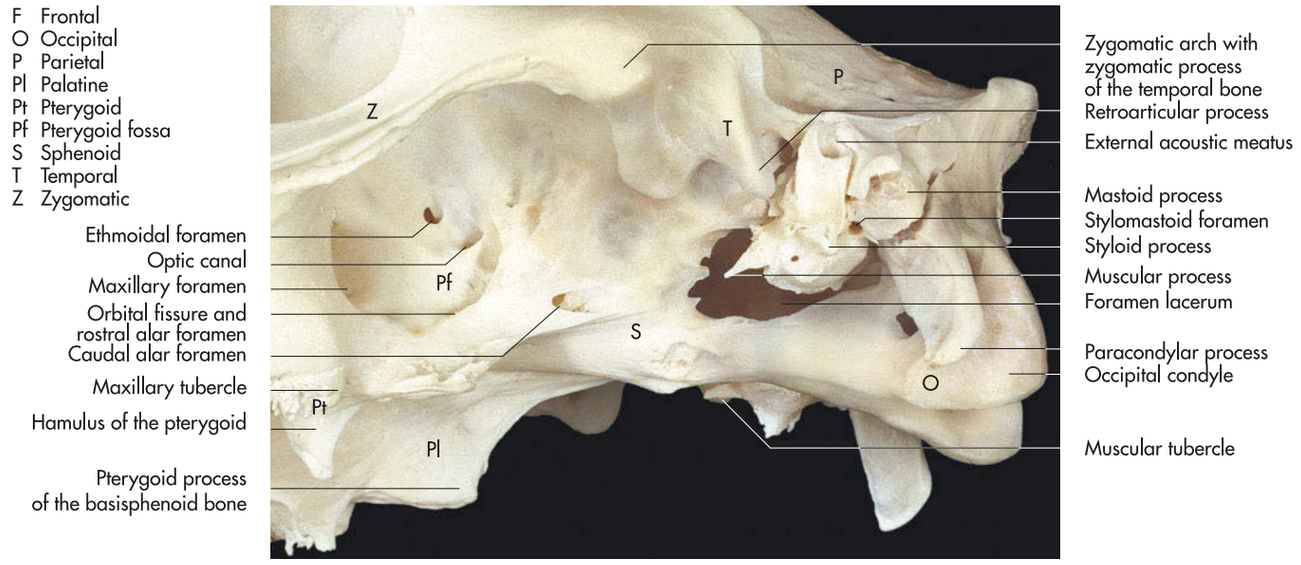


Fig. 2.38 Base of an equine skull (ventrolateral aspect).

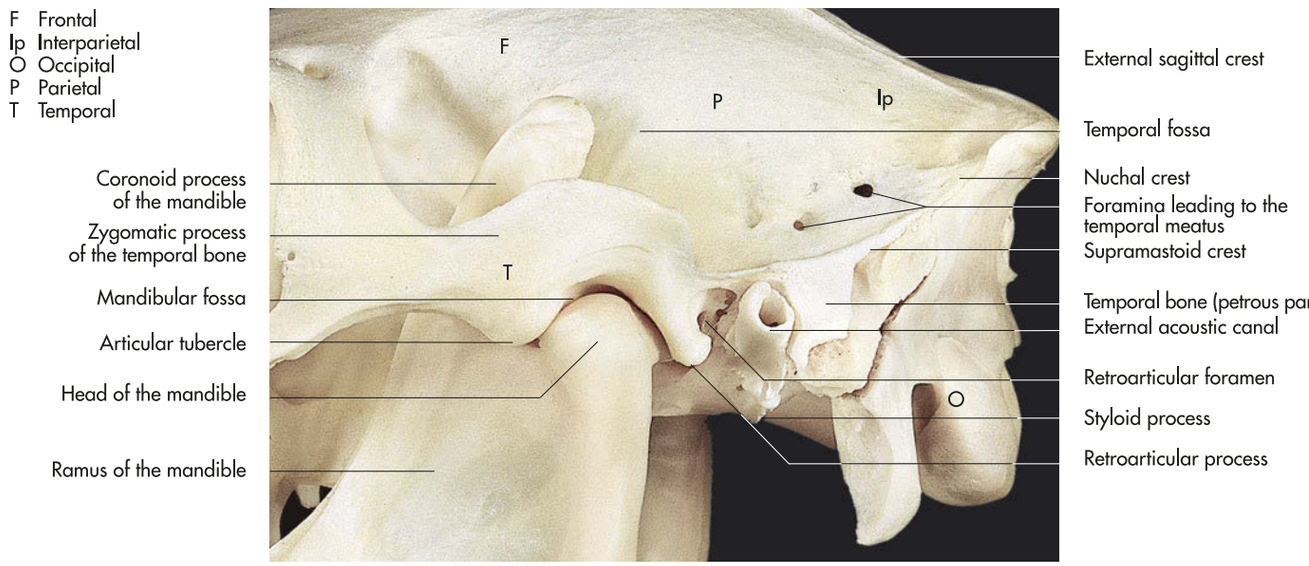


Fig. 2.39 Caudal part of an equine skull (lateral aspect).

sa, which encloses the hypophysis, and the piriform fossa, which encloses the piriform lobes. On either side there are two grooves extending to the orbital fissure, through which the ophthalmic, occulomotor and abducent nerves pass. The inner surface of the base of the cranium is marked by the following, through which nerves and vessels pass:

- **orbital fissure** (fissura orbitalis) medially for the passage of the ophthalmic, occulomotor and abducent nerves,
- **round foramen** (foramen rotundum) laterally for the maxillary nerve, and
- **trochlear foramen** (foramen trochleare) for the trochlear nerve.

The basioccipital and the petrosal part of the temporal bone form the caudal cranial fossa (fossa cranii caudalis) (▶ Fig. 2.44). It extends to the foramen magnum and its internal surface has several shallow depressions. The laterobasal wall is perforated by the foramen lacerum and its caudal part by the jugular foramen. Rostrally the foramen lacerum is provided with three notches (mediolaterally): the carotid (for the internal carotid artery), the oval (for the mandibular nerve, V_3), and the spinous (for the middle meningeal artery). The glossopharyngeal (IX), vagus (X) and accessory (XI) nerves exit through the jugular foramen. Its base presents the entrance to the canal for the hypoglossal nerve.

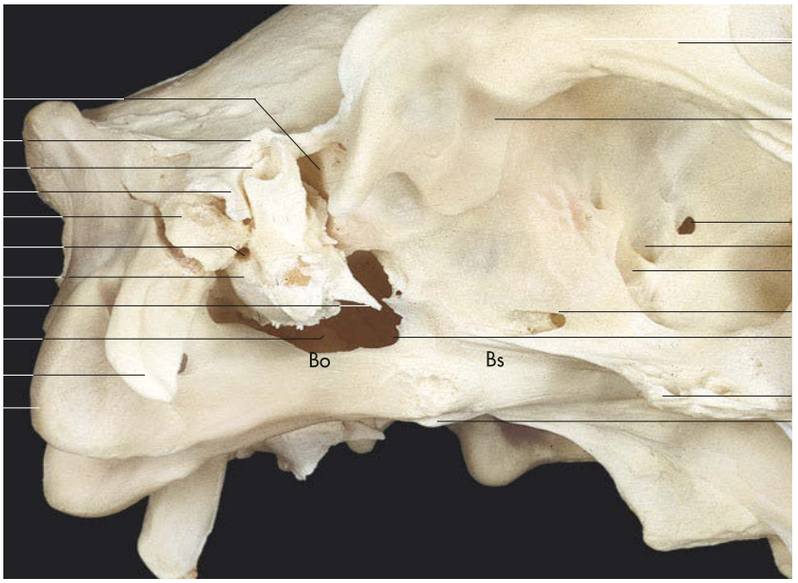


Fig. 2.40 Caudal part of an equine skull (ventrolateral aspect).

E Ethmoid
F Frontal
Ip Interparietal
P Parietal
S Sphenoid
T Temporal



Fig. 2.41 Cranial cavity of a horse (medial aspect).

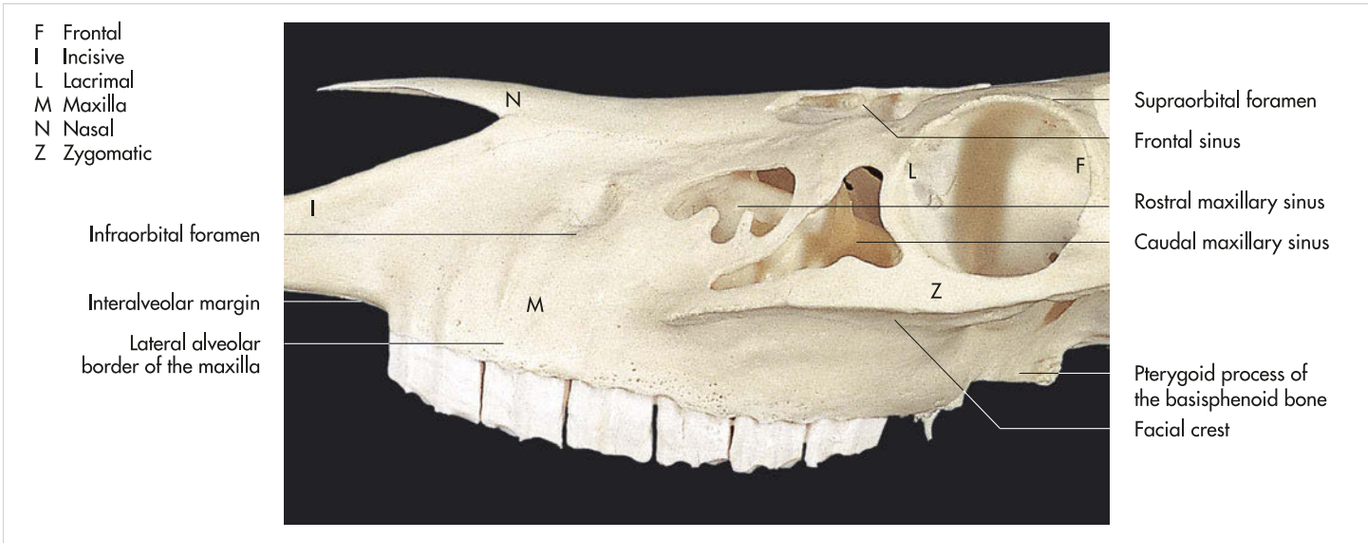


Fig. 2.42 Frontal and maxillary sinuses of a horse (lateral aspect).

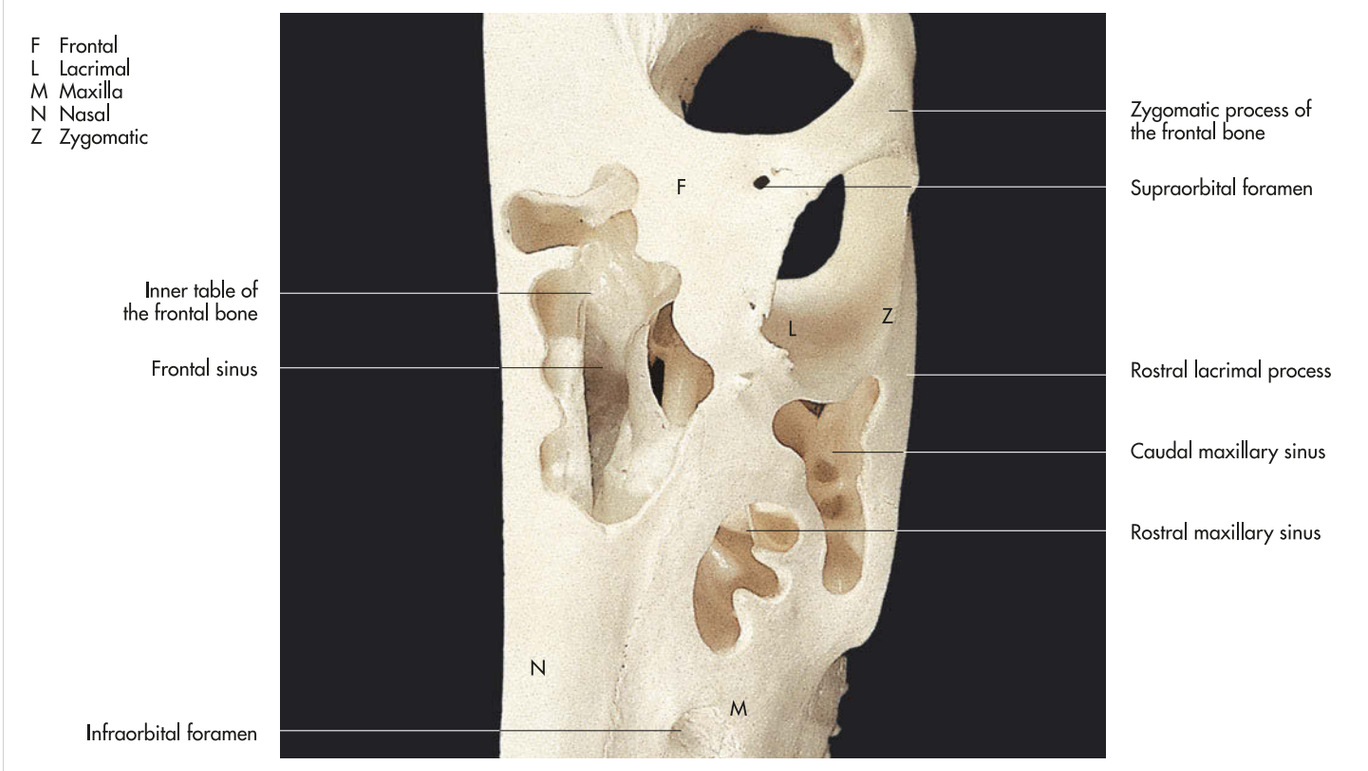


Fig. 2.43 Frontal and maxillary sinuses of a horse (dorsal aspect).

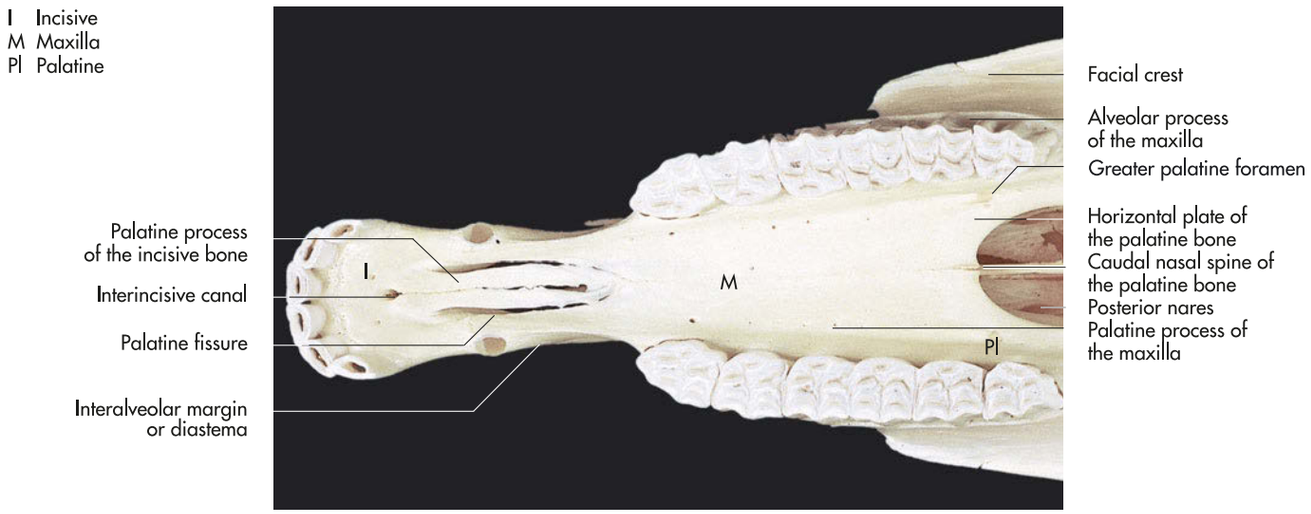


Fig. 2.44 Bones of the hard palate of a horse (ventral aspect).

Nasal cavity (cavum nasi)

The **nasal conchae** of the equine skull differ widely from those of the other domestic mammals (▶ Fig. 2.18 and ▶ Fig. 2.47). The spiral leaf of the first endoturbinate forms two compartments: the rostral part scrolls ventrally and demarcates the dorsal conchal recess, whereas the caudal part encloses the dorsal conchal sinus. This sinus is continuous with the frontal sinus; the combined sinuses are termed **conchofrontal sinus** (sinus conchofrontalis). There is no direct communication between this sinus and the nasal cavity, but they communicate indirectly via the caudal maxillary sinus.

The maxilla provides the osseous border for the **ventral nasal concha** (os conchae nasalis ventralis). It scrolls dorsally, forming the ventral conchal recess rostrally and the ventral conchal sinus caudally. The latter communicates with the rostral maxillary sinus. The entire ethmoidal labyrinth comprises **6 endoturbinates** and **25 ectoturbinates** in the horse. The first endoturbinate extends further rostrally than theother, more ventrally located turbinates. The second endoturbinate is short and contains the middle conchal sinus, which communicates with the caudal maxillary sinus. The ectoturbinates are arranged in two rows, a lateral row with smaller and a medial row with larger turbinates.

Paranasal sinuses (sinus paranasales)

The following **paranasal sinuses** are present in the adult horse:

- **caudal maxillary sinus** (sinus maxillaris caudalis),
- **rostral maxillary sinus** (sinus maxillaris rostralis),
- **conchofrontal sinus** (sinus conchofrontalis), which is subdivided into:
  - a dorsal conchal sinus (sinus conchae dorsalis) and
  - a frontal sinus (sinus frontalis),
- **sphenopalatine sinus** (sinus sphenopalatinus) and
- **ventral conchal sinus** (sinus conchae ventralis).

The larger **caudal maxillary sinus** (sinus maxillaris caudalis) is accommodated within the caudal part of the maxilla, the lacrimal bone and the zygomatic bone. The smaller **rostral maxillary sinus** (sinus maxillaris rostralis) lies entirely within the rostral part of the maxilla. The two maxillary sinuses are separated from each other by a bony septum. This **septum** (septum sinuum maxillarium) is commonly situated about 4 to 6 cm from the rostral end of the facial crest. The floor of the maxillary sinuses is indented by the dental alveoli for the last three cheek teeth (▶ Fig. 2.41, ▶ Fig. 2.42, ▶ Fig. 2.43 and ▶ Fig. 2.45).

Further medially a sagittally orientated bony plate, which includes the infraorbital canal at its free margin, projects into the maxillary sinuses and divides them into a medial and a lateral compartment. Both sinuses share a slit-like opening towards the middle nasal meatus, the **nasomaxillary aperture** (apertura nasomaxillaris), which is located at the level of the fifth cheek tooth in the adult horse (▶ Fig. 2.45). The caudal maxillary sinus communicates directly or indirectly with all the other paranasal sinuses.

This anatomical arrangement accounts for the spread of infection throughout the paranasal sinuses. The caudal maxillary sinus communicates with the conchofrontal sinus through the **frontomaxillary opening** (apertura frontomaxillaris) at the level of the lacrimal duct. The conchofrontal sinus consists of the dorsal conchal sinus and the frontal sinus. The union of the palatine and the sphenoidal sinus results in the combined sphenopalatine sinus. The rostral maxillary sinus communicates with the ventral conchal sinus through the conchomaxillary opening (apertura conchomaxillaris), which can be entered via the infraorbital canal.

E Ethmoidal
F Frontal
J Incisive
Mt Maxilloturbinate
N Nasal
Pl Palatine
Pt Pterygoid
I Endoturbinate I
II Endoturbinate II
III Endoturbinate III

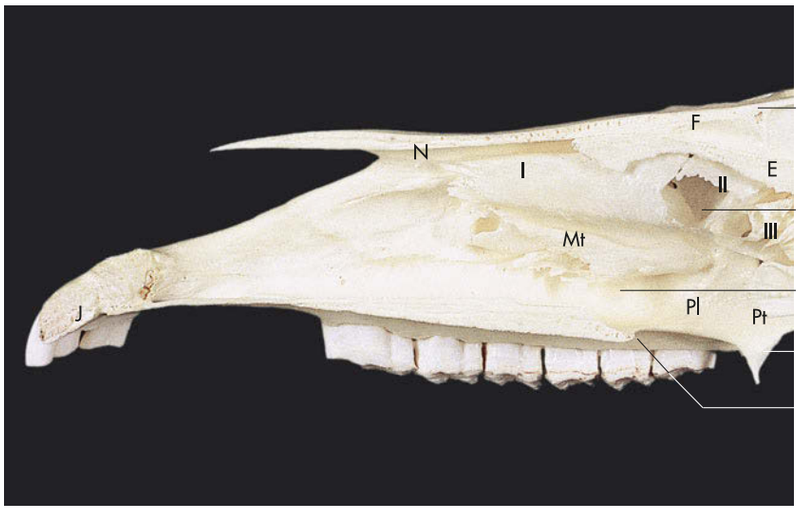


Fig. 2.45 Facial part of an equine skull (medial aspect of paramedian section).

2.6 Vertebral column or spine (columna vertebralis)

The **vertebral column** is composed of a series of unpaired bones, the vertebrae, the number of which varies between domestic mammals. Although the vertebrae of the different regions (cervical, thoracic, lumbar, sacral and caudal vertebrae) have to fulfil different functions and therefore have individual characteristics, all vertebrae share a common basic structure (▶ Fig. 2.46). The vertebrae are classified as **short bones** (ossa brevia) with spongy substance (substantia spongiosa) in the centre and compact bone (substantia compacta) around it. Each vertebra consists of:

- body (corpus vertebrae),
- arch (arcus vertebrae) and
- processes (processus vertebrae).

The **body** is the prismatic or cylindrical ventral part of a vertebra on which the other parts are constructed. Each vertebral body has a convex **cranial** (extremitas cranialis) and a concave **caudal** (extremitas caudalis) **extremity**, which are covered by a plate of hyaline cartilage, forming the unossified part of the epiphysis of the vertebral body (▶ Fig. 2.46).

Intervertebral fibrocartilagenous discs (disci intervertebrales) are interposed between adjacent vertebrae. The dorsal surface of the body of the vertebrae is marked by longitudinal grooves, nutritional foramina and a median ridge for ligamentous attachment. The ventral surface carries the **ventral crest** (crista ventralis), which varies in size in the different regions of the vertebral column.

The **vertebral arch** or **neural arch** forms over the dorsal surface of the vertebral body, thus completing the enclosure of a **vertebral foramen** (foramen vertebrale) (▶ Fig. 2.46). Each vertebral arch is made up of two lateral pedicles (pediculus arcus vertebrae) and a dorsal plate (lamina arcus vertebrae). The vertebral foramina correspond with that of adjacent vertebrae to form the **vertebral canal** (canalis vertebralis), which surrounds the spinal cord, its meninges, spinal nerves, blood vessels, ligaments, fat and connective tissue.

The diameter of the vertebral canal is greatest at the level of the first and second cervical vertebrae. It is reduced in width throughout the cervical spine, increases again in the cranial thoracic region and becomes narrower in the caudal thoracic region. The diameter widens again in the lumbar region and gradually becomes narrower at the level of the first caudal vertebra.

Remnants of a **ventral arch** are found on the caudal vertebrae of cats, dogs and ruminants (▶ Fig. 2.46, ▶ Fig. 2.75 and ▶ Fig. 2.76). The bases of the pedicles are notched (incisura vertebralis cranialis and caudalis). When successive vertebrae articulate, the notches on either side of adjacent vertebrae outline the intervertebral foramina (foramina intervertebralia), through which the spinal nerves pass (▶ Fig. 2.47 and ▶ Fig. 2.48). Dorsally most of the vertebral arches fit closely without leaving a space. Yet there are three sites in the vertebral column where an **interarcuate space** (spatium interarcuale) is formed between the arches of adjacent vertebrae (▶ Fig. 2.49). These are of clinical importance, since they can be used to enter the vertebral canal for injections or obtaining samples of cerebrospinal fluid:

- **atlanto-occipital space** (spatium atlanto-occipitale) between the occipital bone and the first vertebra (atlas),
- **atlantoaxial space** (spatium atlantoaxiale) between the first (atlas) and the second vertebra (axis), and
- **lumbosacral space** (spatium lumbosacrale) between the last lumbar vertebra and the sacrum.

Each vertebra carries a number of **processes** (processus vertebrae) for the attachment of muscles and ligaments and for the articulation with adjacent vertebrae. The following processes can be present (▶ Fig. 2.46):

- one **dorsal** or **spinous process** (processus spinosus) at the middorsal line of the vertebral arch,
- four **articular processes** (processus articulares caudales et craniales), positioned cranial and caudal to the root of the spinous process,
- two **transverse processes** (processus transversi), projecting laterally from the base of the vertebral arch, and
- two **mammillary processes** (processus mamillares) between the transverse and cranial articular processes of the thoracic and lumbar vertebrae.

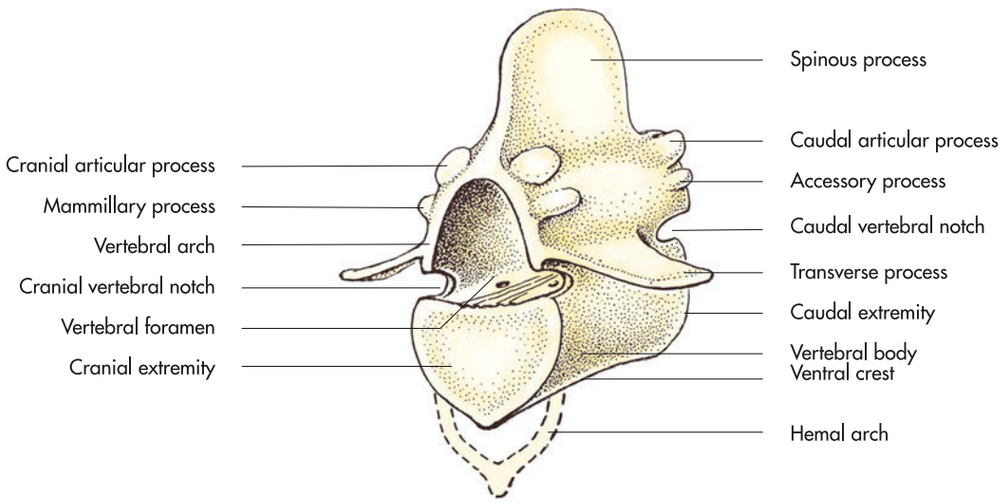


Fig. 2.46 Basic structure of a vertebra (schematic, cranial aspect).

Additional processes are found in some species:

- two **accessory processes** (processus accessorii) between the transverse and the caudal articular processes of the last thoracic vertebrae (carnivores and pigs) and the lumbar vertebrae (carnivores).

The numbers of vertebrae that compose each region is characteristic for the different species (▶ Table 2.2).

2.6.1 Cervical vertebrae (vertebrae cervicales)

The **first** (atlas) and **second** (axis) **cervical vertebrae** are highly modified to allow free movement of the head (▶ Fig. 2.47, ▶ Fig. 2.48, ▶ Fig. 2.49, ▶ Fig. 2.50, ▶ Fig. 2.51, ▶ Fig. 2.52, ▶ Fig. 2.53, ▶ Fig. 2.54 and ▶ Fig. 2.55). The atlas apparently possesses no body, but consists of two lateral masses (massae laterales) joined by dorsal and ventral arches (arcus dorsalis et ventralis), which constitute a bony ring. The **dorsal tubercle** (tuberculum dorsale) is located on the cranial end of the dorsal arch and the **ventral tubercle** (tuberculum ventrale) on the caudal end of the ventral arch. An expanded **transverse process** (processus transversus) projects laterally from each mass (massa lateralis); these shelf-like processes are termed the **wings of the atlas** (alae atlantis) (▶ Fig. 2.49, ▶ Fig. 2.51 and ▶ Fig. 2.53).

The **ventral aspect** of the wing is hollowed to form the **atlantic fossa** (fossa atlantis). Its base is perforated by the **alar foramen** (foramen alare), or in carnivores by the **alar notch** (incisura alaris). The **lateral vertebral foramen** (foramen vertebrale laterale) opens in the craniodorsal part of the vertebral arch. The **transverse foramen** (foramen transversarium) is a short canal passing through the caudal part of the wing of the atlas (▶ Fig. 2.51). It is not present in ruminants.

The cranial aspect of the ventral arch of the atlas is excavated (fovea articularis cranialis) to articulate with the occipital condyles (condyli occipitalis) of the occipital bone. The dorsal surface of the ventral arch has a caudal transverse concave articular surface, the **fovea dentis**, which articulates with the **dens** of the second cervical vertebra. The fovea dentis blends with the shallow articular areas on the caudal surface of the lateral masses (foveae articulares caudales), that articulate with the cranial articular processes of the second cervical vertebra (▶ Fig. 2.51).

The atlas is modified in form and structure to match its functions. The extended transverse processes, the **wings** (alae atlantis), provide attachment to the dorsal and ventral musculature, which is responsible for up-and-down movement of the head and constitutes the muscular connection between the spine and the nuchal aspect of the occipital bone. The caudal articular surface of the atlas articulates with the second cervical vertebra. The lateral free margin of the wings of the atlas furnish attachment to those head and neck muscles which are primarily responsible for rotary movements of the head. The wide joint spaces of the atlanto-occipital and the atlantoaxial joint support relatively free vertical and rotational movements.

The **second cervical vertebra** (axis) constitutes the pivot around which the atlas, and thus the head rotates (▶ Fig. 2.47, ▶ Fig. 2.48, ▶ Fig. 2.49, ▶ Fig. 2.50 and ▶ Fig. 2.52). Its **cylindrical body** (corpus vertebrae) carries a well-developed **ventral crest** (crista ventralis). The cranial extremity of the body is characterised by the centrally located **dens**, which is regarded as the displaced body of the atlas based on its development. It is rodlike in carnivores and more spoutlike in other species, matching the fovea dentis of the atlas. The **ventral articular surface of the dens** (facies articularis ventralis dentis) is confluent with the **cranial articular surfaces** (facies articularis cranialis) in the horse and ox, but separate in the other domestic mammals. The **caudal articular surface** (facies articularis caudalis) is smooth and concave and faces towards the intervertebral disc.

The **arch** (arcus vertebrae) of the axis carries the elongated, expanded **spinous process** (processus spinosus), which overhangs the cranial and caudal end of the vertebral body in carnivores and only the caudal end in the pig. It is a rectangular bony plate in ruminants and bifurcates caudally in the horse. Corresponding to the spinous process the caudal vertebral notch (incisura verte-

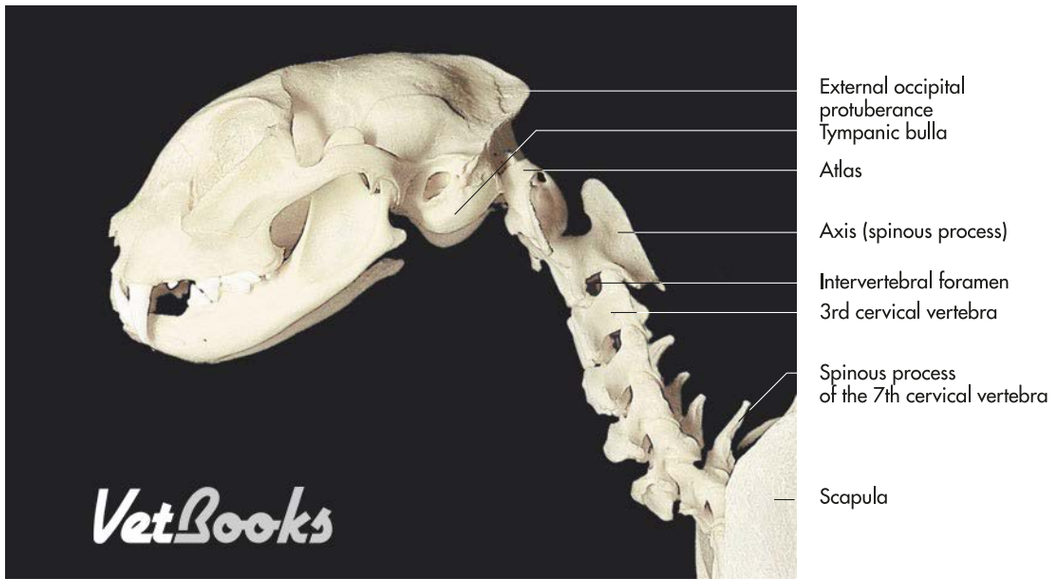


Fig. 2.47 Skull and cervical spine of a cat (lateral aspect).

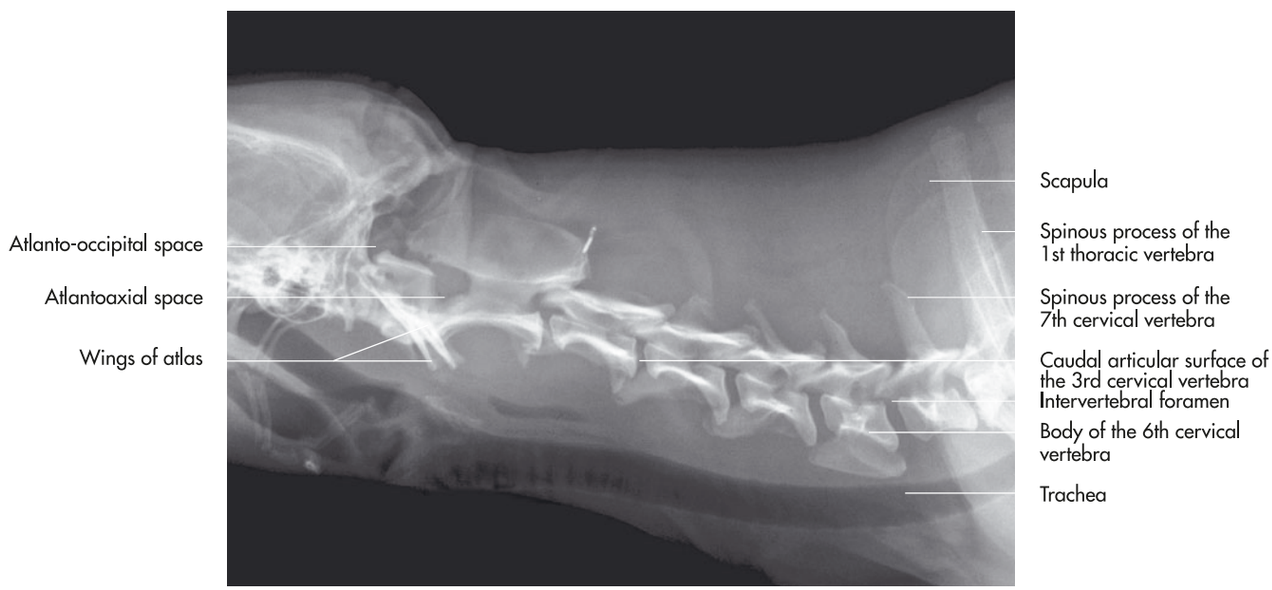


Fig. 2.48 Radiograph of the cervical spine of the dog (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

bralis caudalis) is large. The spinous process is confluent with the caudal articular processes in carnivores and horses, but remains separate in ruminants and the pig.

The paired **transverse processes** (processus transversi) are perforated toward their base by the **transverse foramen** (foramen transversarium). The **cranial vertebral notch** (incisura vertebralis cranialis), present in carnivores is replaced by a **lateral vertebral foramen** (foramen vertebrale laterale) in the other domestic mammals, completed by a narrow bony bridge. Like the atlas the axis is modelled according to its functions. The dens of the axis forms together with the corresponding articular fovea of the atlas, a pivot joint around which the atlas and the head rotate. The articular surfaces on each side of the spinous process form the insertion of ligaments (especially the nuchal ligament) and muscles.

The **bodies of the remaining cervical vertebrae** become progressively shorter from cranial to caudal. The ventral surfaces of the third to fifth cervical vertebrae carry a stout ventral crest, which becomes indistinct or is absent in the sixth and seventh vertebrae. The cranial extremity is convex and the caudal extremity correspondingly concave, except in carnivores and the pig.

The **spinous processes** (processus spinosi) are comparatively short in most domestic mammals, but gradually increase in length towards the thoracic part of the spine. In the horse, only the seventh cervical vertebra possesses a distinct spinous process.

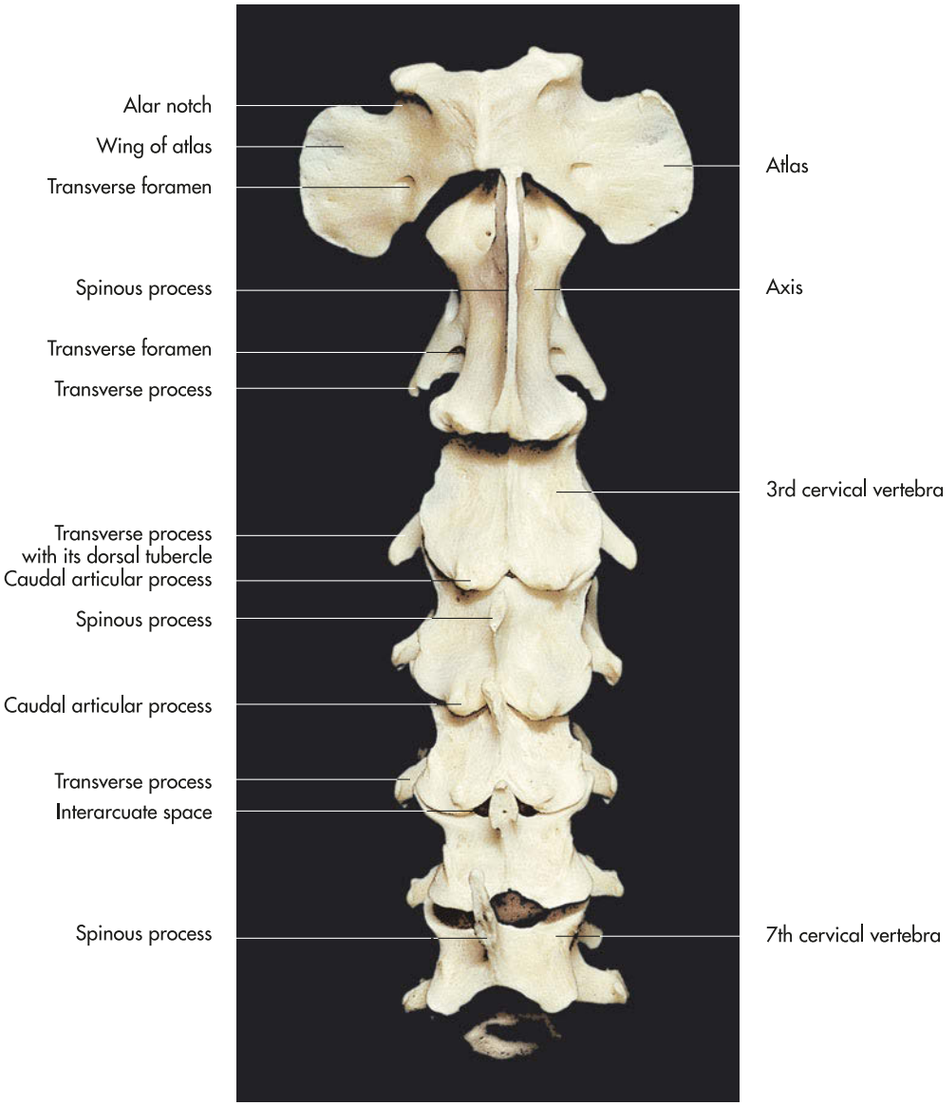


Fig. 2.49 Cervical spine of a dog (dorsal aspect).

The transverse and articular processes are well-developed in all cervical vertebrae. On the third to sixth cervical vertebrae the transverse process is perforated by the **transverse foramen** (foramen transversarium). The summation of the transverse foramen forms a **transverse canal** (canalis transversarius) on either side of the cervical vertebral column, which transmits the vertebral nerve, artery and vein. The free end of each transverse process branches into a **dorsal tubercle** (tuberculum dorsale) caudally and a **ventral tubercle** (tuberculum ventrale) cranially, which are considered to be a rudimentary rib and the remnant of the transverse process of a thoracic vertebra. The ventral tubercle of the sixth cervical vertebra is enlarged to form a characteristic **plate-like extension** (lamina ventralis).

The **articular processes** (processus articulares) are large, horizontally orientated and carry flat articular surfaces. The cranial and caudal ends of the vertebral arches are deeply notched on both sides (incisurae vertebrales craniales et caudales), thus forming large intervertebral foramen (foramina intervertebralia) between adjacent vertebrae. The seventh cervical vertebra is easily distinguished from the others. It is characterised by a high spinous process and small transverse processes, the absence of a ventral crest (with the exception of the dog) and a transverse foramen. The caudal extremity of the vertebral body presents paired **articular fovea** (fovea costalis caudalis), which form a common articular surface for the head of the first rib together with the cranial articular surface of the first thoracic vertebra.

2.6.2 Thoracic vertebrae (vertebrae thoracicae)

The **thoracic spine** is composed of a chain of thoracic vertebrae. They form, partly overlapping, a slightly dorsoconvex bony rod, which is characterised by its limited flexibility. Adapted to their function the thoracic vertebrae are equipped with special anatomical features: the long spinous processes for the attachment of the strong head and neck musculature in pigs and herbivores. The cranial thoracic vertebrae fulfil an additional function as part of the entire vertebral column by transmitting the body weight to the thoracic limbs and, together with the ribs, provide attachment to the muscles of the ribs, thorax and shoulder.

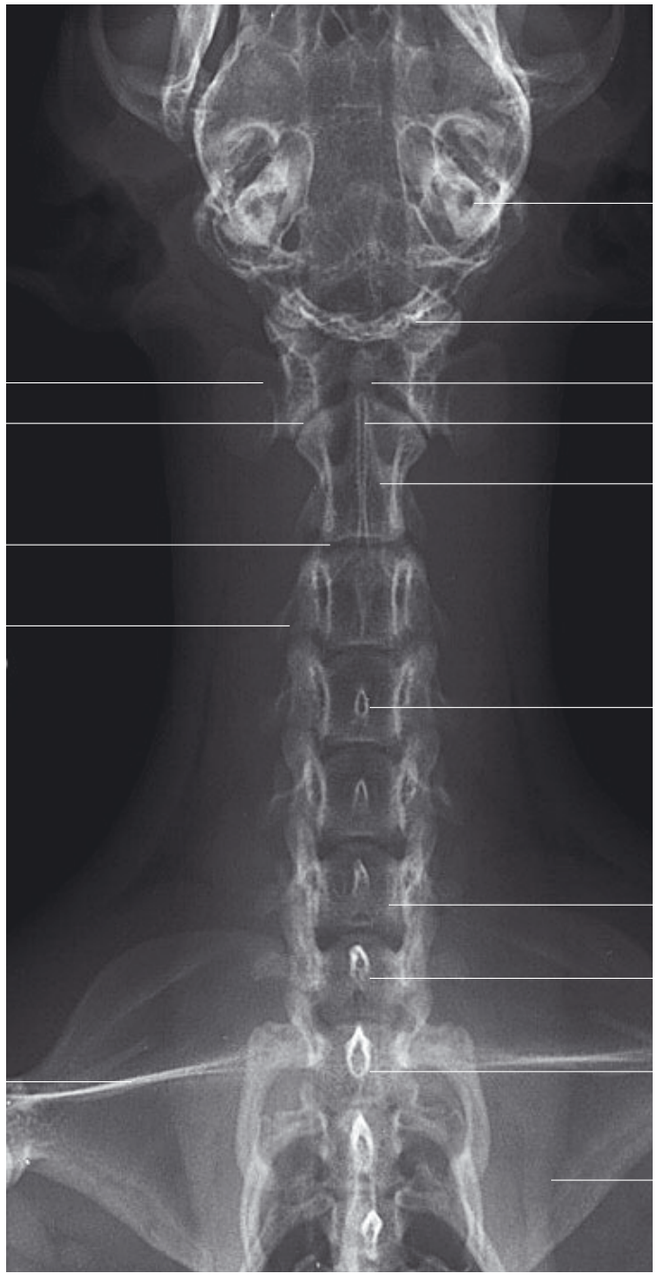


Fig. 2.50 Cervical spine of a cat (dorsoventral aspect). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

The thoracic vertebrae articulate with the ribs and correspond with these in number. Minor numeric variations are common among different species and breeds and are often compensated for by reciprocal changes in the number of the lumbar vertebrae. All thoracic vertebrae share the following common features (▶ Fig. 2.56, ▶ Fig. 2.59, ▶ Fig. 2.63 and ▶ Fig. 2.64):

- short **bodies with flattened extremities** (extremitates),
- short **articular processes** (processus articulares),
- closely fitting **vertebral arches** (arcus vertebrae),
- very long **spinous processes** (processus spinosi) and
- **costal facets** on both extremities for the rib heads (foveae costales) and on the **transverse processes** for the rib tubercles.

The **vertebral bodies** are short in the cranial thoracic region, but gradually increase in length further caudal, where a ventral crest is also present. The cranial and caudal extremities of the caudal thoracic vertebrae are flattened conform to the intervertebral discs, which leads to a limited range of movement between two neighbouring vertebrae. The **articular processes** of the cranial thoracic vertebrae are represented by oval facets. The **cranial facets** (foveae articulares craniales) are situated craniodorsal on the base of the spinous process and are orientated tangentially to the vertebral arch. The **caudal facets** (foveae articulares caudales) are on the caudal aspect of the base of the spinous process, but orientate sagittally towards the arch. This arrangement of the articular facets is responsible for the relatively free rotational movement of the cranial thoracic region compared to the restriction of dorsoventral movements of the caudal thoracic and lumbar regions.

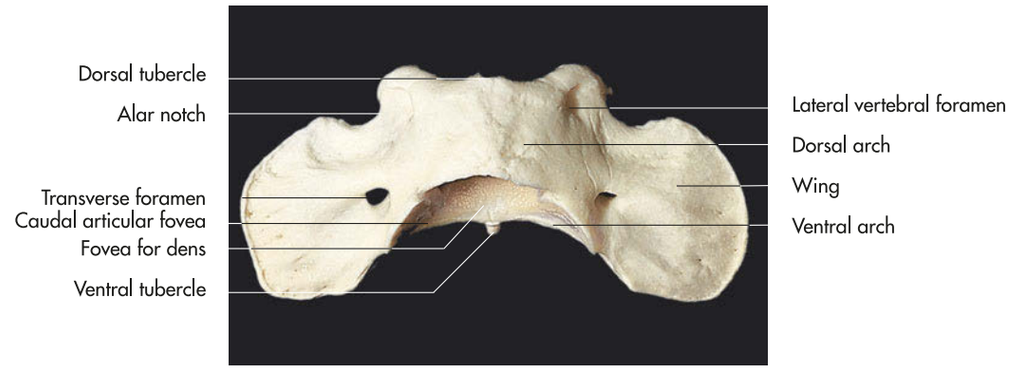


Fig. 2.51 First cervical vertebra (atlas) of a dog (dorsal aspect).

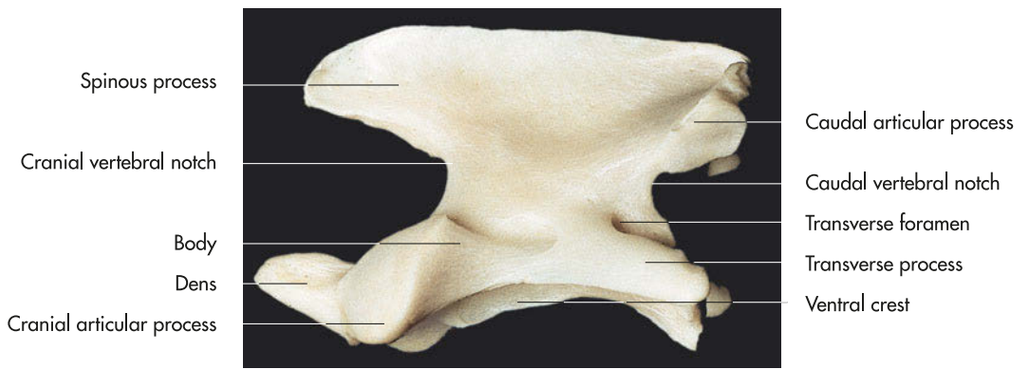


Fig. 2.52 Second cervical vertebra (axis) of a dog (lateral aspect).

While the **cranial vertebral notches** (incisurae vertebrales craniales) are shallow, the **caudal notches** (incisurae vertebrales caudales) are much deeper. The **intervertebral foramen** is comparatively large to allow passage of the spinal nerves and vessels. It is often divided into two by a bony bridge in ruminants. The **spinous processes** (processus spinosi) are very prominent and extend from the dorsal surface of the vertebral arch (▶ Fig. 2.56, ▶ Fig. 2.57, ▶ Fig. 2.61 and ▶ Fig. 2.62). In carnivores, the spinous processes gradually decrease in length throughout the whole thoracic region; in the pig and ruminants they increase in height in the first three vertebrae, become progressively shorter up to the 11th vertebra in the pig and 12th or 13th in ruminants and stay at the same length for the remainder of the thoracic spine. In the horse, the spinous processes of the first four thoracic vertebrae increase in height and become shorter up to the 13th or 14th vertebra. The high spinous processes of the first three or four thoracic vertebrae constitute the osseous base for the withers.

The **spinous processes** of the cranial thoracic vertebrae are directed caudodorsally, whereas the caudal thoracic and the lumbar vertebrae are inclined cranially. The thoracic vertebra, whose spinous process is nearly perpendicular to the long axis of that bone, is termed the **diaphragmatic** or **anticlinal vertebra** (vertebra anticlinalis): it is the 10th thoracic vertebra in the dog (▶ Fig. 2.58), the 12th in the pig and goat, the 13th in the ox and the 16th in the horse. The **mammillary processes** (processus mamillares) are only present in the thoracic and lumbar vertebrae. They are located just cranial to the transverse processes in those vertebrae located cranial to the anticlinal vertebra, and are fused with the articular processes to form the combined **mammilloarticular processes** (processus mamilloarticulares) in those vertebrae caudal to the anticlinal vertebra. The body of each thoracic vertebra possesses a **cranial** and **caudal costal facet** (fovea costalis cranialis and caudalis) lateral to the base of the vertebral arch. The facets of adjacent vertebrae, complemented by the intervertebral discs, form sockets for the heads of the ribs. The short, stout **transverse processes** (processus transversi) present **articular facets** for the articulation with the **costal tubercle** (foveae costales processus transversi). The two costal facets are deeper and located further apart in the cranial thoracic region, but grow shallower and progressively closer, thus resulting in a higher stability of the cranial ribs, but a in increased mobility caudally.

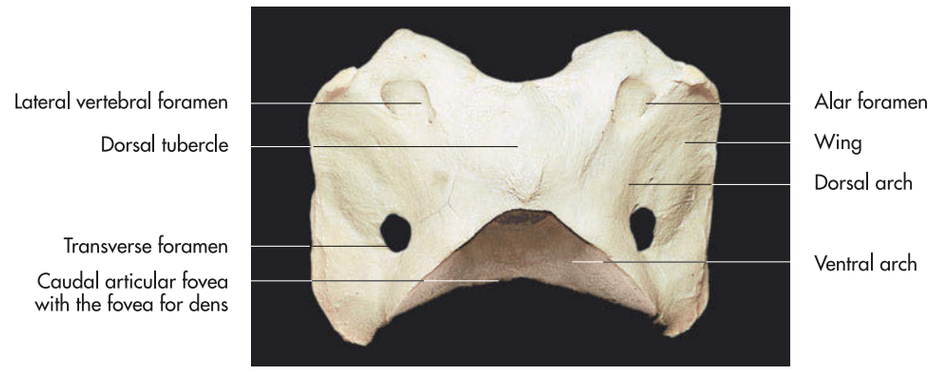


Fig. 2.53 First cervical vertebra (atlas) of a horse (dorsal aspect).

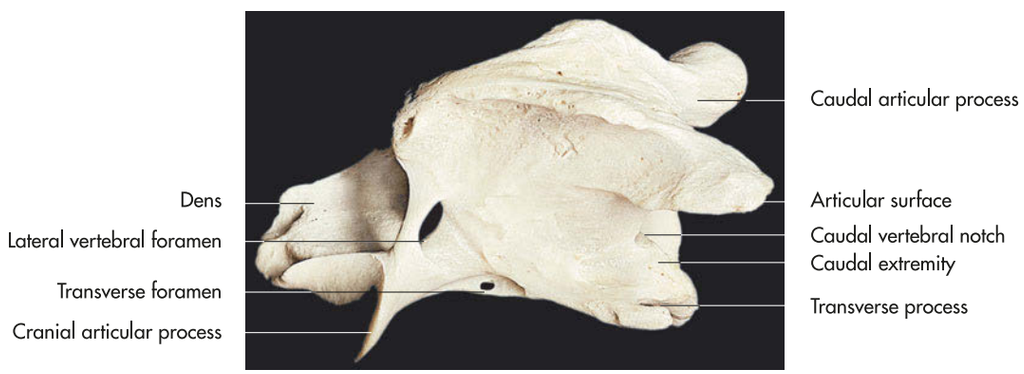


Fig. 2.54 Second cervical vertebra (axis) of a horse (lateral aspect).

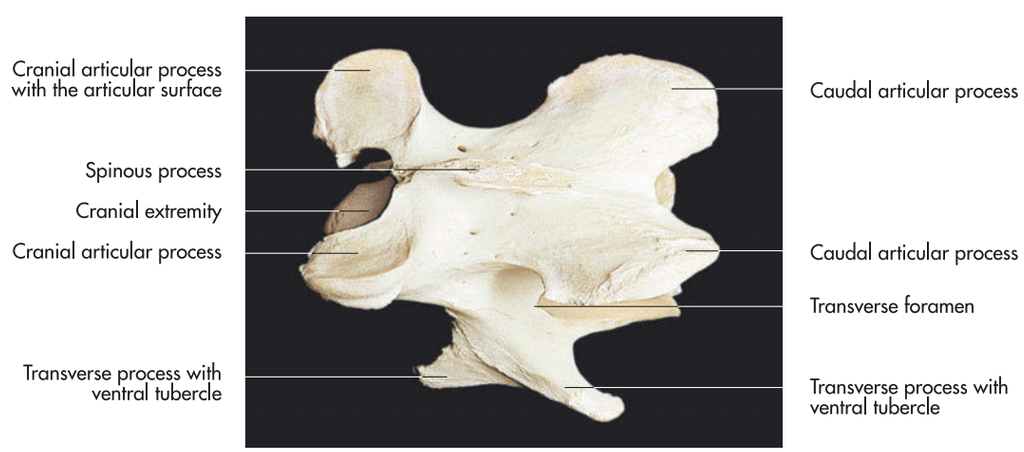


Fig. 2.55 Third cervical vertebra of a horse (dorsolateral aspect).

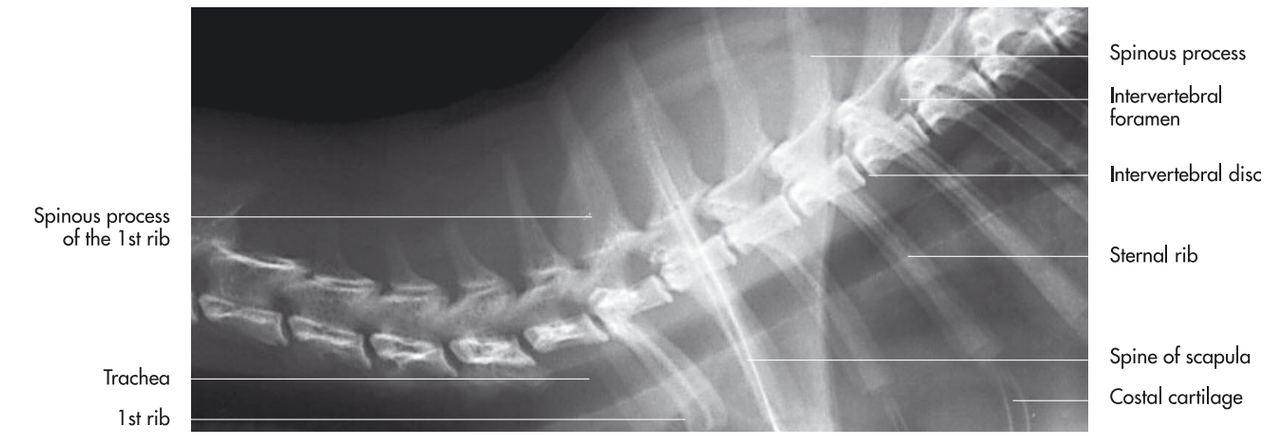


Fig. 2.56 Radiograph of the caudal neck and cranial thorax of a cat (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

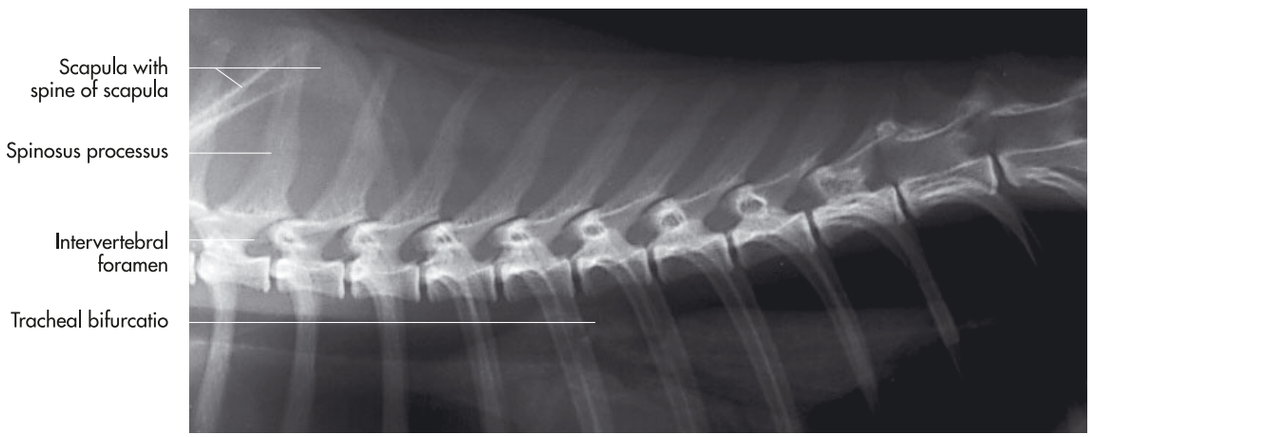


Fig. 2.57 Radiograph of the dorsal thorax of a cat (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)



Fig. 2.58 Radiograph of the thoracic-lumbar region of the spine of a dog (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

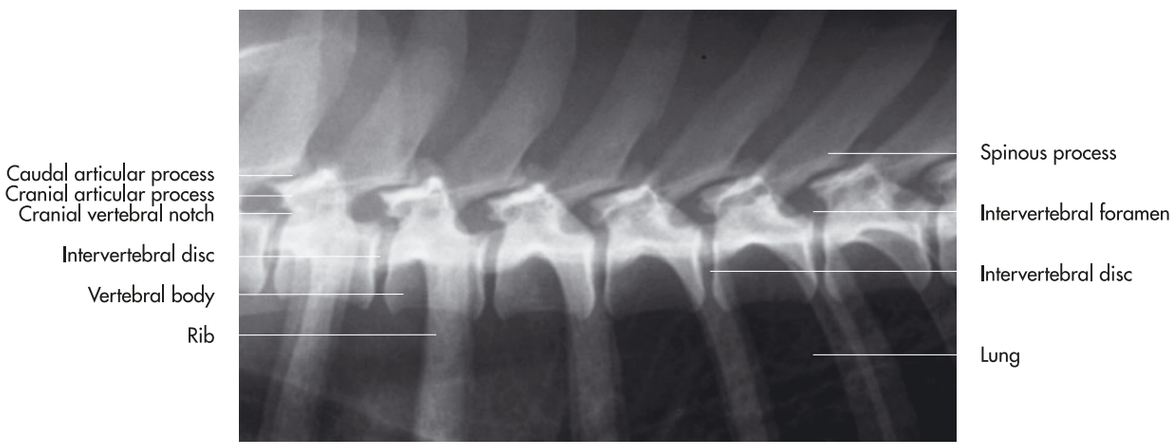


Fig. 2.59 Radiograph of the thoracic spine of a dog (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

Table 2.2 Vertebral formula of the domestic mammals.

Vertebrae	Carnivores	Pig	Ox	Small ruminants	Horse
Cervical vertebrae	7	7	7	7	7
Thoracic vertebrae	12–14	13–16	13	13	18
Lumbar vertebrae	(6) 7	5–7	6	6	5–7
Sacral vertebrae	3	4	5	(3) 4–5	5
Caudal vertebrae	20–23	20–23	18–20	13–14	15–21

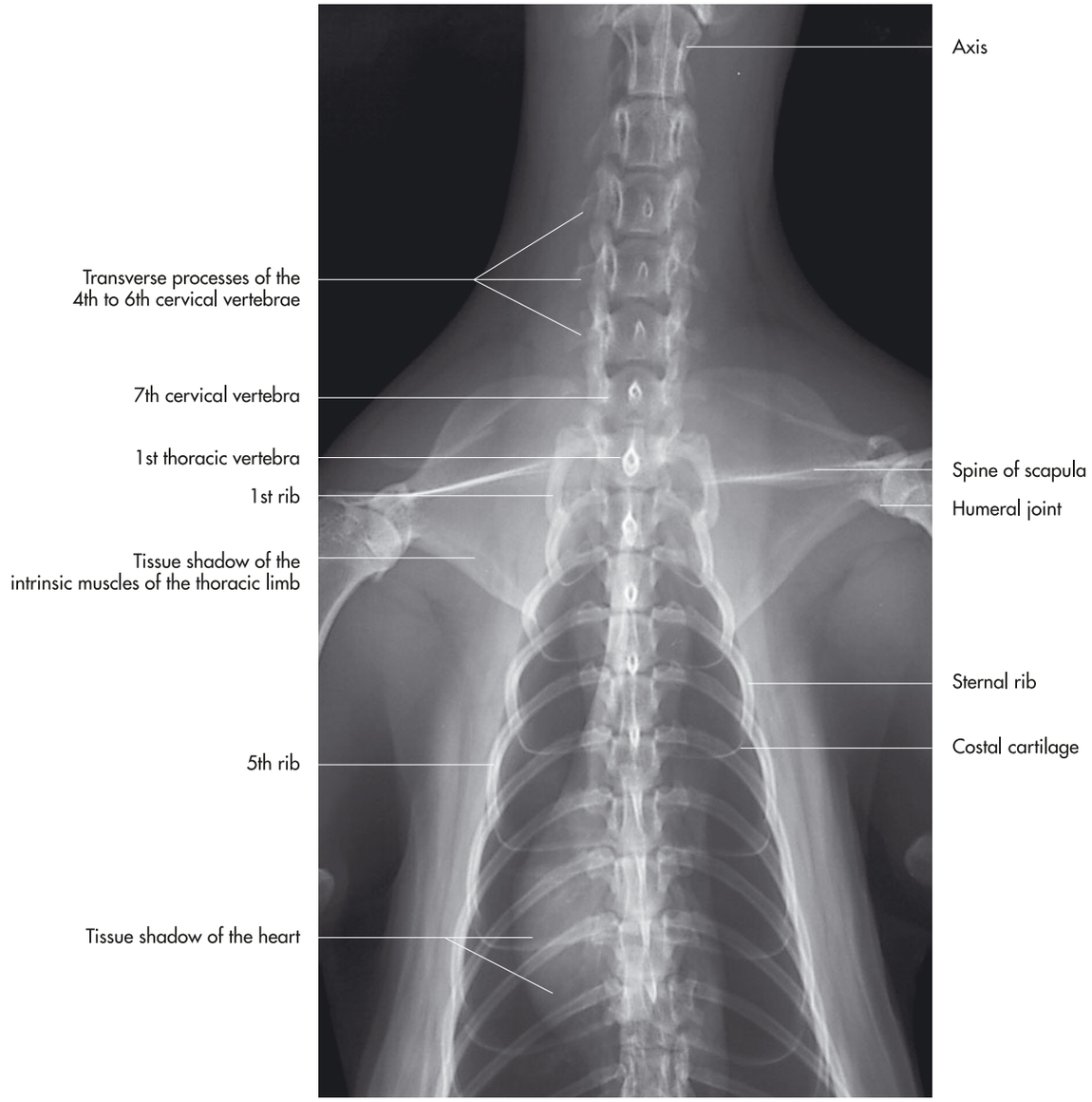


Fig. 2.60 Radiograph of the neck and thorax of a cat (ventrodorsal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

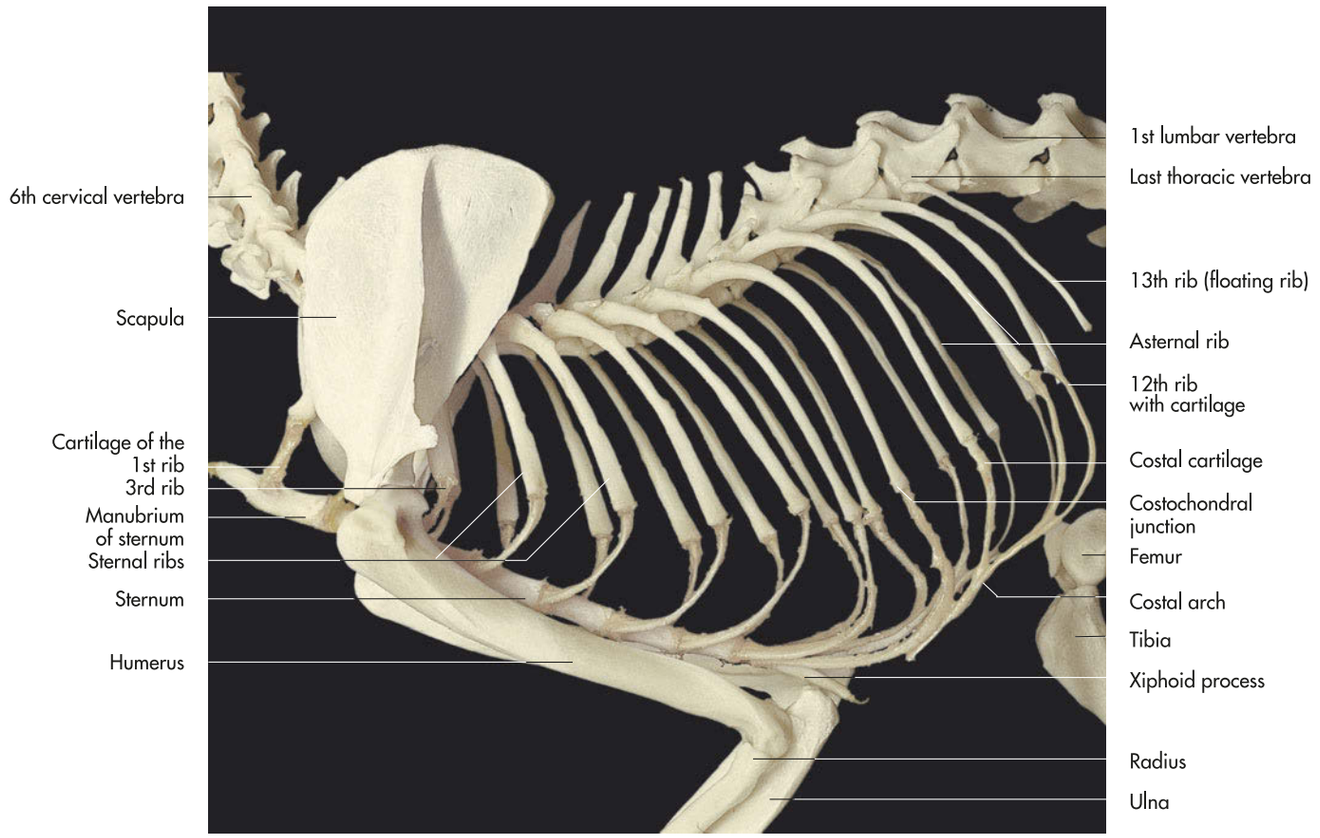


Fig. 2.61 Skeleton of the thorax of a cat (lateral aspect).

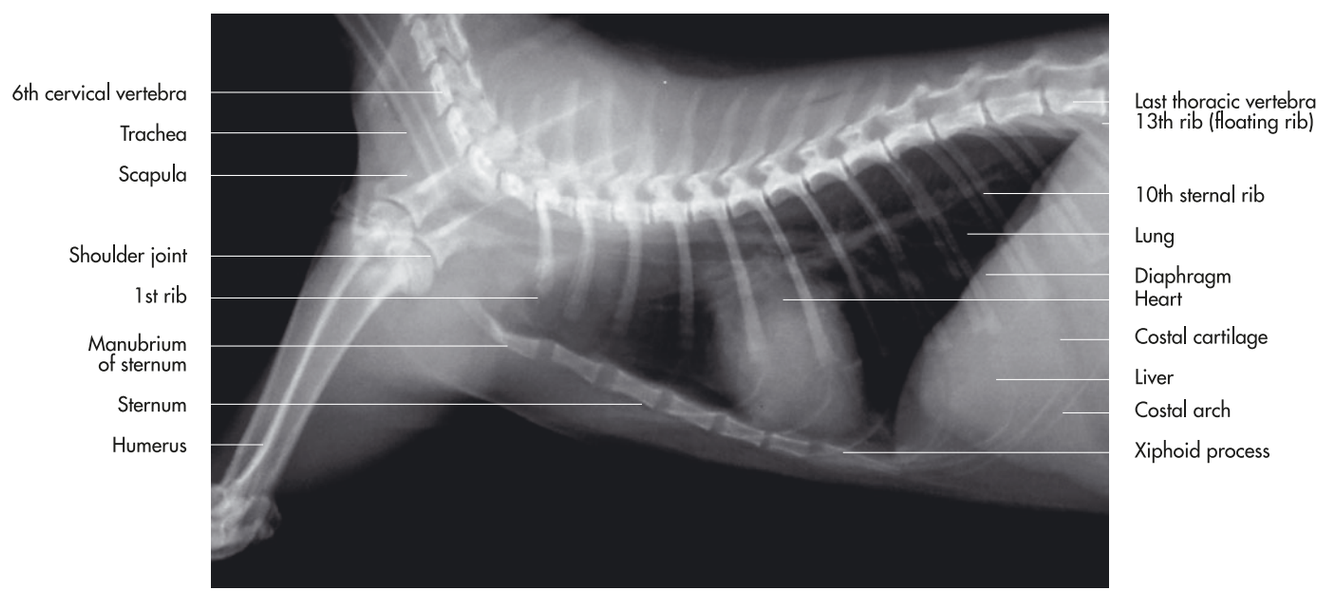


Fig. 2.62 Radiograph of the thorax of a cat (lateral aspect). (source: courtesy of Prof. Dr. Ulrike Matis)



Fig. 2.63 13th thoracic vertebra of a dog (lateral aspect).

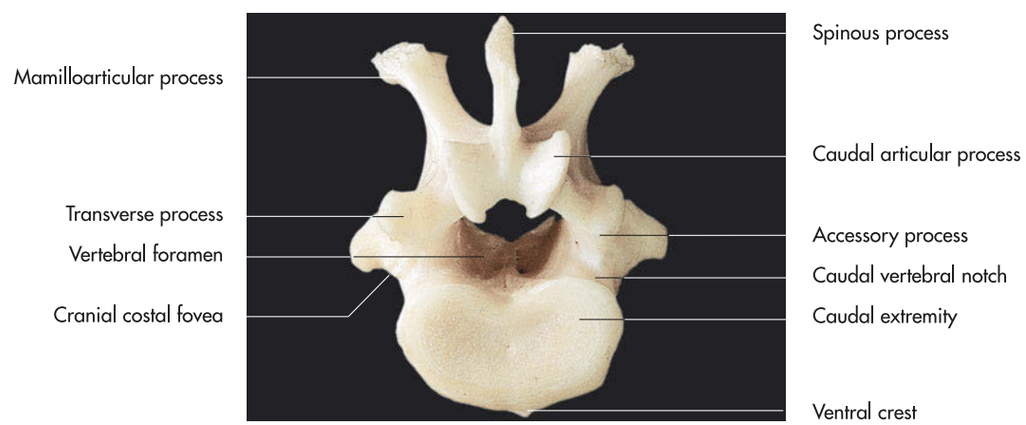


Fig. 2.64 13th thoracic vertebra of a dog (caudal aspect).

2.6.3 Lumbar vertebrae (vertebrae lumbales)

The **lumbar vertebrae** differ from the thoracic vertebrae in that they are longer and have a more uniform shape to their bodies (▶ Fig. 2.65, ▶ Fig. 2.66, ▶ Fig. 2.67, ▶ Fig. 2.68, ▶ Fig. 2.69, ▶ Fig. 2.70 and ▶ Fig. 2.71). The costal facets are absent, the spinous processes are shorter and directed craniodorsally, the transverse processes are long, flattened and project far laterally. The cranial and caudal extremities (extremitates craniales et caudales) of the bodies present flat articular surfaces. The vertebral arches form a widened vertebral canal to accommodate the swelling of the spinal cord in the lumbar region, the **caudal intumescence** (intumescentia lumbalis).

The **spinous processes** are usually about equal in height and inclined cranially. In carnivores the first four or five lumbar vertebrae become progressively longer. In the ox, they show a caudal inclination, whereas in small ruminants they are orientated perpendicular to the long axis of the vertebrae.

The expanded **transverse processes** are the characteristic feature of the lumbar vertebrae. They represent rudimentary ribs and are therefore called **costal processes** (processus costales). In carnivores and the pig they have a cranioventral inclination, while in ruminants and the horse they are orientated horizontally (▶ Fig. 2.67, ▶ Fig. 2.68, ▶ Fig. 2.69 and ▶ Fig. 2.71).

The **first lumbar vertebra** has the shortest transverse processes. The longest lumbar vertebra is usually the third or fourth in most domestic mammals, except in carnivores, in which the fifth or sixth lumbar vertebra carries the longest transverse process. In the horse, the transverse processes of the last two lumbar vertebrae and those of the last lumbar and first sacral vertebrae articulate with each other. This results in the division of the intervertebral foramen in a dorsal and a ventral opening. The **transverse** and **spinous processes** as well as the distinct ventral crest provide large surfaces for the attachment of the inner lumbar muscles and the abdominal, axial and pelvic musculature.

The sagittal orientation of the **articular processes** permits movement only in a ventral and dorsal direction, and lateral movements are nearly impossible. The articular processes fuse with the mammillary processes to form the club-shaped **mammilloarticular process**.

The **interarcuate spaces** (spatia interarcualia) are narrow in the lumbar region, but wide between the last lumbar and the first sacral vertebra, forming the **lumbosacral interarcuate space** (spatium interarcuale lumbosacrale), which can be used to access the vertebral canal. In the cat, the interarcuate space between the last two lumbar vertebrae is also wide enough to allow injections into the vertebral canal.

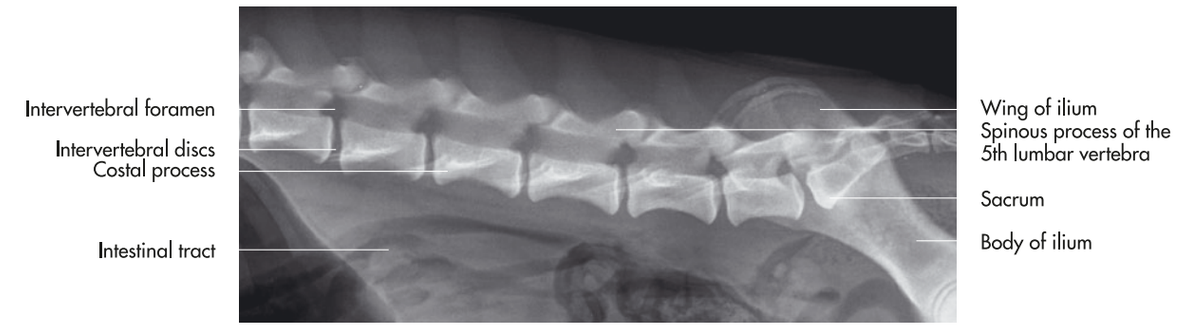


Fig. 2.65 Radiograph of the lumbar spine of a dog (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

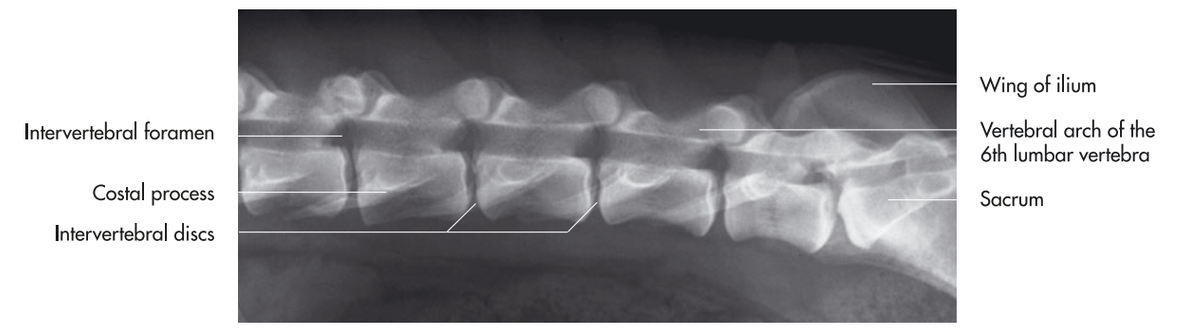


Fig. 2.66 Radiograph of the lumbar spine of a dog (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

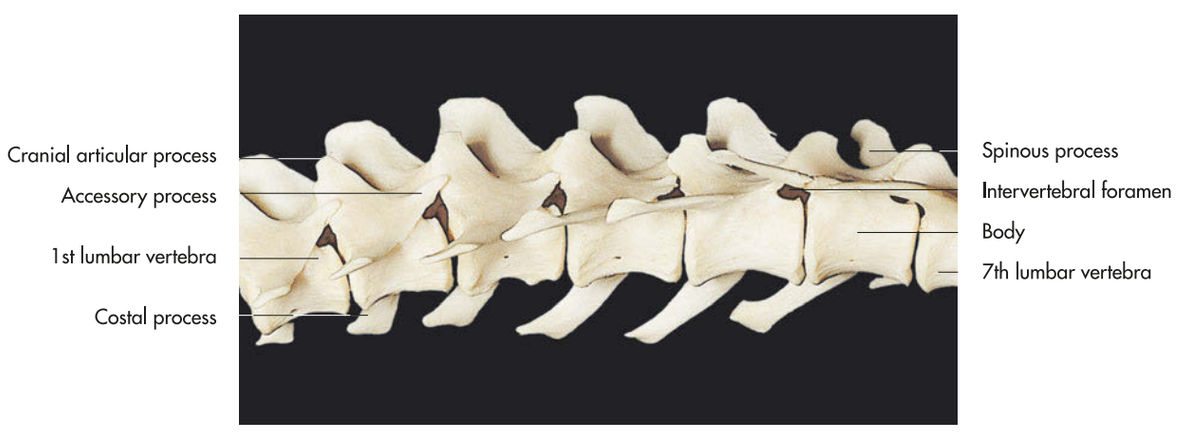


Fig. 2.67 Lumbar spine of a dog (lateroventral aspect).

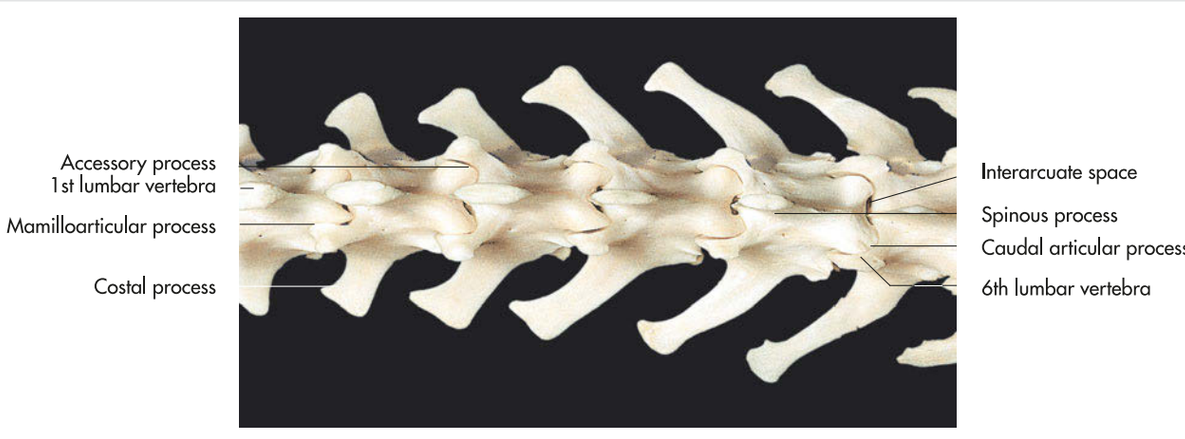


Fig. 2.68 Lumbar spine of a dog (dorsal aspect).

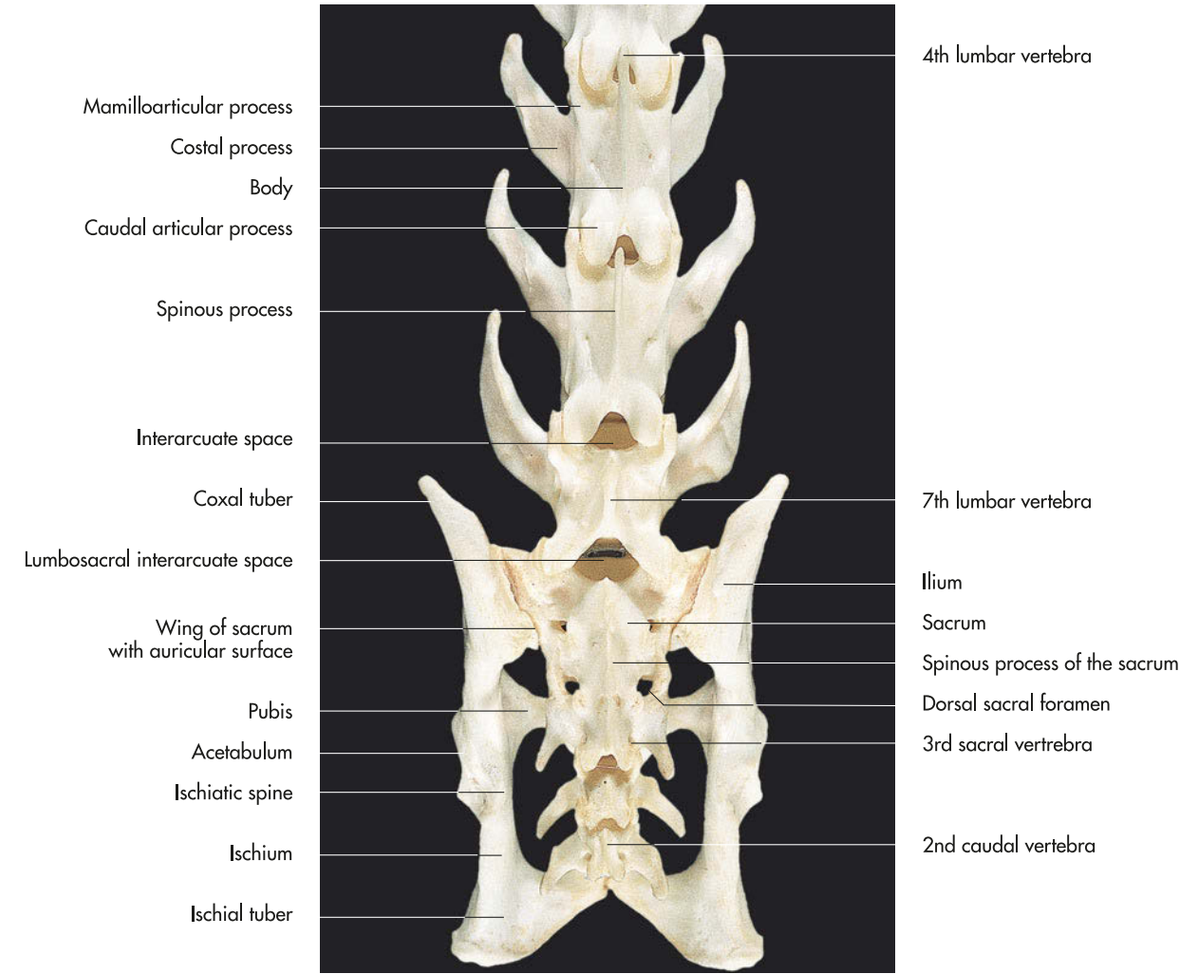


Fig. 2.69 Last lumbar vertebrae, sacrum and pelvis of a cat (dorsal aspect).

2.6.4 Sacral vertebrae (vertebrae sacrales)

The **sacral vertebrae** and their ossified intervertebral discs are firmly fused to form a single bone, the **sacrum** (os sacrum), in all domestic species (▶ Fig. 2.65, ▶ Fig. 2.66, ▶ Fig. 2.69, ▶ Fig. 2.70, ▶ Fig. 2.72, ▶ Fig. 2.73 and ▶ Fig. 2.74). The fusion of the single elements is usually completed by 1.5 years of age in carnivores and the pig, 3–4 years in ruminants and 4–5 years in the horse. The ossification of the vertebral articulations results in a loss of flexibility of the sacral vertebral column. This increases the effectiveness of the transmission of the forward impetus in locomotion from the hindlimbs to the vertebral column.

The **first sacral vertebra** with its expanded wings forms a firm articulation with the pelvic girdle through which the thrust of the hindlimbs is transmitted to the trunk. The more caudal parts of the sacrum do not directly participate in this articulation, but constitute the major part of the roof of the pelvic cavity. The limited variety of function of the sacral vertebrae is reflected in the simplified architecture of the sacrum.

The **sacrum** (os sacrum) is quadrilateral in form in carnivores, but triangular in the other domestic mammals (▶ Fig. 2.69, ▶ Fig. 2.70, ▶ Fig. 2.72 and ▶ Fig. 2.74). It is divided into an expanded **base** (basis ossis sacri) cranially, two **lateral parts** (partes laterales), enlarged by the **sacral wings** (alae ossis sacri) and a **caudal extremity** (apex ossis sacri). Its **dorsal surface** (facies dorsalis) has spinous processes, which may be present only as remnants in some species, and various ridges. The ventral surface, which faces towards the **pelvic cavity** (facies pelvina), is marked by **transverse lines** (lineae transversae), which indicate the former limits of the individual vertebrae.

The **dorsal surface** gives attachment to the hip, rump and hamstring musculature and provides openings for the passage of the dorsal spinal nerves of the **lumbosacral plexus** (plexus lumbosacralis). The ventral surface of the sacrum is smooth and slightly concave and is perforated by the openings for the ventral branches of the spinal nerves. The vertebral canal is much narrower in the sacral region (canalis sacralis) than in the lumbar region and its diameter diminishes even further to about half its size at the sacral apex. The cranial extremity articulates with the last lumbar vertebra and is notched to form the **cranial vertebral notch** (incisura vertebralis cranialis). Its ventral margin extends a cranioventral projection, the **promontory** (promontorium) (▶ Fig. 2.72); dorsally it presents cranial articular processes.

The **lateral parts** are formed by the fused transverse processes of the sacral vertebrae and are enlarged by the expanded sacral wings, which project laterally and originate from the first sacral vertebra (▶ Fig. 2.69, ▶ Fig. 2.72, ▶ Fig. 2.73 and ▶ Fig. 2.74). The second sacral vertebra contributes to the formation of the sacral

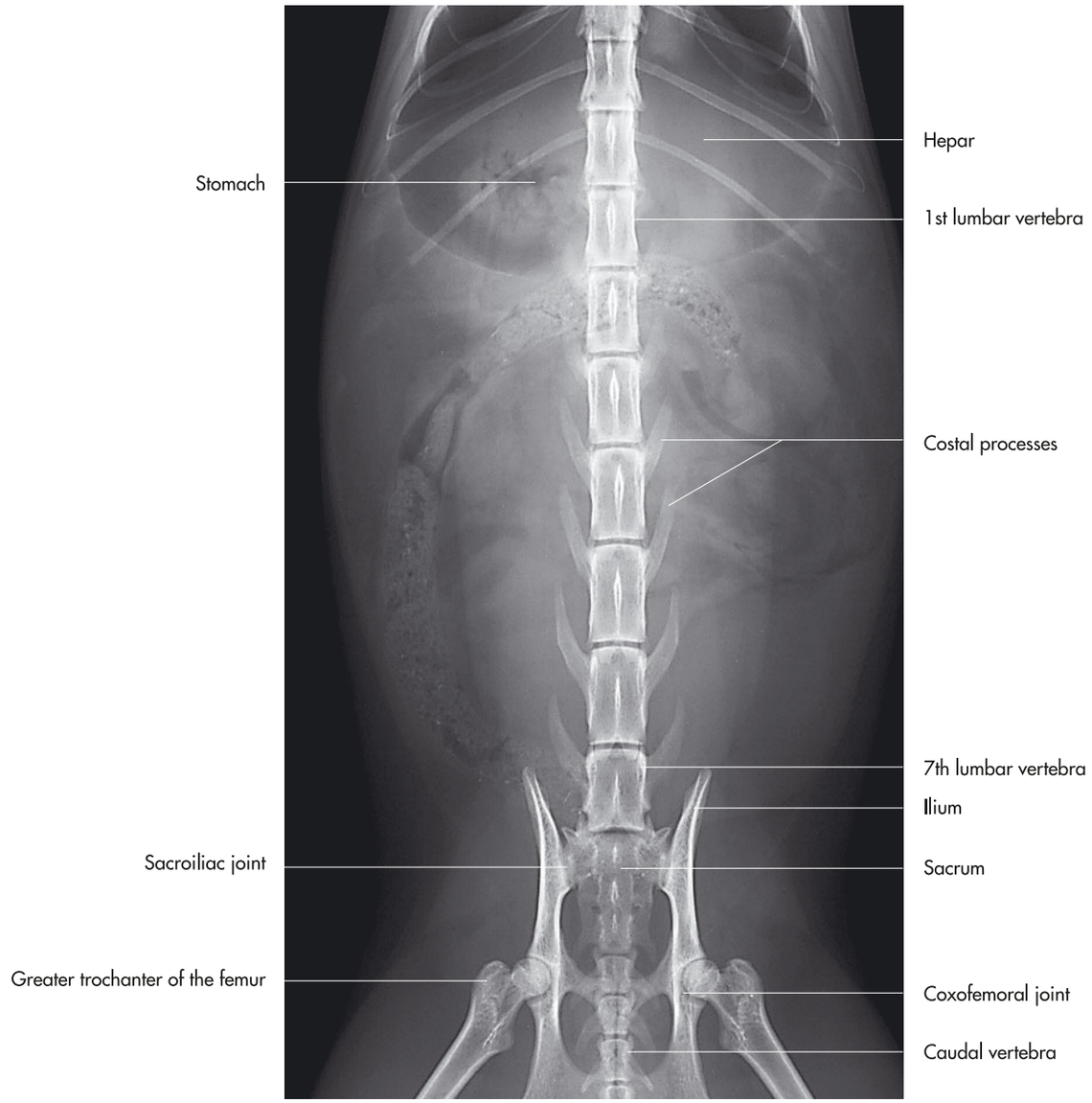


Fig. 2.70 Lumbar vertebrae, sacrum and pelvis of a cat (ventrodorsal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)



Fig. 2.71 Fifth lumbar vertebra of a horse (dorsal aspect).

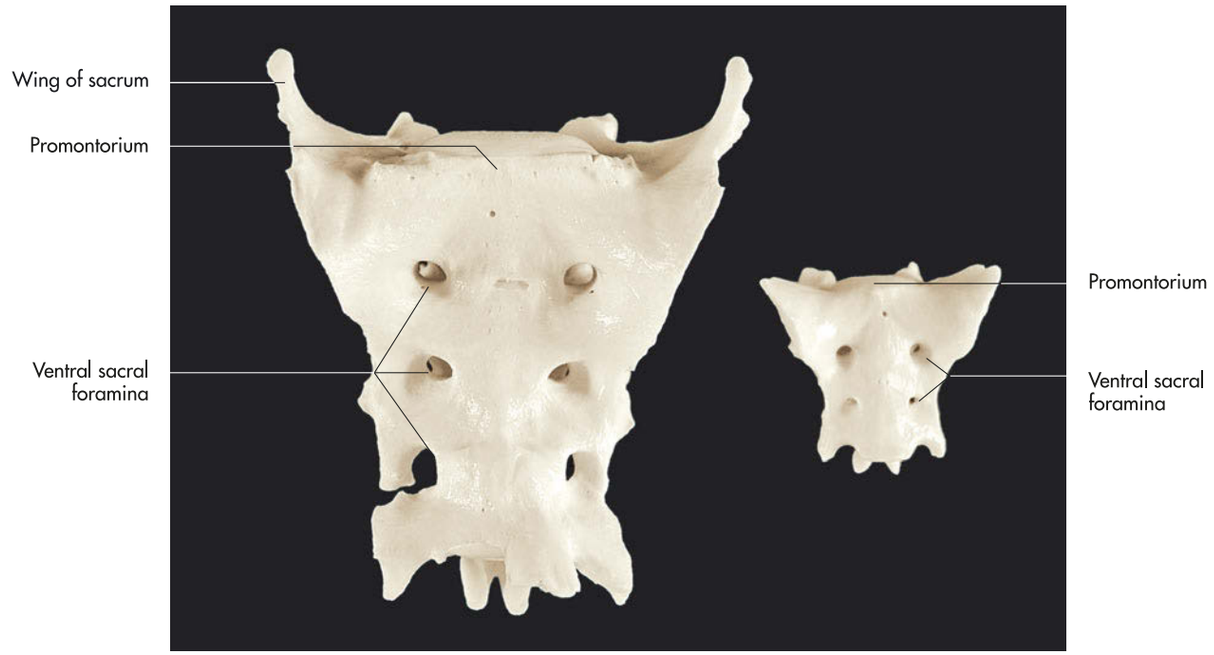


Fig. 2.72 Sacrum of a dog (left) and a cat (right), (ventral aspect).

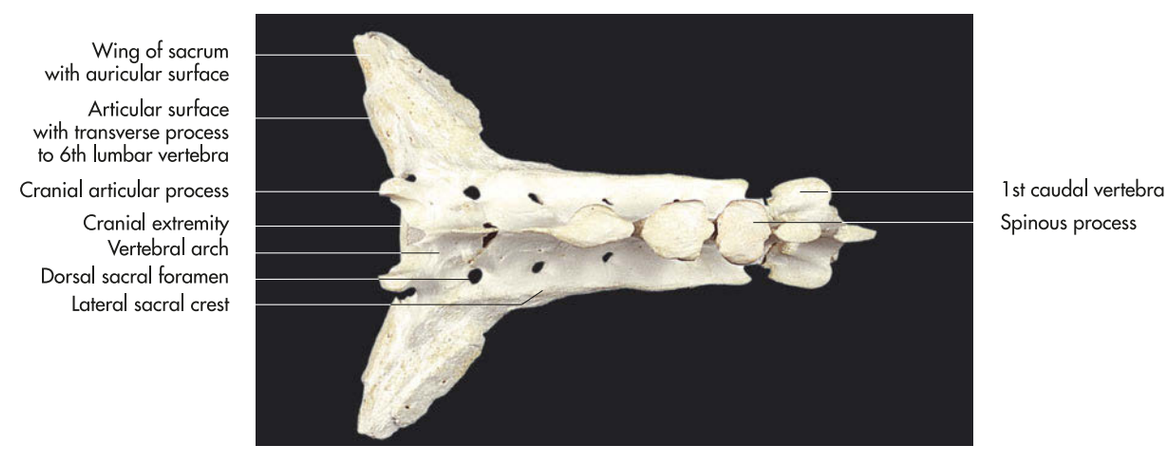


Fig. 2.73 Sacrum of a horse (dorsal aspect).



Fig. 2.74 Sacrum of a horse (lateral aspect).

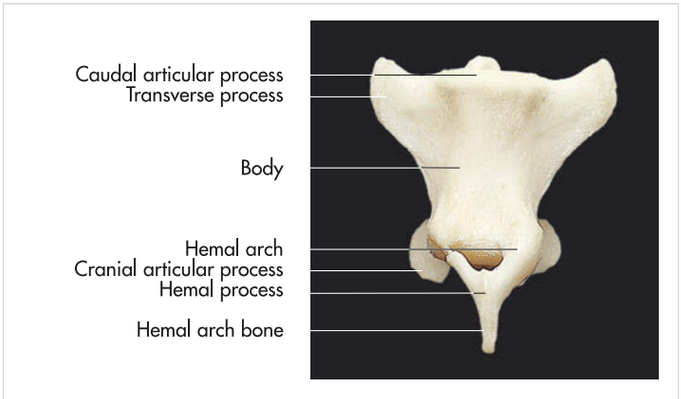


Fig. 2.75 Fourth caudal vertebra of a dog (ventral aspect).

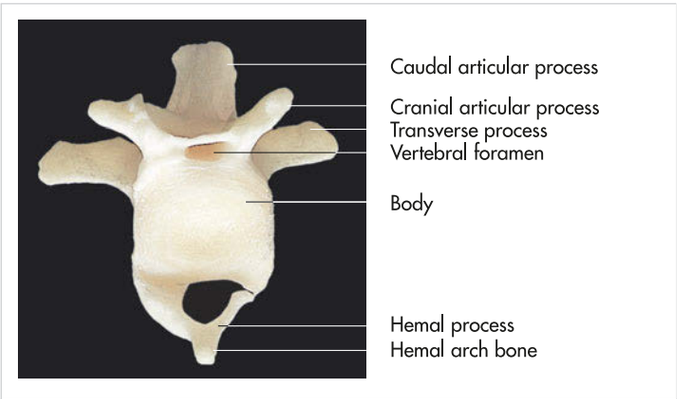


Fig. 2.76 Fifth caudal vertebra of a dog (cranial aspect).

wings in carnivores, pigs and small ruminants. On the dorsal surface of each wing is an oval area (facies auricularis), which is covered with cartilage, for the articulation with the wing of the ilium with which it forms a rigid joint. The dorsal margin of the sacral wing is roughened for the attachment of the sacroiliac ligaments (tuberositas sacralis).

The dorsal surface carries the caudally inclined **spinous processes**. These differ widely in the domestic species (▶ Fig. 2.69, ▶ Fig. 2.73 and ▶ Fig. 2.74). In carnivores and the horse, the free ends of the spinous processes remain separate, while their bases are fused. In ruminants the dorsal spines are fused to form the **median sacral crest** (crista sacralis mediana). In the pig the spinous processes are replaced by an indistinct crest. The **transverse processes** are united to form a **lateral sacral crest** (crista sacralis lateralis), which is distinct in the pig and horse, but insignificant in the other domestic mammals. An **intermediate sacral crest** (crista sacralis intermedia) is found in ruminants and represents the fused rudiments of the articular processes. In the other domestic mammals this crest is replaced by small tubercles. The nerves of the lumbosacral plexus leave the vertebral canal through the ventral and dorsal sacral foramina (foramina sacralia ventralia et dorsalia).

2.6.5 Caudal or coccygeal vertebrae (vertebrae caudales)

The **caudal vertebrae** gradually reduce in size from first to last. They also show a progressive simplification in their form by losing characteristic vertebral features, such as arches and processes. The last caudal vertebrae resemble cylindrical rods of diminishing size.

The cranial members of the caudal spine conform most typically to the common anatomical architecture of the representative vertebra, but the more caudal ones are gradually reduced to simple rods, by losing the characteristic features, notably the processes. In the horse the spinous processes of the second caudal vertebra is bifurcated and the arch of the third caudal vertebra is already incomplete, thus the vertebral canal is open dorsally. The transverse processes are reduced to small elevations and from the seventh caudal vertebra onwards all processes are missing, their former position only marked by small bony ridges.

For the protection of the caudal (coccygeal) vessels the ventral surface of a few caudal vertebrae (first to 8th caudal vertebra in ruminants, 5th to 15th caudal vertebra in carnivores) show paramedian processes, the **hemal processes** (processus hemales). These hemal processes form **ventral arches** (arcus hemalis) on certain caudal vertebrae (second and third in the ox, third to 8th in carnivores) (▶ Fig. 2.75 and ▶ Fig. 2.76). The interarcuate spaces between the sacrum and the first caudal vertebra and between the first few caudal vertebrae are widened and provide access to the vertebral canal.

2.7 Thoracic skeleton (skeleton thoracis)

The **thoracic skeleton** comprises the **thoracic vertebrae** (vertebrae thoracicae), the **ribs** (costae) and the **sternum** (▶ Fig. 2.60, ▶ Fig. 2.61, ▶ Fig. 2.62 and ▶ Fig. 2.77). The thorax encloses the **thoracic cavity** (cavum thoracis), which is accessible cranially through the cranial aperture or thoracic inlet between the first ribs (apertura thoracis cranialis). The caudal aperture (apertura thoracis caudalis) is framed on both sides by the costal arches. The thoracic wall is composed of the **costal arch** (arcus costalis), the **intercostal spaces** (spatia intercostalia) and the angle between the left and right costal arches (angulus arcuum costalium). The bony thorax is compressed laterally in its cranial part and widens caudally in herbivores, but is stouter and deeper ventrally in carnivores.

2.7.1 Ribs (costae)

The **ribs** form the skeleton of the lateral thoracic walls. They are arranged serially in pairs and are interspersed by the intercostal spaces. Each rib consists of a bony dorsal part, the **osseous part** (os costale) (▶ Fig. 2.77) and a cartilagenous ventral part, the **costal cartilage** (cartilago costalis) (▶ Fig. 2.83), which meet in the **costochondral junction**.

The dorsal parts of all ribs articulate with the thoracic vertebrae, while the costal cartilages differ in their articulation with the sternum (▶ Fig. 2.81, ▶ Fig. 2.82 and ▶ Fig. 2.83). The first seven to nine ribs articulate directly with the sternum and are therefore termed **sternal** or **"true ribs"** (costae verae seu sternales). The remaining caudal ribs articulate indirectly with the sternum by uniting with the cartilage of the rib in front to form the costal arch.

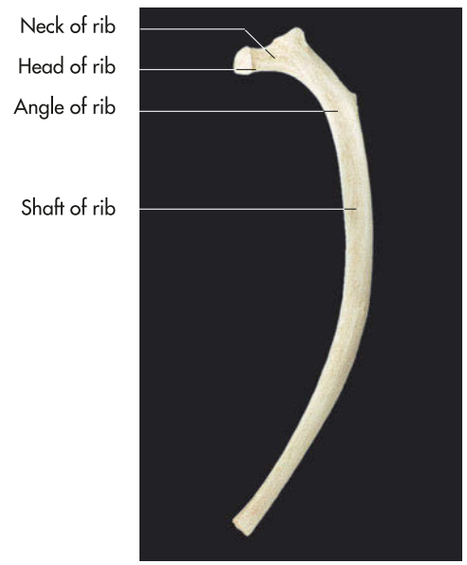


Fig. 2.77 Rib of a dog (caudal aspect).

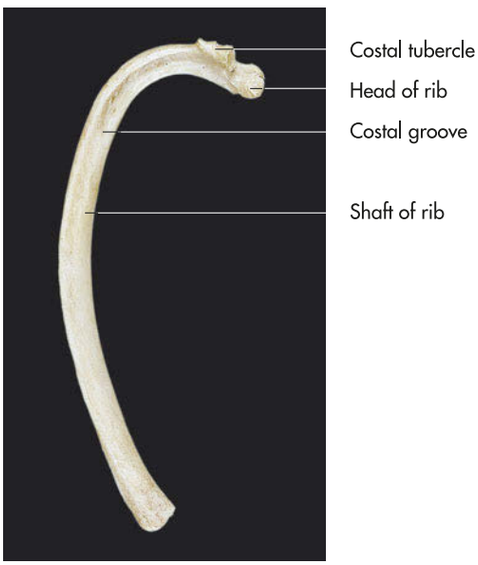


Fig. 2.78 Rib of a pig (caudal aspect).

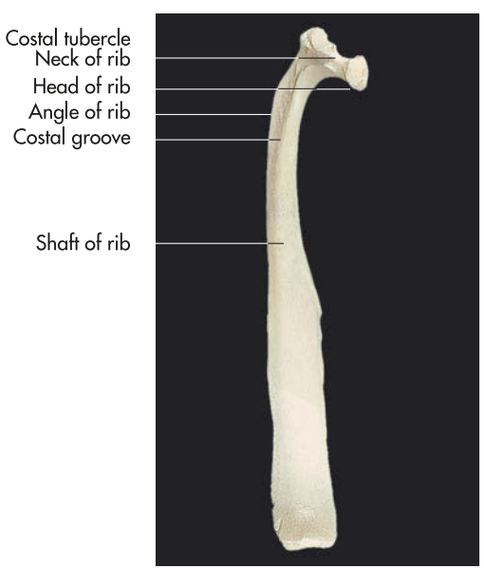


Fig. 2.79 Rib of an ox (caudal aspect).

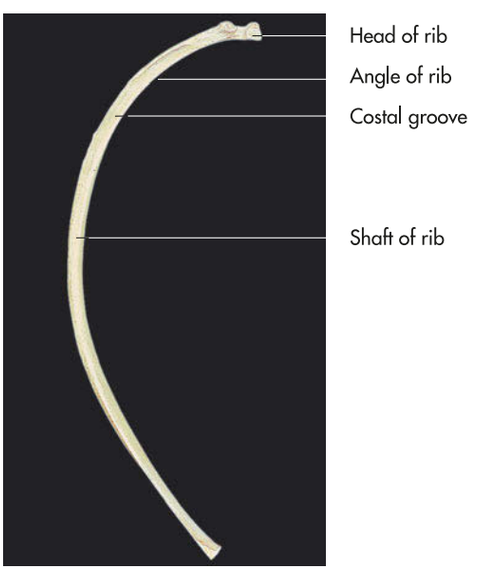


Fig. 2.80 Rib of a horse (caudal aspect).

These ribs are called **asternal** or **"false ribs"** (costae spuriae seu asternales). Ribs at the end of the series, whose cartilage ends free in the musculature without attachment to an adjacent cartilage are named **"floating ribs"** (costae fluctuantes). In the dog and cat the last pair of ribs are always floating.

The pair of ribs correspond in number to the thoracic vertebrae. Accordingly carnivores possess 12 to 14 pairs of ribs, the pig 13 to 16, ruminants 13 and the horse 18. The ratio of sternal to asternal ribs is 9:4 in carnivores, 7:7(8) in the pig, 8:5 in ruminants and 8:10 in the horse, but may vary with the number of the thoracic vertebrae.

All ribs share a common basic architecture (▶ Fig. 2.77, ▶ Fig. 2.78, ▶ Fig. 2.79 and ▶ Fig. 2.80) and consist of:

- head (caput costae) with its articulating surfaces (facies articulares capitis costae),
- neck (collum costae),
- tubercle (tuberculum costae) with its articulating surface (facies articularis tuberculi costae),
- body or shaft (corpus costae) and
- sternal extremity.

The vertebral extremity carries a rounded **head** (caput costae) that has a cranial and a caudal facet (facies articularis capitis costae) for the articulation with the socket, formed by the cranial and caudal costal fovea on the bodies of two adjacent vertebrae. The two articulating surfaces are separated by a groove for the attachment of the intraarticular ligament of the head of the rib. The head is joined to the costal body by a distinct **neck** (collum costae), which carries a **tubercle** (tuberculum costae) at the junction of the body. The costal tubercle bears a facet (facies articularis tuberculi costae) for articulation with the transverse process of the same vertebra. Since the necks of the ribs become gradually

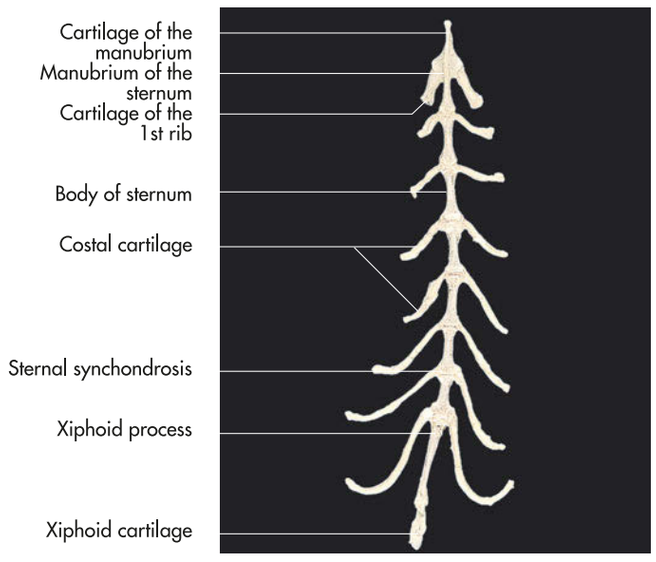


Fig. 2.81 Sternum of a cat (dorsal aspect).

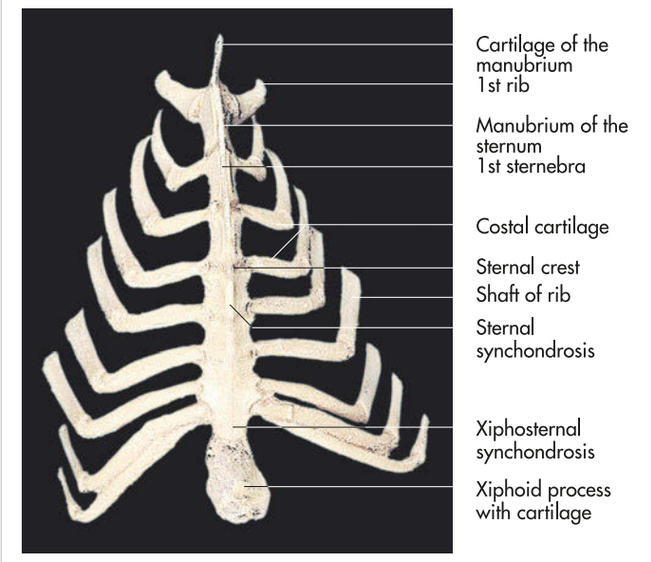


Fig. 2.82 Sternum of a horse (ventral aspect).

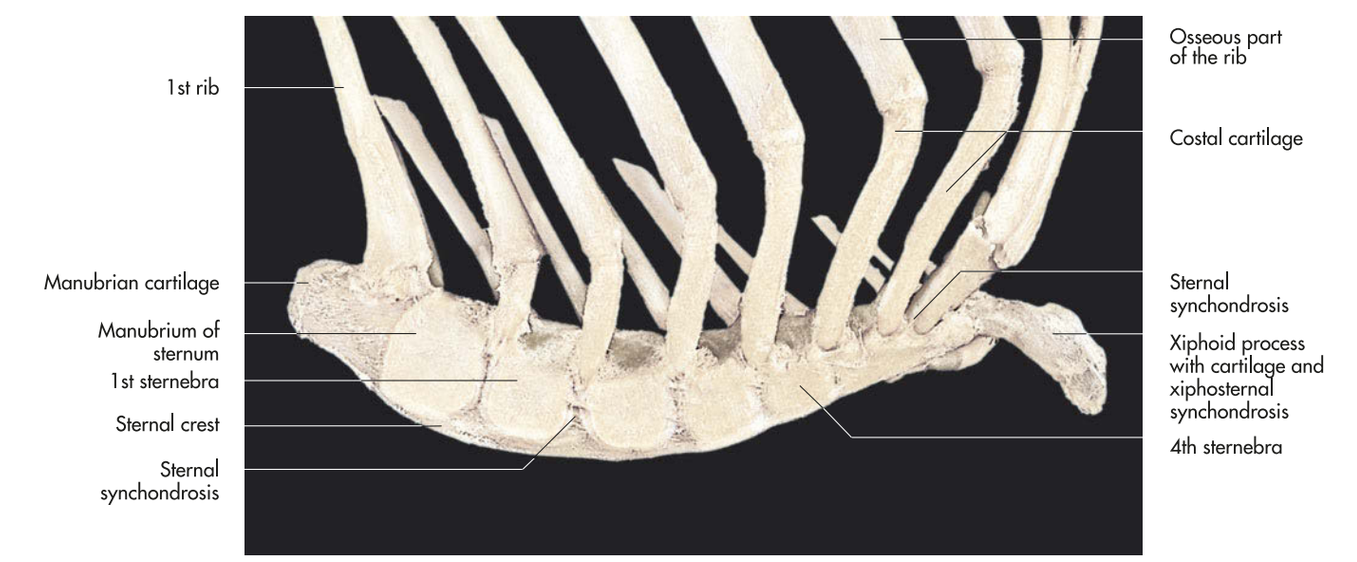


Fig. 2.83 Sternum of a horse (lateral aspect).

shorter caudally (except in the ox), the articular facets of the head and the tubercle grow closer until they become confluent. This results in an increased movability of the last few pairs of ribs. The **body** or **shaft** of the rib is distal to the costal tubercle (corpus costae). The region where the costal body is most strongly bent is termed the **costal angle** (angulus costae). Its surfaces and borders provide attachment to the muscles of the trunk, especially to the respiratory musculature. Its caudal margin is grooved (sulci costae) to give protection to the intercostal vessels and the spinal nerves.

The shape and size of the costal bodies vary greatly in the different species (▶ Fig. 2.77, ▶ Fig. 2.78, ▶ Fig. 2.79 and ▶ Fig. 2.80). The ribs of the dog are more curved than the ribs of the other domestic mammals. The length of the ribs gradually increases in the first 10 ribs to become progressively shorter caudal to it. The cranial surface is flattened, the caudal one rounded. In the pig the second to fourth costal bodies are conspicuously broad and flat, becoming more slender caudally. The costal cartilage of the first rib is very short and joins the corresponding cartilage of the other side to form a common articulating surface towards the sternum. The ribs of ruminants are flat with sharply defined margins and expand towards the sternum. The first six or eight ribs are the widest, the seventh to tenth ribs the longest. In the horse the curvature of the ribs increases up to the 11th rib. The ribs caudal to the 11th are less curved but show an increase in angulation. While the width gradually decreases from cranial to caudal, the thickness increases.

The distal end of the body unites with the **costal cartilage** (cartilago costalis) forming a **symphysis**, the costochondral junction. The ribs are steeply angled to the sternum at the level of the **costochondral junction** (genu costae) (▶ Fig. 2.81, ▶ Fig. 2.82 and ▶ Fig. 2.83). In carnivores this angle is formed only by the costal

cartilages. The cylindrical end of the costal cartilage of the sternal ribs articulate with the sternum. Each pair of ribs joins the sternum between successive sternal segments, with the exception of the first pair, which articulates with the first sternebra (manubrium sterni). The costal cartilages of the asternal ribs are attached to their neighbours by connective tissue to form the costal arch. The articulation of the costal arches of each side form an angle, into which the **xiphoid cartilage** projects.

2.7.2 Sternum

The **sternum** consists of an unpaired, segmental series of bones (sternebrae) which are joined together by the **intersternal cartilages** (synchondroses sternales). The individual segments fuse, with ossification of the intersternal cartilage in older animals (▶ Fig. 2.61, ▶ Fig. 2.62, ▶ Fig. 2.81, ▶ Fig. 2.82 and ▶ Fig. 2.83). The sternum can be divided into three parts:

- manubrium (manubrium sterni),
- body (corpus sterni) and
- xiphoid process (processus xiphoideus).

The **manubrium** constitutes the most cranial part of the sternum and projects in front of the second intercostal junction. Since the **clavicle** is rudimentary in all domestic mammals, the manubrium is poorly developed in all of these species. It carries the articular facets for the first pair of ribs and may be palpated at the root of the neck in some animals. Its cranial end is prolonged by **cartilage** (cartilago manubrii), which has the shape of a short, blunt cylinder in carnivores, while it is a long, dorsally convex and laterally compressed projection in the horse. In ruminants this cartilage is represented by a thin layer only or is missing altogether.

The **body of the sternum** (corpus sterni) is cylindrical in carnivores, wide and flat in ruminants, and carries a **ventral keel** in the horse (crista sterni) (▶ Fig. 2.81, ▶ Fig. 2.82 and ▶ Fig. 2.83). It is composed of four to six segments, depending on the species (dog 8–9, ruminant and horse 7[8], pig 6). It is a uniform cylinder in cats, but in the dog it is rectangular, being higher than it is wide. In ruminants and the pig it is dorsoventrally compressed, whereas in the horse it is laterally compressed and extended ventrally. The dorsolateral margin is marked by a series of notches (incisurae costales), which receive the costal cartilages of the sternal ribs for articulation. The more caudal of these depressions are situated closely together and may articulate with more than one costal cartilage at a time.

The **xiphoid process** (processus xiphoideus) is the last sternebra, which extends into a **cartilagenous process** (cartilago xiphoidea) caudally. It projects between the ventral parts of the costal arches (regio xiphoidea). While the xiphoid cartilage is broad and expanded in ruminants and horses, it is thin and narrow in the other domestic mammals. It supports the cranial part of the ventral abdominal wall and forms the attachment to the linea alba.

2.8 Joints of the skull and trunk (suturae capitis, articulationes columnae vertebralis et thoracis)

2.8.1 Joints of the skull (synchondroses cranii)

In young animals the bones of the skull are united by **cartilagenous junctions** (synchondroses), which ossify with advanced age to form **osseous sutures** (suturae capitis). Some of the articulations at the base of the skull remain cartilagenous and are therefore radiographically visible throughout life and are termed by the names of the bone which participate in their formation (e.g. synchondrosis spheno-occipitalis, synchondrosis sphenopetrosa, synchondrosis intersphenoidalis, synchondrosis petro-occipitalis). The majority of the junctions ossify, resulting in immobile articulations. In some canine breeds the frontal, parietal and occipital bones stay separated, forming permanent fontanelles. Apart from the above described sutures there are three other **joints of the head**:

- intermandibular joint (articulatio intermandibularis),
- temporohyoid joint (articulatio temporohyoidea) and
- temporomandibular joint (articulatio temporomandibularis).

The **intermandibular joint** is the median osseous junction, uniting the right and left mandibular bodies (sutura intermandibularis), which takes the form of a synostosis in the pig and horse. A small articular area remains cartilagenous, forming a synchondrosis.

The **temporohyoid joint** joins the suspensory part of the hyoid apparatus, which is composed of the epihyoid, stylohyoid and tympanohyoid to the base of the skull. The tympanohyoid articulates with the styloid process in ruminants and the horse, the mastoid process in carnivores and the nuchal process of the temporal bone in the pig, forming a syndesmosis or synchondrosis, respectively. The articulations between the individual parts of the hyoid apparatus are described earlier in this chapter.

The **temporomandibular joint** is the synovial joint between the mandibular ramus and the squamous part of the temporal bone. It is a condylar joint (articulatio condylaris), whose articulating surfaces do not entirely correspond to each other. To compensate for this incongruency a **fibrocartilagenous disc** (discus articularis) is interposed between the articulating surfaces. In the cat and in the dog this joint is nearly congruent.

The temporomandibular joint is formed by the **head of the condyloid process of the mandible** (caput mandibulae) and the **articular area of the temporal bone**, which consists of the **articular tubercle** rostrally, the **mandibular fossa** (fossa mandibularis) with its transverse articular surface in the middle and the **retroarticular process** (processus retroarticularis) caudally. The joint capsule extends from the free margins of the articular surfaces and attaches to the entire edge of the disc. Thus the joint cavitiy is completely divided into a larger dorsal and a smaller ventral compartment by the inner synovial layer (membrana synovialis) of the joint capsule. The outer fibrous layer of the joint capsule (membrana fibrosa) is strengthened by the tight **lateral** (ligamentum laterale) and the **caudal ligaments** (ligamentum caudale), which extend between the retroarticular process and

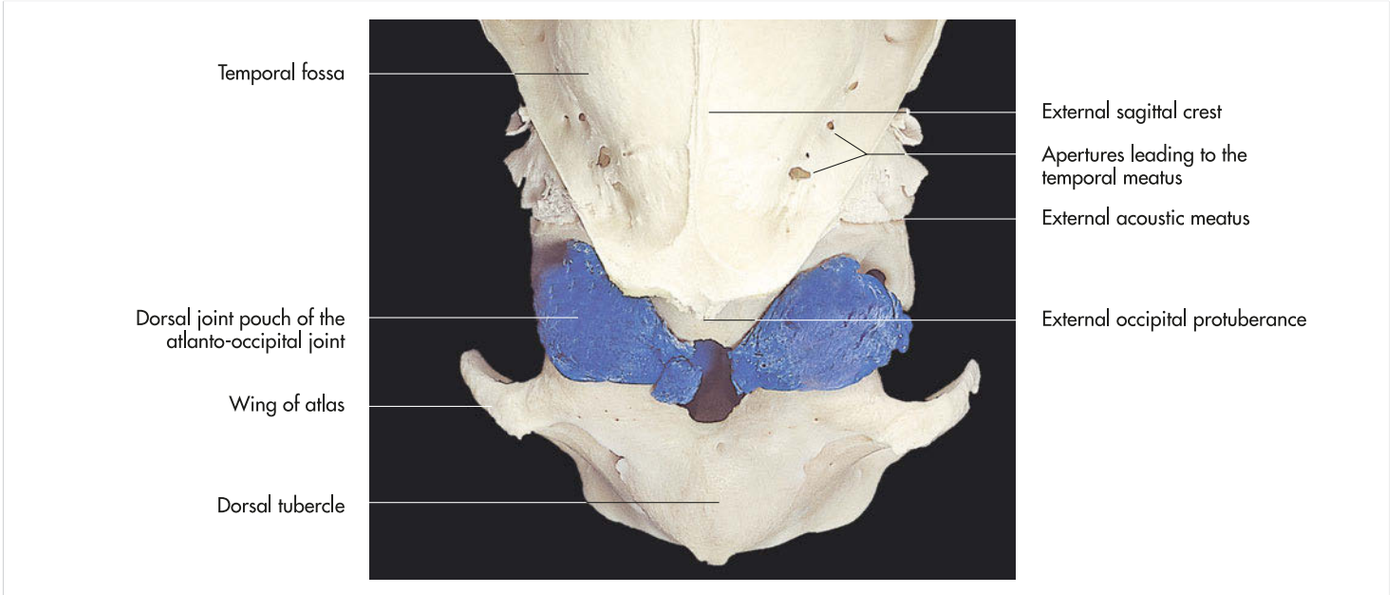


Fig. 2.84 Equine skull with acrylic cast of the atlanto-occipital joint (dorsal aspect).

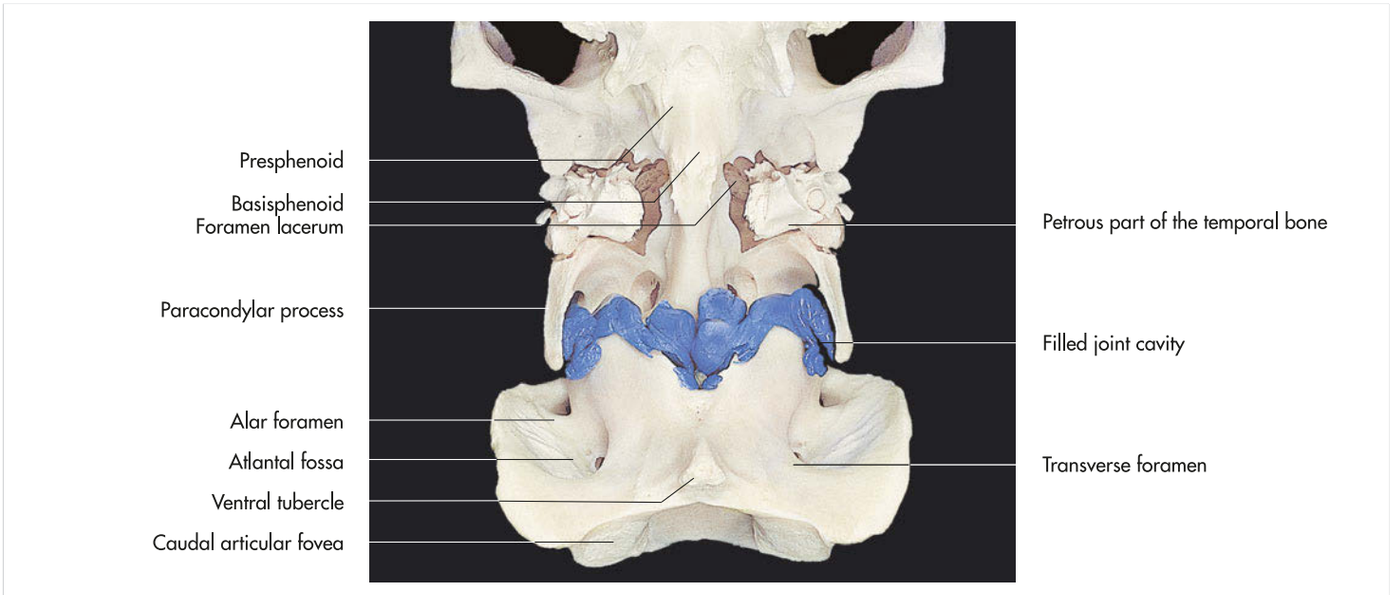


Fig. 2.85 Equine skull with acrylic cast of the atlanto-occipital joint (ventral aspect).

the base of the coronoid process. The caudal ligament is not present in carnivores and the pig. The main movements of the temporomandibular joint are up and down, to open and close the mouth. A limited degree of lateral grinding and forward and backward movements of the mandible are also possible. The species specific variations are based on the pattern of mastication and are influenced by the masticatory muscles.

2.8.2 Joints of the vertebral column, the thorax and the skull (articulationes columnae vertebralis, thoracis et cranii)

The articulations between the vertebrae, the thorax and the skull can be grouped into:

- **articulations between the skull and the vertebral column** with:
  - atlanto-occipital joint (articulatio atlanto-occipitalis) between the skull and the first cervical vertebra, and
  - atlantoaxial joint (articulatio atlantoaxialis) between the first and second cervical vertebra;

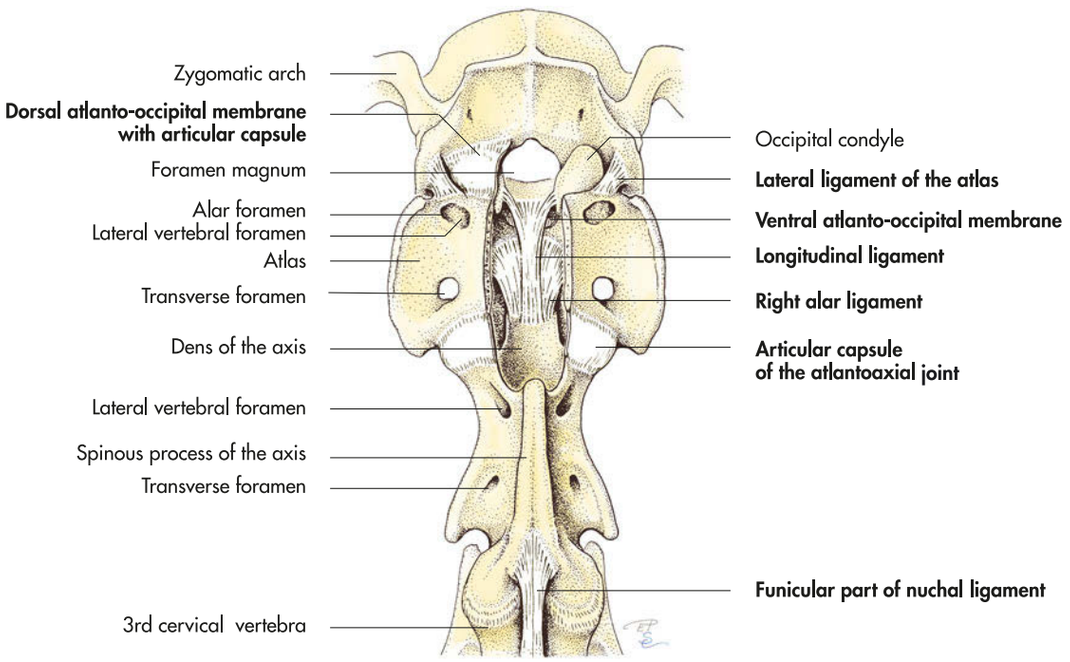


Fig. 2.86 Ligaments and joint capsule of the atlanto-occipital and atlantoaxial joints of the horse (schematic, dorsal aspect); fig. based on data from Ellenberger and Baum, 1943.

- **articulations between adjacent vertebrae** (symphysis intervertebralis),
- **articulations between the thoracic vertebrae and the ribs** (articulationes costovertebrales) with:
  - articulations between the head of the ribs with the appropriate vertebra (articulationes capitis costae), and
  - articulations between the tubercle of the ribs and the appropriate vertebra (articulationes costotransversaria);
- **articulations of the thorax** (articulationes thoracis) with:
  - articulations between the sternum and the costal cartilages (articulationes sternocostales),
  - articulations between the ribs and the costal cartilages (articulationes costochondrales),
  - articulations between the costal cartilages (articulationes intrachondrales) and
  - articulations between the individual sternebrae (synchondroses sternales).

The joints between the skull and the vertebral column are responsible for the movement of the head. They comprise the cranial **atlanto-occipital joint** between the occiput and the first cervical vertebra and the **atlantoaxial joint** between the first and the second cervical vertebra (▶ Fig. 2.86). The movements of these two joints have to be considered together, since they form a functional unit between the skull and the rest of the vertebral column.

The **atlanto-occipital joint** is composed of **two ellipsoidal joints** (articulationes ellipsoideae) formed between the **occipital condyles** (condyli occipitales) and the **corresponding concavities of the atlas** (foveae articulares craniales) (▶ Fig. 2.84 and ▶ Fig. 2.85). Each joint has its own joint capsule (capsula articularis), which attaches around the articular surfaces. The two joint cavities remain separated dorsally, but communicate ventrally in carnivores and ruminants and in the aged pig and horse. In carnivores the atlanto-occipital joint shares a common joint cavity with the atlantoaxial joint.

Several ligaments (ligamenta articularia) support this joint functionally: **lateral ligaments** bridge the joint space between the medial aspect of the paracondylar processes of the occiput and the root of the **wing of the atlas** (alae atlantis). The dorsal and ventral sides of the joint capsule are reinforced by individual, expansive sheets of fibrous tissue, the dorsal and ventral atlanto-occipital membranes (membranae atlanto-occipitalis dorsalis et ventralis). They cover the extensive joint space between the occiput and the atlas (spatium atlanto-occipitale).

The shape of the articular surface restricts movement between the atlas and the skull to flexion and extension in the sagittal plane only.

The **atlantoaxial joint** is a **trochoid** or **pivot joint** (articulatio trochoidea) formed by the **dens of the axis** and the corresponding **cavity** (fovea dentis) of the atlas (▶ Fig. 2.86). The articulating surface is enlarged by the **caudal articular facets** (foveae articulares caudales) of the atlas and the **cranial articular facets of the axis** (foveae articulares craniales). All articulations are enclosed in a common joint capsule, thus forming a single synovial cavity. The peculiar anatomy of the articular surfaces allows rotational

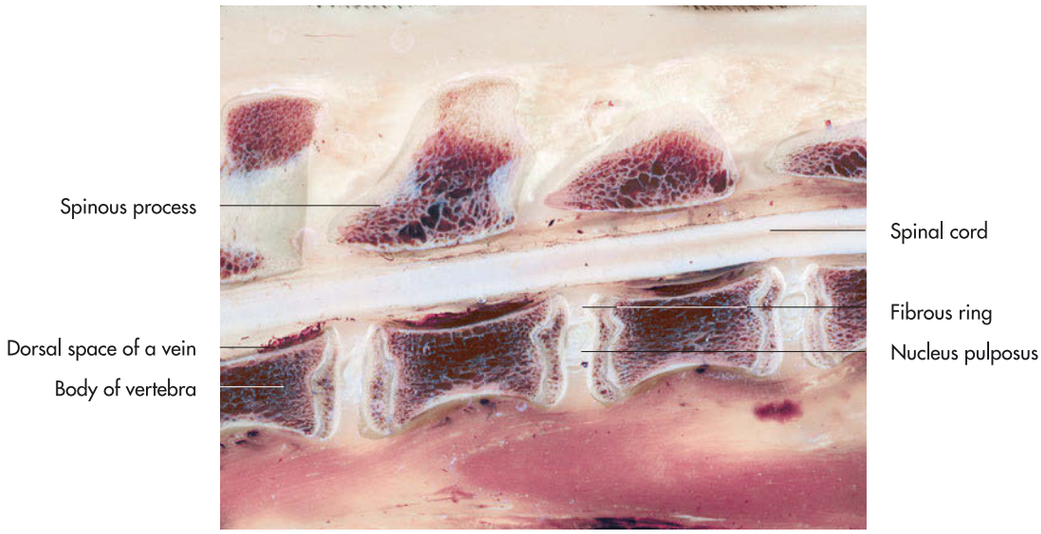


Fig. 2.87 Lumbar intervertebral discs of a dog (median section).

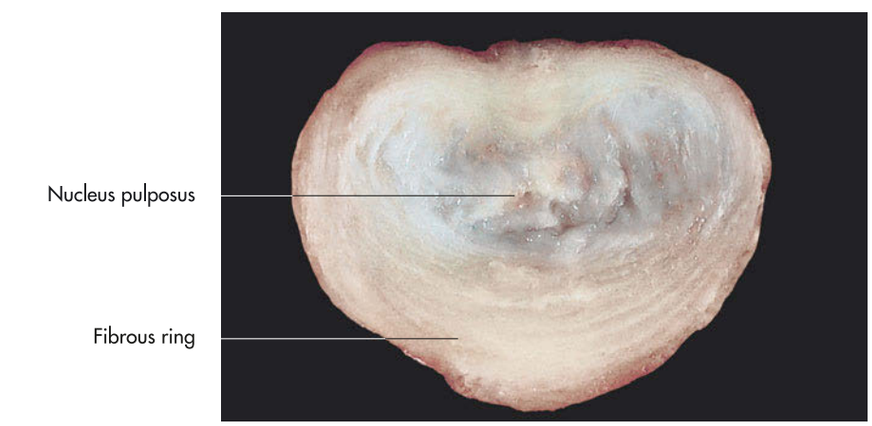


Fig. 2.88 Lumbar intervertebral disc of a dog (transverse section).

movements along the longitudinal axis of the dens. Ligaments brace the joint in a species-specific way.

The joint capsule is strengthened externally by the **dorsal atlantoaxial membrane** (membrana atlantoaxialis dorsalis) extending between the vertebral arches of the first and second cervical vertebra. The **elastic dorsal axial ligament** (ligamentum atlantoaxiale dorsale) extends between the dorsal tubercle of the atlas and the spinous processes of the axis. The dens of the axis is secured by additional ligaments (ligamenta alaria), which arise from the dens and attach to the inner surface of the ventral arch of the atlas in ruminants and the horse, to the medial surface of the condyles in carnivores and to the rim of the foramen magnum in the pig.

In ruminants and the horse, the joint capsule is reinforced ventrally by the **ventral atlantoaxial ligament** (ligamentum atlantoaxiale ventrale), extending between the ventral tubercle of the atlas and the ventral spine of the axis. In the same domestic species the vertebral canal contains the longitudinal ligaments which fan out from the dorsal surface of the dens to insert on the basilar part of the occiput and the occipital condyles.

In pigs and carnivores the **transverse ligament of the atlas** (ligamentum transversum atlantis) straps the dens to the atlas. This prevents undue movement of the dens in relation to the vertebral canal and at the same time protects the medulla oblongata from fatal mechanical insults.

2.8.3 Intervertebral articulations (articulationes columnae vertebralis)

The **vertebral column** with its multicomposite structure (soft tissue, cartilagenous and osseous tissue) has to fulfil a variety of functions. Two adjacent vertebrae with the interposed cartilagenous disc, the articulations between them and the bracing ligaments form a **functional unit** which is responsible for conveying the thrust from the limbs to the body during locomotion. These functional units are complemented by the nerves and blood vessels leaving the vertebral canal through the intervertebral foramina and the covering muscles of the cervical, thoracic, lumbar and sacral regions. The **intervertebral articulations** (articulationes columnae vertebralis) combine symphyses between the

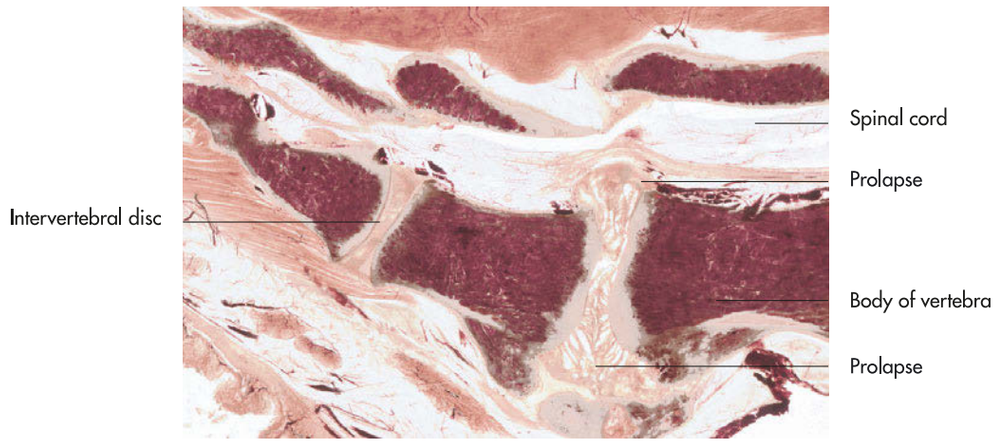


Fig. 2.89 Prolapse of a lumbar intervertebral disc of a dog (median section, E-12 slice plastination). (source: courtesy of Prof. Dr. R. Latorre, Murcia, Espania)



Fig. 2.90 Nuchal and supraspinous ligament of a dog (lateral aspect).

vertebral bodies (symphyses intervertebrales) and synovial joints between the articular surfaces (articulationes processuum articularium). The **cranial** and **caudal extremities** (extremitates craniales et caudales) of two adjacent vertebrae are connected by **intervertebral discs** (disci intervertebrales) (▶ Fig. 2.87 and ▶ Fig. 2.88). The articulations between the cranial and caudal articular facets of the vertebrae are **plane joints** (articulationes planae). The individual vertebrae are linked together by short and long ligaments as well as the continuous nuchal ligament, except in cats and pigs, and the supraspinous ligament in all species. These ligaments are described in detail later.

The form and length of the intervertebral discs make an appreciable contribution to the structure and shape of the whole column. The thickness of the discs decreases throughout the thoracic and lumbar region to reach their minimum thickness within the lumbar column. The cervical intervertebral discs are thinner dorsally than ventrally.

Each intervertebral disc consists of two parts, the **nucleus pulposus** and the **fibrous ring** (anulus fibrosus) (▶ Fig. 2.87 and ▶ Fig. 2.88). The latter is covered by fibrous tissue. While juvenile intervertebral discs are supplied by blood vessels, these vessels degenerate in later life and the discs are nourished by diffusion from adjacent tissues (bradytrophic tissue). The encircling fibre bundles of the fibrous ring pass obliquely from one vertebra to the other, merging with the cartilage that cover the vertebral extremities (synchondrosis).

The fibers are arranged in several spiral layers (laminae) orientating around the longitudinal axis of the vertebrae and change their orientation between successive laminae. This anatomical arrangement results in stability of the intervertebral disc and a reduced mobility between adjacent vertebrae.

The mean thickness of the discs of the equine thoracic vertebrae measures between 2 to 3 mm, with the exception of the disc between the first and second thoracic vertebrae, which is double in thickness than the successive vertebrae. The nucleus pulposus is situated in the functional centre of the axis of the vertebral column. It is maintained under pressure and spreads the compressive forces to which the vertebral column is subjected over a

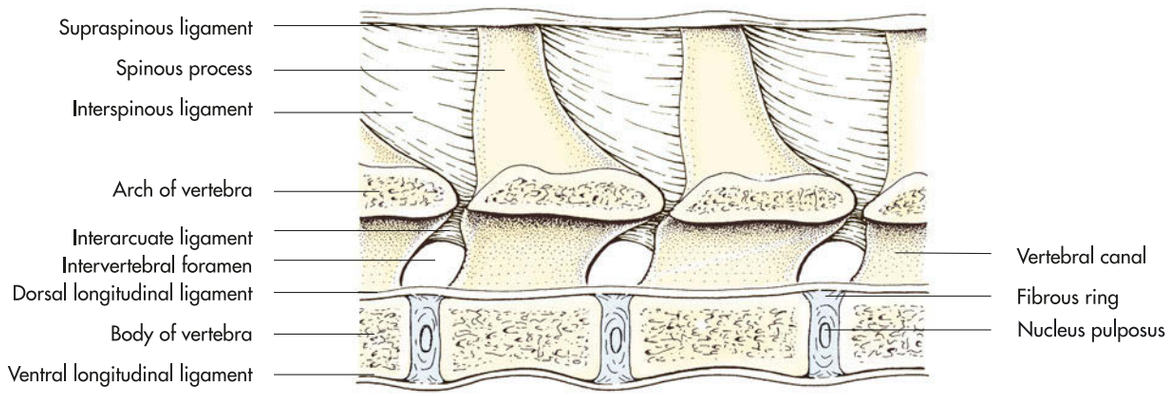


Fig. 2.91 Long and short ligaments of the lumbar spine (schematic, paramedian section); fig. based on data from Ghetie, 1954.

wider part of the vertebra. This results in a tensioning of the surrounding fibrous ring and the ventral and dorsal ligaments.

The thickness of the intervertebral disc is largely responsible for the flexibility of the spine. With advancing age, however, the discs tend to show degenerative changes. Most commonly the nucleus pulposus, which itself is under continous pressure, presses against the weakened fibrous ring, resulting in protrusion or herniation of the disc towards the vertebral canal (▶ Fig. 2.89). If the fibrous ring fragments, then the nucleus pulposus prolapses into the vertebral canal, where it may impinge upon the spinal cord or compress nerves and blood vessels.

Ligaments of the vertebral column

The ligaments of the vertebral column can be grouped into short ligaments, bridging successive vertebrae and long ligaments spanning several vertebrae forming functional units (▶ Fig. 2.90, ▶ Fig. 2.91, ▶ Fig. 2.92, ▶ Fig. 2.93, ▶ Fig. 2.94 and ▶ Fig. 2.95).

The **nuchal ligament** supports much of the weight of the head when the head is held high, thus relieving load from the head and neck musculature. The powerful development of this ligament and the nuchal musculature has induced an enlargement of the spinous processes of the thoracic vertebrae to which they attach. It arises from the axis in the dog and from the occiput in ruminants and the horse and continues caudally as the **supraspinous ligament** (ligamentum supraspinale) (▶ Fig. 2.92 and ▶ Fig. 2.93). The nuchal ligament is not present in the cat or the pig; however, these species do possess a supraspinous ligament.

The **nuchal ligament** (ligamentum nuchae) can be subdivided into:

Short ligaments:

- **Interarcuate ligaments** (ligamenta flava) are elastic sheets filling the interarcuate spaces. They help to support the weight of the trunk and the rump musculature and assist the back musculature.
- **Intertransverse ligaments** (ligamenta intertransversaria) extend between the transverse processes of the lumbar vertebrae and are tensed during lateral flexion and rotation.
- **Interspinous ligaments** (ligamenta interspinalia) extend between the spinous processes of the vertebrae. These are elastic ligaments in the cranial part of the equine spine and the caudal part of the bovine spine, but are muscular in the thoracic and lumbar spine of carnivores. They prevent the vertebrae from sliding dorsally and at the same time limit ventral flexion of the spine.

Long ligaments:

- **Dorsal longitudinal ligament** (ligamentum longitudinale dorsale) passes along the floor of the vertebral canal from the dens of the axis to the sacrum and is attached to each of the intervertebral discs.
- **Ventral longitudinal ligament** (ligamentum longitudinale ventrale) follows the ventral aspect of the vertebrae from the eighth thoracic vertebra to the sacrum and attaches to each of the intervertebral discs.
- **Nuchal funiculus** (funiculus nuchae);
- **Nuchal lamina** (lamina nuchae) and
- **Supraspinous ligament** (ligamentum supraspinale).

In the dog the nuchal ligament is represented by the paired **funiculus nuchae**, which arises from the caudal aspect of the spinal process of the axis and inserts to the spinous process of the first thoracic vertebra from which it continues caudally as the supraspinous ligament. The supraspinous ligament attaches to the free ends of the spinal processes of the vertebrae up to the third sacral vertebra.

In ruminants the nuchal ligament consists of **two parts**, the cord-like **nuchal funiculus** and the **nuchal lamina**. The paired funiculus originates from the external occipital protuberances and fans out caudal to the axis to form a paired plate, which attaches to both sides of the spinous processes of the cranial thoracic vertebrae, thus forming the base of the withers. It continues caudally as the supraspinous ligament. The paired cranial part of the nuchal lamina arises from the spinous processes of the second to fourth cervical vertebrae and radiates into the nuchal funiculus ventrally. The caudal part is unpaired and extends from the spi-

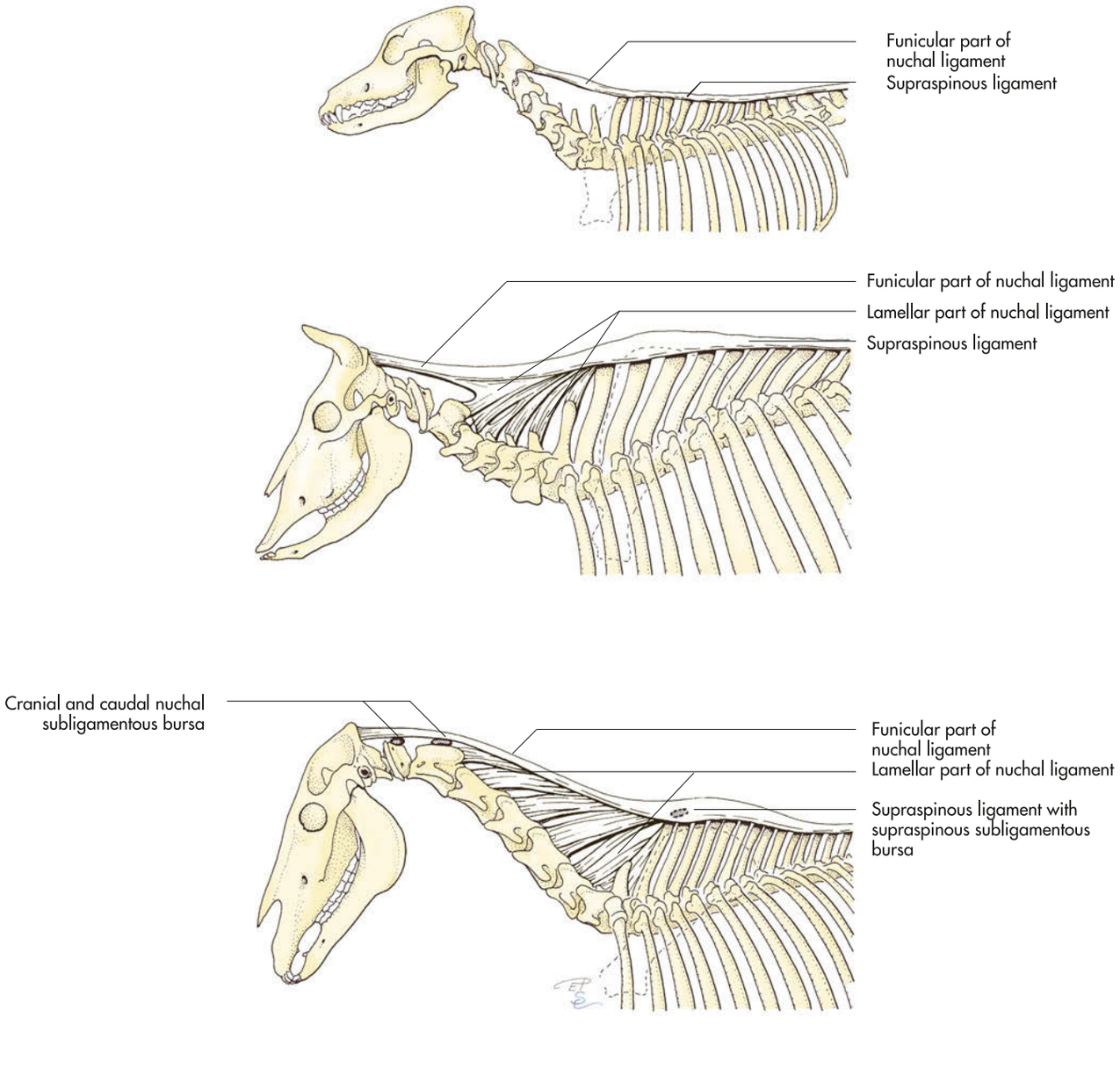


Fig. 2.92 Nuchal and supraspinous ligament of the dog, ox and horse (schematic, lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

nous processes of the fifth to seventh cervical vertebrae under the nuchal funiculus to the spinous process of the first thoracic vertebra.

In the horse the nuchal ligament consists of a **nuchal funiculus** and a **lamellar part**, both of which are paired (▶ Fig. 2.92, ▶ Fig. 2.94 and ▶ Fig. 2.95). The nuchal funiculus arises from the external occipital protuberance, receives the nuchal lamina at the level of the third cervical vertebra and inserts to the spinous process of the fourth thoracic vertebra. It broadens in the withers region and continues caudally as the supraspinous ligament to the sacrum.

The **nuchal lamina** originates from the spinous process of the axis, the dorsal tubercle of the successive cervical vertebrae and the spinous process of the last cervical vertebra. It radiates caudally into the nuchal funiculus to finally end on the spinous process of the first thoracic vertebra.

A bursa is interposed between the nuchal ligament and the second or third thoracic vertebra, the **supraspinous bursa** (bursa subligamentosa supraspinalis). It can be located in the live animal on a vertical line above the tuber of the spine of the scapula. Additional bursae may be found in some horses between the nuchal ligament and the atlas (bursa subligamentosa nuchalis cranialis) or the axis (bursa subligamentosa nuchalis caudalis) (▶ Fig. 2.92).

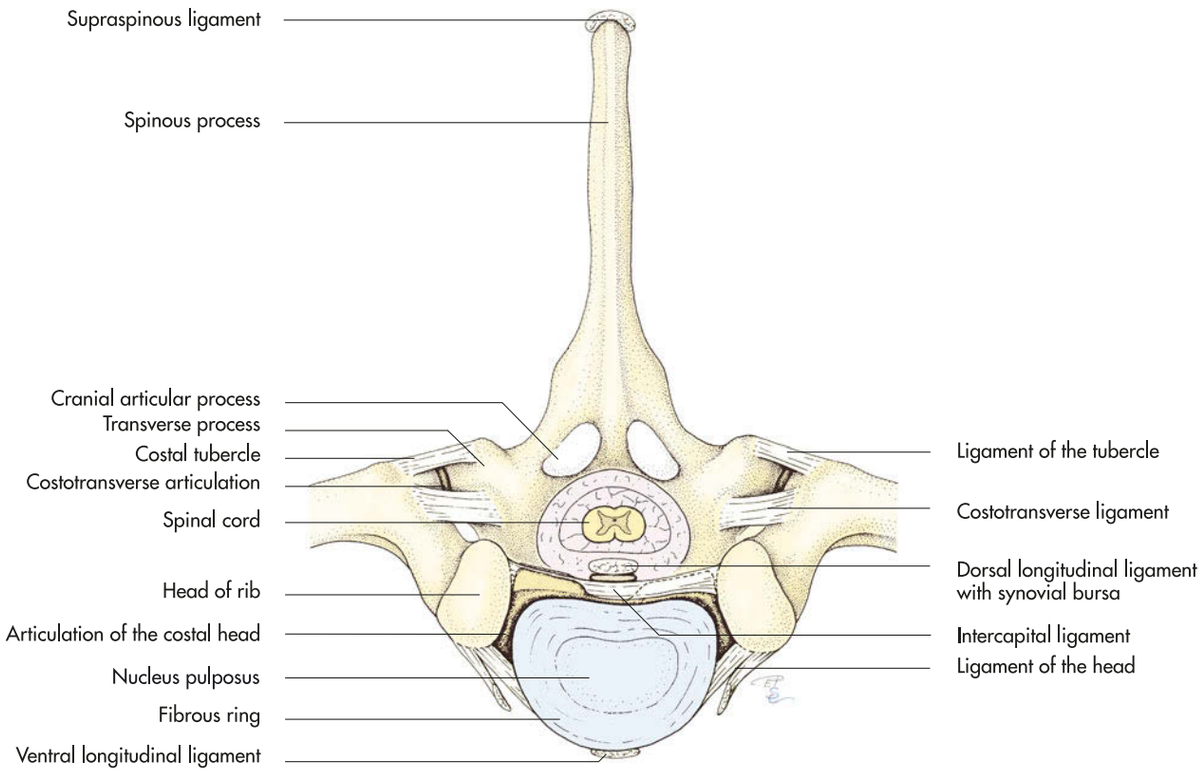


Fig. 2.93 Ligaments of the costovertebral joints of the horse (schematic, cranial aspect). (source: courtesy of Prof. Dr. Sabine Breit and Prof. Dr. W. Künzel, Vienna)

2.8.4 Articulations of the ribs with the vertebral column (articulationes costovertebrales)

Most ribs have two articulations with the corresponding vertebrae, both of which act as hinge joints. These joints assist in expanding and narrowing of the thorax. The closer these joints are together, the greater the mobility, with the highest mobility achieved in the caudal ribs.

The **costovertebral joint** (articulatio capitis costae) is a spheroidal joint, where the two articular surfaces of the head of the rib articulate with the socket formed by two articular facets of two adjacent thoracic vertebrae (the socket for the first rib is formed by the last cervical and the first thoracic vertebra) (▶ Fig. 2.93). The intervertebral disc articulates with the interarticular groove of the costal head. Each articulation has its own joint capsule, which is reinforced by **ligamentous fibers** (ligamentum capitis costae radiatum), forming two separate joint cavities (▶ Fig. 2.93). The **intercapital ligament** (ligamentum intercapitale) runs from the head of one rib, over the dorsal part of the disc, but under the dorsal longitudinal ligament to the head of the opposite rib. It is considered to play an important role in the pathogenesis of disc prolapses. The ligament connecting the most caudal ribs is smaller than the others and it is not as well developed in chondrodystrophic breeds. This is thought to account for the higher incidence of disc problems in those breeds. The ligament is joined to the intervertebral disc by a synovial membrane. A bursa is interposed between the intercapital ligament and the overlying dorsal longitudinal ligament.

The **costotransverse joint** (articulatio costotransversaria) is a sliding joint formed by the articular surfaces of the costal tubercle and the transverse process of the corresponding vertebra.

2.8.5 Joints of the thoracic wall (articulationes thoracis)

The **costochondral joints** (articulationes costochondrales) are the articulations between the ribs and the costal cartilages. These are symphyses in carnivores and the horse, but firm joints in pigs and ruminants. While the cranial costal cartilages are joined directly to the sternum, forming the **sternocostal joints** (articulationes sternocostales), the costal cartilages of the asternal ribs are joined together by elastic soft tissue forming the **costal arch** (arcus costalis).

The **sternocostal joints** (articulationes sternocostales) are condylar joints, functioning as hinge joints. They are formed by the condylar sternal extremity of the sternal costal cartilage and the matching articular cavities of the sternum. In the pig and the horse, the first rib of both sides have a common articular cavity on the manubrium of the sternum, whereas the articular surfaces (incisurae costales) of the other sternal ribs are placed laterally at the junction of the sternebrae, enclosed in tight joint capsules.

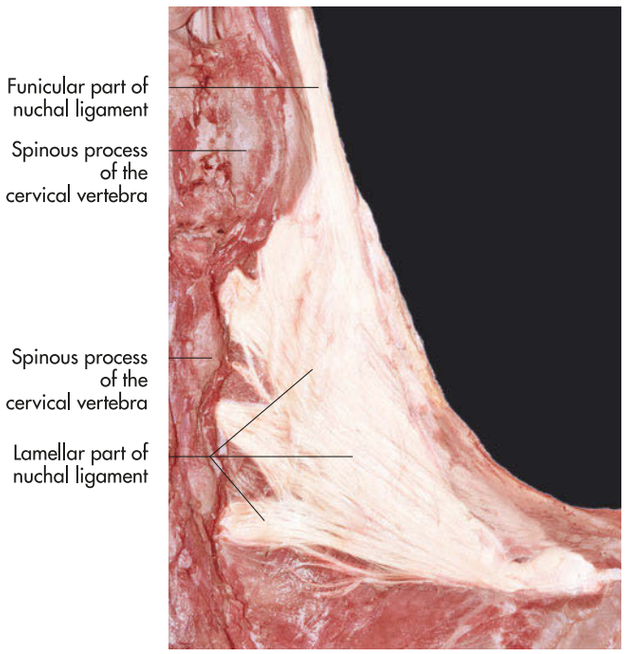


Fig. 2.94 Sagittal section of the nuchal ligament of a horse (lateral aspect). (source: courtesy of Prof. Dr. W. Pérez, Uruguay)

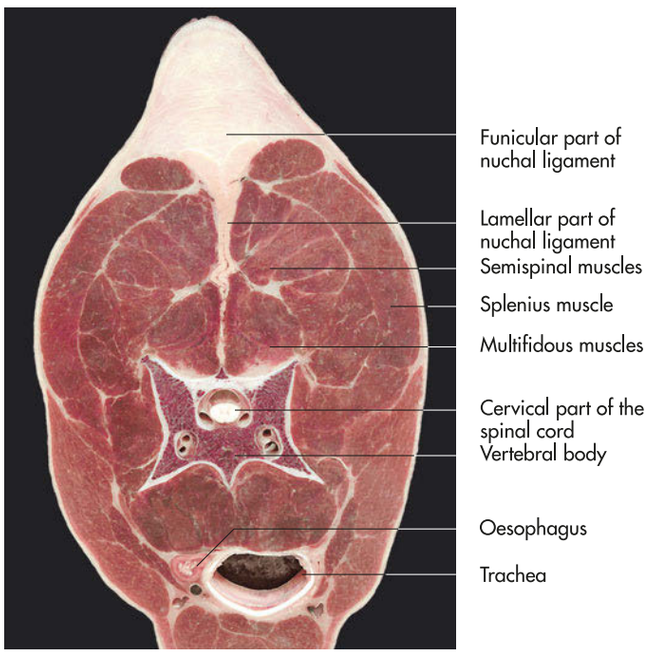


Fig. 2.95 Transverse section of the neck with the nuchal ligament of a horse (caudal aspect).

In juvenile subjects the individual sternebrae are joined together by the **intersternebral cartilages** (synchondroses sternales), which ossify later in life. The sternal cartilagenous joints comprise the intersternal synchondroses, the manubriosternal synchondrosis and the xiphosternal synchondrosis. In ruminants and the pig, the manubrium is joined to the body of the sternum by a synovial joint (articulatio synovialis manubriosternalis). The **sternal ligament** (ligamentum sterni) lies on the dorsal surface of the sternum. It arises caudal to the first pair of ribs and broadens caudally to insert to the xiphoid cartilage in ruminants and the pig. In the horse, it divides into three branches, which insert to the last sternal ribs and to the xiphoid cartilage. It is absent in some carnivores.

2.9 The vertebral column as a whole

The mobility of the vertebral column varies with the region. It is most free in the cervical spine, where the articular surfaces are large and orientated horizontally and the joint capsules are loose, which allows a larger degree of lateral, ventral, dorsal and rotational movements. In the thoracic and lumbar regions of the spine, mobility decreases from cranial to caudal. While in the cranial thoracic region rotation is possible, in the caudal region movement is more or less restricted to dorsal and ventral flexion (kyphosis and lordosis). A limited degree of lateral movement is still possible due to the intertransverse articulations of the lumbar vertebrae in the horse.

The **lumbosacral joint** (articulatio lumbosacralis) is formed by the last lumbar vertebra and the sacrum complemented by the intervertebral disc and supported by the iliolumbar ligament.

The processes of the individual sacral vertebrae are much reduced and their bodies and the intervertebral discs are firmly fused to form a single bone, the sacrum, which transmits the thrust of the hindlimbs to the rump more efficiently. The caudal spine is mobile and the single vertebrae are joined together by intervertebral discs.

3 Fasciae and muscles of the head, neck and trunk

H.-G. Liebich, J. Maierl and H. E. König

3.1 Fasciae

The head and trunk are enclosed by extensive sheets of connective tissue. These sheets of fasciae are interposed between the deeper structures and the skin or they cover and pass between the muscles. They form attachments for muscles and also facilitate movement of muscles across each other. Many of the deeper structures are also surrounded by fasciae, like the oesophagus, the trachea or the salivary glands. They also encase cutaneous muscles (mm. cutanei) and provide routes for the passage of blood vessels, lymphatics and nerves.

In general, the fascial system comprises a superficial and a deep layer. They are further subdivided according to their location:

- **superficial fasciae of the head, neck and trunk** with:
  - superficial fascia of the head (fascia capitis superficialis),
  - superficial fascia of the neck (fascia cervicalis superficialis) and
  - superficial fascia of the trunk (fascia trunci superficialis);
- **deep fasciae of the head, neck and trunk** with:
  - deep fascia of the head (fascia capitis profunda),
  - deep fascia of the neck (fascia cervicalis profunda),
  - deep fascia of the trunk (fascia trunci profunda),
  - thoracolumbar fascia (fascia thoracolumbalis) and
  - spinocostotransversal fascia (fascia spinocostotransversalis) and
- **deep fascia of the tail** (fascia caudae profunda).

3.1.1 Superficial fasciae of the head, neck and trunk

The **superficial fascia of the head** forms a mask-like covering over the whole head and continues on the neck like a cylinder. It lies directly beneath the skin and can be manually displaced in carnivores, whereas in ruminants and the horse it is adherent to the facial bones, where it is fused with the skin in the region of the nasal and frontal bones. It covers the parotid salivary gland, the masseter muscle (m. masseter) and the temporal muscle (m. temporalis). It encloses the cutaneous muscles of the head and parts of the auricular muscles. Rostrally it blends with the muscles of the cheek and nose, ventrally it covers the mandibular and laryngeal region.

The **superficial fascia of the neck** forms two layers. The **superficial** layer covers the superficial muscles of the neck (cervical part of the cutaneous muscle, brachiocephalic muscle, trapezius muscle), the **deep** layer covers the thoracic portions of the ventral serrated muscle and the splenius muscle and also encloses the **common carotid artery** (a. carotis communis). The fascia inserts in the nuchal ligament dorsally and continues caudally as the fasciae of the shoulder and trunk.

The **superficial fascia of the trunk** is very extensive and includes the cutaneous muscle of the trunk (m. cutaneus trunci). In the thoracic and lumbar regions it radiates into the thoracolumbar fascia. In ruminants and the horse it attaches to the dorsal spinous processes of the vertebrae. In carnivores it unites dorsally with the fascia of the opposite side, where in well-nourished animals large subfascial fat deposits can be found. Ventrally it blends with the musculature of the thorax and the linea alba and continues distally as the fascia of the thoracic and pelvic limbs.

3.1.2 Deep fasciae of the head, neck and trunk

The **deep fascia of the head** extends over the major part of the mandible, partly fused to the superficial fascia, as the **buccopharyngeal fascia** (fascia buccopharyngealis). A deep layer attached to the buccal wall and a more superficial layer passes under the masseter muscle and over the facial musculature to insert on the facial crest. Some muscles are ensheathed individually by the deep fascia of the head, such as the buccinator muscle (m. buccinator) and the canine muscle (m. caninus). Caudally it becomes the **temporal fascia** (fascia temporalis), which covers the temporal muscle and attaches to the orbita and the zygomatic arch and the **pharyngobasilar fascia** (fascia pharyngobasilaris), which extends between the pterygoid, the dorsal border of the mandible and the hyoid apparatus. In the region of the dorsum of the nose the deep and superficial fascia of the head are united, and in carnivores the deep fascia fuses with the periosteum of the external surface of the parietal bone. The deep fascia of the head always lies beneath the large superficial blood vessels.

The **deep fascia of the neck** is two-layered. The superficial layer attaches to the wing of the atlas, the long muscle of the head (m. longus capitis) and scalene muscle (m. scalenus). Passing ventrally it encloses the oesophagus, the recurrent laryngeal nerve, the vagosympathetic trunk and the common carotid artery. It attaches to the hyoid apparatus and the pharyngobasilaris fascia cranially, the first ribs and the sternum caudally. The deep layer originates from the intertransversal muscles and encloses the long muscles of the neck. In the horse it detaches a septum between the guttural pouches.

The **deep fascia of the trunk** is relatively strong and in most parts enforced by tendinous tissue. Many muscles of the trunk arise from this fascia by means of an aponeurosis. The portion covering the thoracic and lumbar region is termed the **thoracolumbar fascia**, and attaches to the spinous processes of the thoracic, lumbar and sacral vertebrae, the supraspinous ligament, the sacral tuberosity, the iliac crest and the coxal tuberosity. A strong part of this fascia forms the aponeurosis of the broadest muscle of the back (m. latissimus dorsi) and the caudal portion of the dorsal serrated muscle (m. serratus dorsalis caudalis). Craniventrally, it continues as the **axillary fascia** (fascia axillaris) and caudally as the **gluteal fascia** (fascia glutea). Ventrally, it forms the **abdominal tunic** (tunica flava abdominis), which mainly consists of elastic fibres in the large herbivores. In the inguinal region, several fibres branch to form the **suspensory ligament of the penis** (ligamentum suspensorium penis) and the **mammary glands** (apparatus suspensorius mammarius).

The deep fascia of the trunk becomes the **spinocostotransversal fascia** (fascia spinocostotransversalis) as it passes over the scapular region. This fascia forms three layers in the horse. It originates from the spinous processes of the first five thoracic verte-

brae (spinal portion), the first eight ribs and the transverse processes of the corresponding vertebrae (costotransversal portion). The **superficial** layer of this fascia suspends the rump between the thoracic limbs and attaches to the ventral serrate muscle. The **middle** layer encloses and separates the lateral muscles of the back (longissimus muscle, iliocostal muscle); the **deep** layer, the medial muscles (semispinal muscle), to which it also gives attachment.

The deep fascia of the trunk also forms the **internal fascia of the trunk**. This fascia lies on the deep surfaces of the muscles of the body wall and blends with the serosal linings of the body cavities. It is termed the **endothoracic fascia** (fascia endothoracica) in the thoracic cavity, the **transversal fascia** (fascia transversalis) in the abdominal cavity and the **pelvic fascia** (fascia pelvica) in the pelvic cavity. The **iliac fascia** (fascia iliaca) covers the deep lumbar muscles.

The **deep fascia of the tail** originates from the gluteal fascia and fuses distally with the superficial fascia. It extends between the muscles of the tail and attaches to the caudal vertebrae.

3.2 Cutaneous muscles (musculi cutanei)

The cutaneous muscles are thin muscular layers which are intimately adherent to the fasciae, with which they form a contractile extensive sheath covering most of the body. Its chief function is to tense and twitch the skin. In canivores it also enables mimic movements of the lips, nose and ears. These muscles can be divided into cutaneous muscles of the head, the neck and of the trunk.

3.2.1 Cutaneous muscles of the head (musculi cutanei capitis)

The cutaneous muscles of the head are contained within the superficial fascia of the head. They are part of the superficial facial musculature and are innervated by the facial nerve (▶ Fig. 3.1, ▶ Fig. 3.2 and ▶ Fig. 3.3). They include the:

- superficial sphincter muscle of the neck (m. sphincter colli superficialis),
- cutaneous muscle of the face (m. cutaneus faciei),
- deep sphincter muscle of the neck (m. sphincter colli profundus) and
- frontal muscle (m. frontalis).

The **superficial sphincter muscle of the neck** is a thin transverse muscular band, which, in carnivores, extends along the ventral aspect of the laryngeal region, at the junction of the head and neck. It tenses the fascia of this region. The **cutaneous muscle of the face** is an extensive muscular sheet, covering the masseter muscle. It tenses and moves the skin of the head and draws the commissure of the lips caudally. The **deep sphincter muscle of the neck** lies beneath the platysma and cutaneous muscles of the face on the lateral aspect of head and neck. It tenses the superficial fascia in the laryngeal region. The **frontal muscle** (m. frontalis) is present in carnivores, ruminants and pigs, and is responsible for moving the skin on the forehead.

3.2.2 Cutaneous muscles of the neck (musculi cutanei colli)

The cutaneous muscles of the neck are innervated by the cervical branch (ramus colli) of the facial nerve. They are named according to their location and function (▶ Fig. 3.1, ▶ Fig. 3.2 and ▶ Fig. 3.3):

- superficial sphincter muscle of the neck (m. sphincter colli superficialis),
- platysma muscle (platysma),
- deep sphincter muscle of the neck (m. sphincter colli profundus) and
- cutaneous muscle of the neck (m. cutaneus colli).

The **cervical superficial sphincter muscle** is only present in carnivores and is a direct continuation of the sphincter colli superficialis of the head and, as such, covers the ventral side of the neck from the head to the chest. The **platysma** is a well-developed muscular sheet in carnivores and pigs, which radiates into the facial cutaneous muscle. It tenses and moves the skin on the dorsal and lateral side of the neck. The **cervical cutaneus muscle** is situated at the ventral aspect of the neck. It originates from the manubrium of the sternum and covers the jugular groove. It is not present in carnivores.

3.2.3 Cutaneous muscles of the trunk (musculi cutanei trunci)

The cutaneous muscles of the trunk (▶ Fig. 3.1, ▶ Fig. 3.2 and ▶ Fig. 3.3) comprise the:

- abdominal part of the cutaneous muscle (m. cutaneus trunci),
- cutaneous omobrachial muscle (m. cutaneus omobrachialis),
- preputial muscles (mm. praeputiales) and
- supramammary muscles (mm. supramammarii).

The **abdominal part of the cutaneous muscle** is an extensive muscle layer which covers the lateral, ventral and dorsal walls of the thorax and abdomen. In carnivores the muscles of each side meet dorsally. It covers the latissimus dorsi craniodorsally, with which it forms the muscular axillary arch. The fibres converge ventrally towards the manubrium of the sternum and unite with the fibres of the opposite side. This muscle forms fibrous branches which cover the prepuce in male dogs as the preputial muscles and in female dogs to the mammary glands as the supramammary muscles. In large animals the cutaneous muscle of the abdomen is confined to the ventral aspect of the trunk and does not extend beyond the dorsal border of the fold of the flank, which it forms. The abdominal part of the cutaneous muscle tenses and twitches the skin. It is assisted by the superficial fascia of the trunk.

The **cutaneous omobrachial muscle** is the extension of the abdominal part of the cutaneous muscle on the forelimb. It covers the lateral aspect of the shoulder and arm in ruminants and the horse and tenses the skin in that region.

The **preputial muscles** are present in carnivores, pigs and ruminants and are strongest in the bull. They can be divided into a cranial portion, which protracts the prepuce, and a caudal portion, which retracts the prepuce.

The **supramammary muscles** are a paired muscle in female carnivores, extending between the xiphoid to the pubic region, covering the mammary glands. They tense and move the skin of this region.

3.3 Muscles of the head (musculi capitis)

The muscles of the head can be grouped based on their embryologic origin, their innervation or their function. The system used in this book is based on the embryologic origin of the muscles from the different branchial arches and their innervation by the corresponding branchial nerves. The facial and masticatory musculatures develop from the first and second branchial arches, the lateral and ventral walls of the laryngeal and pharyngeal region and their organs, from the third and fourth branchial arch. The accompanying branchial nerves, the fifth, seventh, ninth and tenth cranial nerves, innervate those muscles. In the following description, the facial, masticatory and pharyngeal musculatures are described as groups, whereas muscles of specific organs, such as the larynx and eye are considered together with their related organs.

3.3.1 Facial muscles (musculi faciales)

The facial musculature can be subdivided into **superficial** and **deep layers**, which are both supplied by the facial nerve (▶ Fig. 3.4 and ▶ Fig. 3.5; ▶ Table 3.1). The superficial layer includes the cutaneous muscles of the head and neck and a multitude of smaller muscles, which are responsible for the posture of the lips, nostrils, cheeks, the external ears and eyelids. Since they are responsible for the facial expression they are also termed **mimic musculature**. The **deep facial muscles** include the muscles attached to the hyoid bone, those considered to be part of the digastric muscle or extend into the middle ear (stapedial muscle). They are innervated by deep branches of the facial nerve. The facial musculature can be divided into:

- **muscles of the lips and cheeks** with:
  - orbicular muscle of the mouth (m. orbicularis oris),
  - incisive muscles (mm. incisivi),
  - nasolabial levator muscle (m. levator nasolabialis),
  - levator muscle of the upper lip (m. levator labii superioris),
  - canine muscle (m. caninus),
  - depressor muscle of the upper lip (m. depressor labii superioris),
  - depressor muscle of the lower lip (m. depressor labii inferioris),
  - levator muscle of the chin (m. mentalis),
  - zygomatic muscle (m. zygomaticus) and
  - buccinator muscle (m. buccinator);
- **muscles of the nose** with:
  - apical dilator muscle of the nostril (m. dilatator naris apicalis),
  - medial dilator muscle of the nostril (m. dilatator naris medialis),
  - lateral muscle of the nose (m. lateralis nasi) and
  - transverse muscle of the nose (m. transversus nasi);
- **extraorbital muscles of the eyelids** with:
  - orbicular muscle of the eye (m. orbicularis oculi),
  - levator muscle of the medial angle of the eye (m. levator anguli oculi medialis),
  - levator muscle of the lateral angle of the eye (m. levator anguli oculi lateralis) and
  - malar muscle (m. malaris);
- **muscles of the external ear** with:
  - scutular muscle (m. scutularis),
  - parotidoauricular muscle (m. parotidoauricularis),
  - caudal auricular muscles (mm. auriculares caudales),
  - dorsal auricular muscles (mm. auriculares dorsales),
  - rostral auricular muscles (mm. auriculares rostrales),
  - deep auriculares muscles (mm. auriculares profundi) and
  - styloauricular muscle (m. styloauricularis).

3.3.2 Muscles of the lips and cheeks (musculi labiorum et buccarum)

The **orbicular muscle of the mouth** is the sphincter muscle of the mouth. It surrounds the opening of the mouth and forms the principal component of the lips (▶ Fig. 3.4). It is made up of multiple muscle bundles, which are intimately connected to the skin and the mucosa/submucosa. Fibres of the other muscles of the lips and cheeks radiate into the orbicularis oris.

In the dog this muscle is stronger in the upper lip than in the lower, where it is interrupted in the median segment. The orbicular muscle of the mouth shows a similar interruption in the upper lip of ruminants, which accounts for the limited degree of motion possible to this segment. The roots of the tactile hairs are embedded within the muscular tissue of the orbicular muscle of the mouth.

The **incisive muscles** lie directly beneath the submucosa of the lips. They arise as small muscle plates from the alveolar borders of the incisive bone and the mandible and radiate into the orbicular muscle ot the mouth (▶ Fig. 3.4). They raise the upper lip and pull the lower lip downward.

The **nasolabial levator muscle** originates from the fascia of the nasal and frontal region (▶ Fig. 3.4). It spreads out to form a flat, band-shaped muscle in all domestic animals. In ruminants and the horse it divides into two branches, through which the caninus muscle passes. It inserts in the superior portion of the orbicularis oris and in the lateral wall of the nares and elevates the upper lip and dilates the nostril.

The **levator muscle of the upper lip** is the strongest muscle of the facial group. It originates from the medial angle of the eye, although its exact origin varies in the different domestic species (▶ Fig. 3.4). It inserts, with several small tendons of insertion, on the lateral wall of the nostrils and the upper lip (carnivores, pigs, ruminants). In the horse it forms a broad common tendon with the corresponding muscle of the opposite side with which it inserts in the median segment of the upper lip. In carnivores this usually small muscle originates from the facial surface of the maxilla, caudoventral to the infraorbital foramen and radiates with delicate tendons into the lateral wall of the nostrils and the upper lip. In the pig it fills the canine fossa (fossa canina) and inserts on the rostral part of the rostral bone.

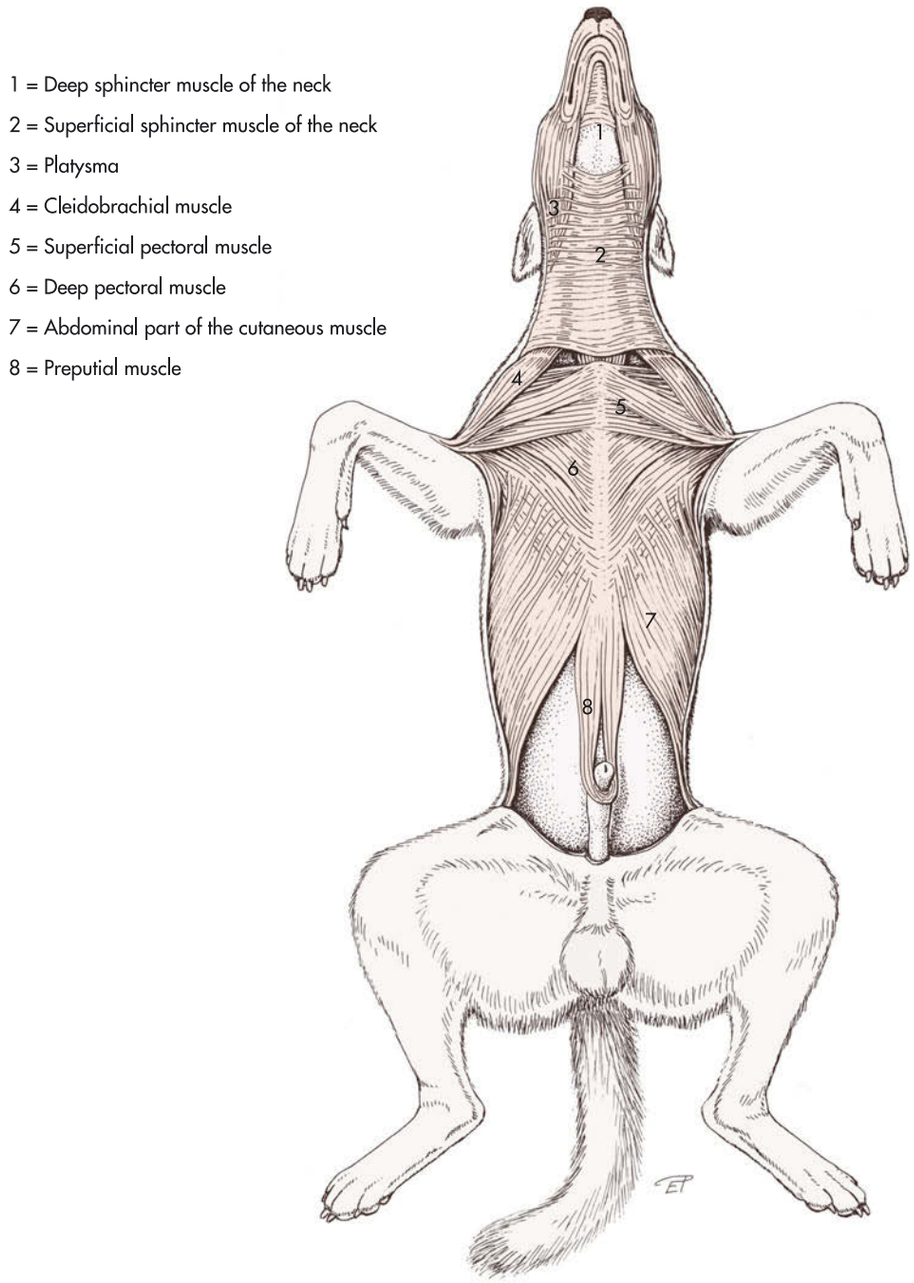


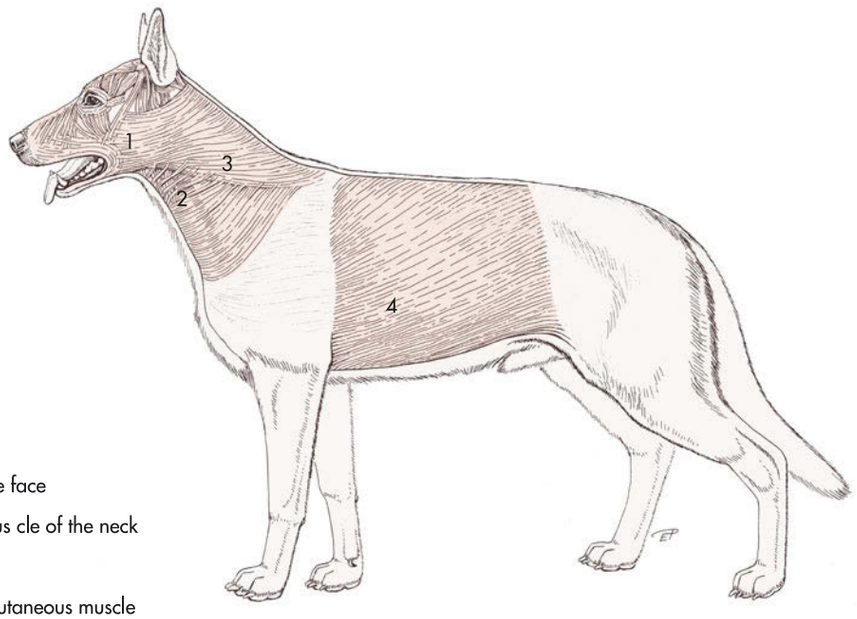
Fig. 3.1 Cutaneous muscles of the head, the neck and the back of the dog (ventral aspect).

The levator muscle of the upper lip of ruminants forms several thin tendons of insertion, with which it inserts on the dorsolateral wall of the nostril and the upper lip. In the horse the long flat belly of this muscle covers the maxilla and parts of the lacrimal and zygomatic bones.

The **canine muscle** lies deep to the levator muscle of the upper lip in most domestic species. In carnivores it radiates into the upper lip at the level of the canine teeth. In ruminants it originates ventral to the levator muscle of the upper lip from the facial tuberosity, passes under the nasolabial levator muscle and inserts on the lateral wall of the nostril and the adjacent parts of the upper lip.

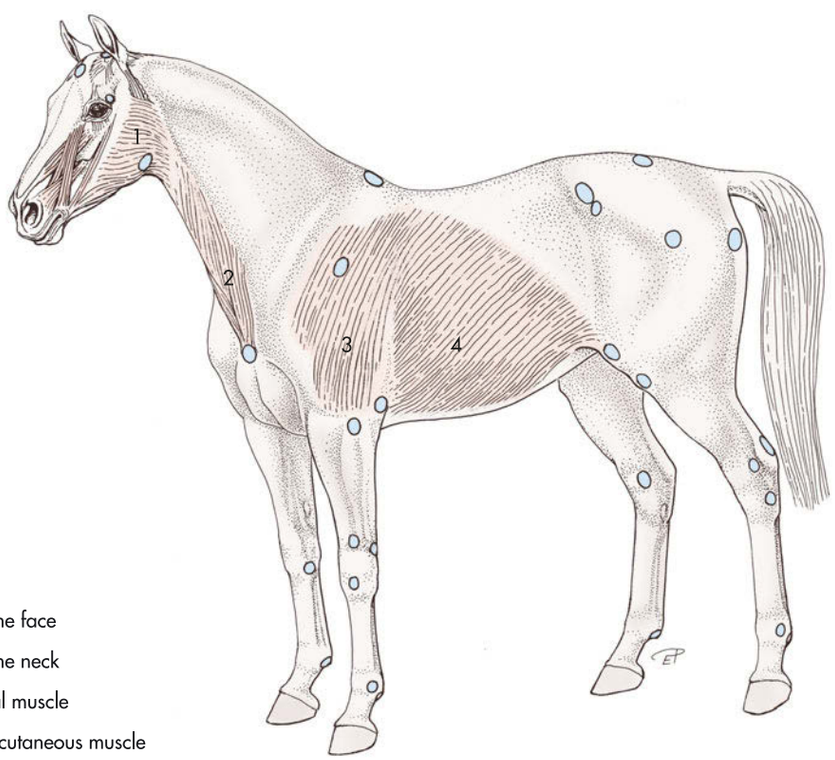
In the horse the canine muscle is a thin muscular plate, which extends between the rostral end of the facial crest and the lateral wall of the nostril (▶ Fig. 3.4).

The **depressor muscle of the upper lip** is present only in ruminants and pigs. It originates rostral to the facial tuberosity and ventral to the canine muscle. In the pig, it forms a long tendon, which unites with the tendon of insertion of the corresponding muscle of the opposite side and inserts on the rostral part of the rostral bone. In ruminants it splits into several thin branches, which form a network of fibres in the upper lip and muzzle.



1 = Cutaneous mus cle of the face
2 = Superficial sphinc ter mus cle of the neck
3 = Platysma
4 = Abdominal part of the cutaneous muscle

Fig. 3.2 Cutaneous muscles of the head, the neck and the back of the dog (lateral aspect).



1 = Cutaneous mus cle of the face
2 = Cutaneous mus cle of the neck
3 = Cutaneous omobrachial muscle
4 = Abdominal part of the cutaneous muscle

Fig. 3.3 Cutaneous muscles of the head, the neck and the back and topography of synovial cavities of the horse (lateral aspect).

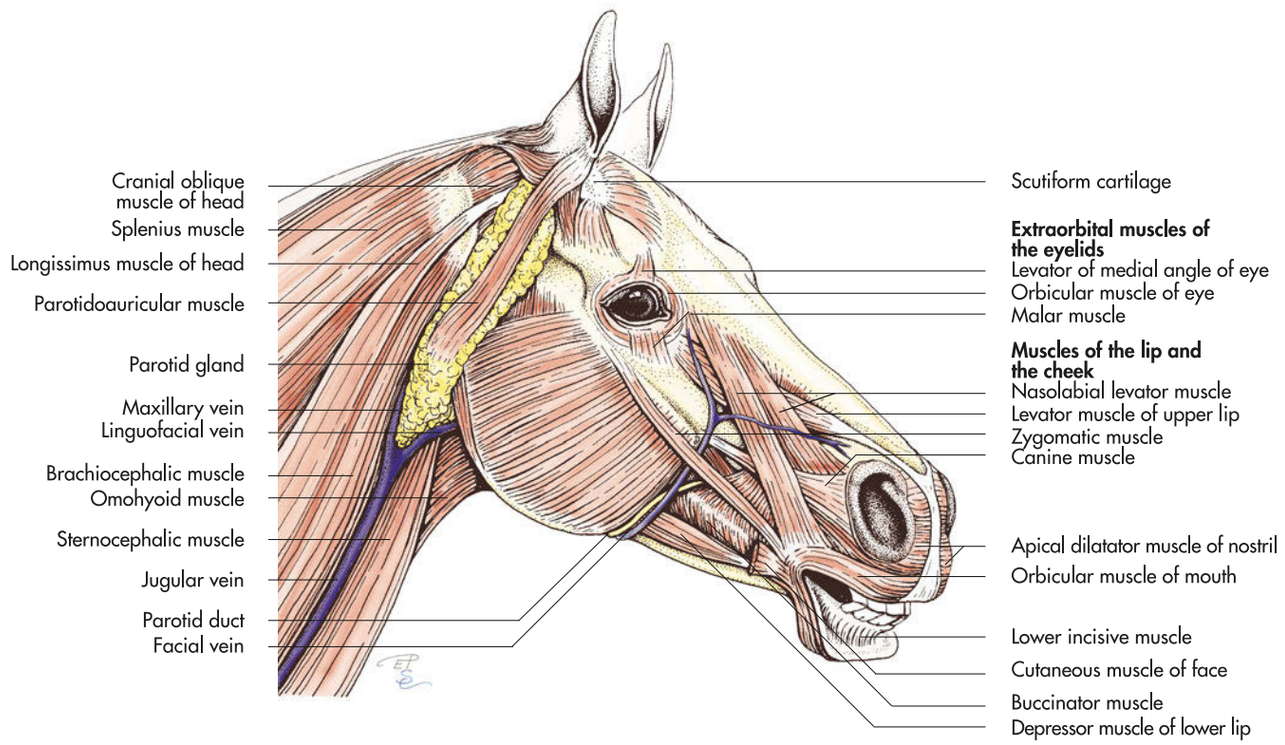


Fig. 3.4 Superficial muscles of the head of the horse (schematic, lateral aspect); fig. based on data from Ghetie, 1954.

The **depressor muscle of the lower lip** is present in all domestic mammals except carnivores. In ruminants it is a small and thin detachment of the molar part of the buccinator muscle, which radiates into the lower lip on the lateral aspect of the mandible. In the horse this muscle originates from the maxillar tuberosity and the buccinator muscle, extends rostrally under the extensive cutaneous muscle of the face and lips, on the lateral surface of the molar part of the mandible and radiates into the lower lip (▶ Fig. 3.4).

The **levator muscle of the chin** is a weak muscle, infiltrated by fat and connective tissue, which appears to be a detachment of the buccinator. It forms the principal component of the chin, which is well developed in the horse, but less distinct in other domestic species.

The **zygomatic muscle** is a thin muscle plate, which originates rostral to the facial crest in the horse and from the fascia covering the masseter muscle in ruminants (▶ Fig. 3.4). It inserts with the orbicular muscle of the mouth at the commissure of the lips. In carnivores it originates from the scutiform cartilage as a strap-like muscle, which fans out to end on the corner of the mouth rostrally and the fascia of the neck ventrally.

The **buccinator muscle** forms the muscular wall of the oral cavity. It extends between the alveolar processes of the maxilla and mandible as a flat muscular plate (▶ Fig. 3.4). It can compress the vestibule of the mouth, thus returning food to the masticatory surface of the teeth. In ruminants and the horse it can be divided into a **buccal part** (pars buccalis) rostrally and a deep **molar part** (pars molaris) caudally. In carnivores it is divided into maxillary and mandibular parts (▶ Fig. 3.4).

In carnivores both portions originate from the alveoli of the last maxillary and mandibular molars as a thin muscular plate. The stronger **maxillary portion** passes along the rostral border of the masseter muscle, curves beneath the superficial part of the mandibular portion rostrodorsally and inserts rostral to the infraorbital foramen on the maxilla. The fibres of the weaker **mandibular portion** are directed in the opposite direction. They extend from the lower lip and the alveolar border of the first three premolars caudodorsally, where they insert on the maxilla.

In ruminants and the horse the **buccal** and **molar portions** are easily dissected from each other. The buccal portion forms the superficial part of the cheek. It is incompletely pennate with a longitudinal raphe on which most of the muscle fibres converge. It has a stronger dorsal and a weaker ventral part. The **molar portion** originates from the alveolar border of the caudal cheek teeth and from the coronoid process of the mandible and blends with the orbicular muscle of the mouth rostrally. It is closely attached to the mucous membranes of the mouth and the buccal glands.

Table 3.1 Muscles of the lips and cheeks.

Name Innervation	Origin	Insertion	Function
Orbicular muscle of the mouth Facial nerve, buccolabial branches	Circular muscle	–	Closes the opening of the mouth
Incisive muscles: Facial nerve, buccolabial branches			
• **Upper incisive muscle**	Alveolar arch	Orbicular muscle of the mouth	Raises the upper lip
• **Lower incisive muscle**	Alveolar arch	Orbicular muscle of the mouth	Pulls lower lip down
Nasolabial levator muscle Facial nerve, zygomatic branches	Forehead, lateral surface of the nasal and maxillary bones	Orbicular muscle of the mouth near the nasal aperture	Raises the upper lip and widens external naris
Levator muscle of the upper lip Facial nerve, buccolabial branches	Variably on the maxillary bones	Upper lip	Raises and draws back upper lip and nasal plane
Canine muscle Facial nerve, buccolabial branches	Rostrally on the facial crest and on the facial tuberosity	Upper lip near the nasal aperture	Widens external naris and draws back upper lip
Depressor muscle of the upper lip (excl. horse) Facial nerve, buccolabial branches	Facial tuberosity	Upper lip	Pulls upper lip down
Depressor muscle of the lower lip Facial nerve, buccolabial branches	Maxillary tuberosity	Lower lip	Pulls lower lip down
Levator muscle of the chin Facial nerve, buccolabial branches	On the lateral surface of the alveolar border of the mandible	Radiates into chin	Movement of the chin
Zygomatic muscle Facial nerve, zygomatic branches	Zygomatic bone	Orbicular muscle of the mouth	Draws back the angle of the mouth
Buccinator muscle Facial nerve, buccolabial branches	Maxilla and mandible	Middle tendon	Narrows cheek pouch

3.3.3 Muscles of the nose (musculi nasi)

Muscles of the nose are rudimentary in carnivores and in the pig, but better developed in ruminants and the horse. Their main function is the dilatation of the nostrils (▶ Fig. 3.4 and ▶ Fig. 3.5). In the horse this group comprises:

- apical dilatator muscle of the nostri (m. dilatator naris apicalis),
- lateral muscle of the nose (m. lateralis nasi) and
- medial dilatator muscle of the nostril (m. dilatator naris medialis).

3.3.4 Extraorbital muscles of the eyelids (musculi extraorbitales)

The **orbicular muscle of the eye** is the sphincter muscle of the palpebral fissure (▶ Fig. 3.4 and ▶ Fig. 3.5; ▶ Table 3.2). The stronger deep portion (pars orbitalis) lies directly on the orbital wall, whereas the smaller superficial portion (pars palpebralis) radiates into the lids. It closes the palpebral fissure.

The **levator muscle of the medial angle of the eye** is a thin, small muscular plate in all domestic mammals, except in carnivores, in which it is a strong muscular band. It originates from the frontal fascia and extends into the upper lid dorsomedially (▶ Fig. 3.5). It lifts the medial portion of the upper lid.

The **levator muscle of the lateral angle of the eye** is present in carnivores only. It extends from the temporal fascia to the lateral palpebral angle, which it draws caudally.

The **malar muscle** is a weak muscle in domestic mammals, except ruminants. It is thought to be the palpebral detachment of the deep sphincter muscle of the neck (▶ Fig. 3.5). In the dog it consists of a few isolated muscle bundles, partly covered by the platysma muscle, which extend from the mandible dorsoventrally to the orbicular muscle of the mouth and the maxilla. In ruminants its fibres are orientated at a right angle to the fibres of the zygomatic muscle and fan out to attach to the lacrimal bone at the medial canthus of the eye. It is a very weak muscle in the horse, and originates from the deep facial fascia in the region of the facial crest and combines with the palpebral portion of the orbicular muscle of the eye.

3.3.5 Muscles of the external ear (musculi auriculares)

The external ear in domestic mammals is moved by numerous small muscles which orginate either from the scutiform cartilage or directly from the skull. Their fibres converge towards the auricle from all directions (▶ Fig. 3.6). They can be grouped by location and function into muscles which draw the ear downward, upward, outward or inward, tense the scutiform cartilage and rotate the ear. There are several small muscle bundles in addition to the muscles described below; these lie directly on the scutiform cartilage and narrow or widen the entrance to the conchal canal.

The **scutular muscle** is a thin muscular plate which connects the scutiform cartilage to the skull and can change the position of it (▶ Fig. 3.6). This muscle can be subdivided into the frontoscutular, interscutular and cervicoscutular muscles; their names indicate their location.

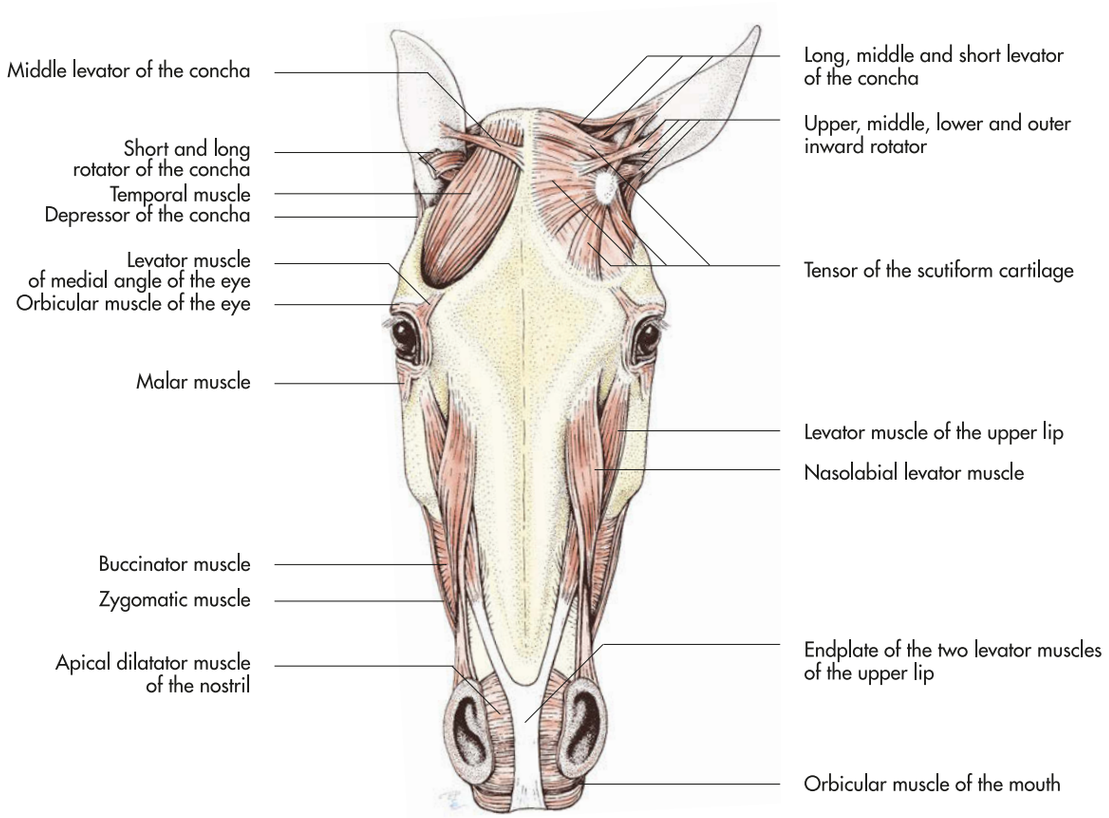


Fig. 3.5 Superficial muscles of the head of the horse (schematic, frontal aspect); fig. based on data from Ghetie, 1971.

The **parotidoauricular muscle** is a long muscular band, which extends from the cranial cervical and the parotid region to the ventral angle of the scutiform cartilage. It draws the ear ventrally and caudally (▶ Fig. 3.4 and ▶ Fig. 3.6).

The **caudal auricular muscles** consist of a long portion, the middle cervicoauricular muscle (m. cervicoauricularis medius) and a short portion, the deep cervicoauricular muscle (m. cervicoauricularis profundus). Both portions arise from the cranial part of the neck and end on the lateral aspect of the scutiform cartilage. They draw the external ear outward and backward.

The **dorsal auricular muscles** comprise three separate muscles, which insert on the dorsal aspect of the external ear. The superficial cervicoauricular muscle (m. cervicoauricularis superficialis) originates from the region of the cranial neck, the parietoauricular muscle (m. parietoauricularis), from the parietal part of the temporal bone. and the accessory superficial cervicoauricular muscle (m. cervicoauricularis superficialis accessorius), from the scutiform cartilage. They elevate the external ear and draw it backward or forward.

The group of the **rostral auricular muscles** include four small muscles, which are termed according to their location (▶ Fig. 3.6):

- dorsal superficial scutuloauricular muscle,
- middle superficial scutuloauricular muscle,
- ventral superficial scutuloauricular muscle and
- zygomaticoauricular muscle.

They share a common insertion on the rostromedial aspect of the external ear and raise the ear. The zygomaticoauricular muscle also rotates the base of the ear forward.

The **deep auricular muscles** extend between the ventral aspect of the scutiform cartilage and the base of the ear (▶ Fig. 3.6). They include a long portion (m. scutuloauricularis profundus major) and a short portion (m. scutuloauricularis profundus minor) and rotate the external ear.

The **styloauricular muscle** is a narrow muscular band, which goes to the medial aspect of the scutiform cartilage and shortens the conchal canal (▶ Fig. 3.6).

The muscles of the external ear are innervated by two branches of the facial nerve. These branches separate from the main nerve after it has passed through the stylomastoid foramen and extend to the dorsal part of the ear rostral and caudal to the scutiform cartilage (n. auriculopalpebralis, n. auricularis caudalis).

Table 3.2 Extraorbital muscles of the eyelids.

Name Innervation	Origin	Insertion	Function
Orbicular muscle of the eye Facial nerve, zygomatic branch	Circular muscle of the eye	–	Closes the palpebral fissure
Levator muscle of the medial angle of the eye Facial nerve, zygomatic branch	Nasofrontal fascia	Medial on the eyelid	Levator of the medial part of the eyelid
Retractor muscle of the lateral angle of the eye Facial nerve, zygomatic branch	Temporal fascia	Lateral palpebral angle	Retractor of the lateral palpebral angle
Malar muscle Facial nerve, buccolabial branches	Facial fascia	Lower eyelid	Draws lower eye lid downward

3.3.6 Mandibular muscles

The mandibular muscles comprise the muscles of mastication and the superficial muscles of the mandibular space. They are innervated by the mandibular nerve, which is the third main branch of the first branchial nerve, the trigeminal nerve (cranial nerve V). This group is responsible for the movements of the jaw, which are necessary for mastication. It also covers the mandibular space and the hyoid apparatus ventrally.

The mandibular muscles include:

- **muscles of mastication** with:
  - masseter muscle (m. masseter),
  - medial and lateral pterygoid muscles (mm. pterygoidei medialis et lateralis) and
  - temporal muscle (m. temporalis);
- **superficial muscles of the mandibular space** with:
  - digastric muscle (m. digastricus) and
  - mylohyoid muscle (m. mylohyoideus).

Muscles of mastication

The muscles that are responsible for mastication are in general strong and show marked species-specific variations due to the different anatomy of the whole masticatory apparatus, including the skeletal components, the teeth and the temporomandibular joint (▶ Fig. 3.7, ▶ Fig. 3.8, ▶ Fig. 3.9 and ▶ Fig. 3.10; ▶ Table 3.3).

The **masseter muscle** is a broad multipennate muscle with multiple tendinous intersections. It originates from the ventral border of the zygomatic arch and the facial crest and inserts on the lateral aspect of the mandible, extending from the facial notch to the temporomandibular joint.

The masseter muscle of carnivores is separated into **three layers** (superficial, middle, deep) by tendinous sheets (▶ Fig. 3.7). The **superficial portion** is the strongest and originates from the rostral half of the zygomatic arch, passes over the ramus of the mandible caudoventrally and partly inserts on the ventrolateral surface of the mandible. The rest of the muscle passes around the ventral border of the mandible and the angular process to insert on the ventromedial side, where it covers the digastric muscle. The **middle layer**, the weakest part of the masseter muscle, originates from the ventral border of the zygomatic arch, medial to the superficial layer and inserts on the lateral surface of the mandible. It is not possible to isolate the rostral origin of the **deep layer**, since it is fused to the temporalis muscle; caudally it originates from the medial surface of the zygomatic arch.

In the pig the three layers are firmly fused and difficult to dissect. In the ox the tendinous intersections are pronounced, forming five distinct parts. The change of fibre direction between each portion increases the masticatory force of this muscle. The superficial portion extends from the facial tuberosity to the caudal border of the mandible. The deep layer originates from the facial crest and the zygomatic arch, passes caudoventrally and inserts on the lateral surface of the mandibular ramus.

The masseter muscle of the horse shows up to fifteen tendinous intermuscular strands, which are orientated sagitally and divide the muscle into multiple layers. The superficial layers arise from the facial crest, pass caudoventrally and insert on the ventral and caudal borders of the mandible. The deeper layers originate from the zygomatic arch, pass over the ramus of the mandible in a horizontal direction and unite with the superficial portions, with which they insert on the lateral surface of the ramus of the mandible. If the masseter muscles of both sides act together, they force the upper and lower jaw together; if acting singly, they move the mandible to the side of the contracting muscle, which is essential for the grinding process of herbivores.

The **pterygoid muscles** pass from the palatine, pterygoid and sphenoid bones to the medial aspect of the mandible (▶ Fig. 3.8). The **lateral pterygoid muscle** (m. pterygoideus lateralis) is the smaller of the two. It originates from the pterygoid process of the basisphenoid bone, passes caudoventrally and inserts on the medial surface of the ramus of the mandible near the condylar process. The much larger **medial pterygoid muscle** (m. pterygoideus medialis) occupies a position on the medial surface of the mandible similar to that of the masseter laterally. It extends from the basisphenoid and palatine bones to the ventral border of the mandible and the medial surface of the ramus of the mandible.

In carnivores both parts are fused at their origin. They originate together from the lateral surface of the pterygoid, sphenoid and palatine bones. Their fibres insert on the medial surface of the mandible, ventral to the mandibular foramen and on a fibrous raphe which passes between the insertion of this muscle and the masseter.

In the horse the medial pterygoid muscle is covered by the lateral one (▶ Fig. 3.8). The mandibular nerve passes across the lateral surface of the medial pterygoid muscle, thus separating the two pterygoid muscles. The stronger medial pterygoid muscle originates from the vertical part of the pterygoid, sphenoid and palatine bones and fans out to form an extensive insertion on the medial surface of the ramus of the mandible. The pterygoid muscles complement the masseter in its action. If contracting bi-

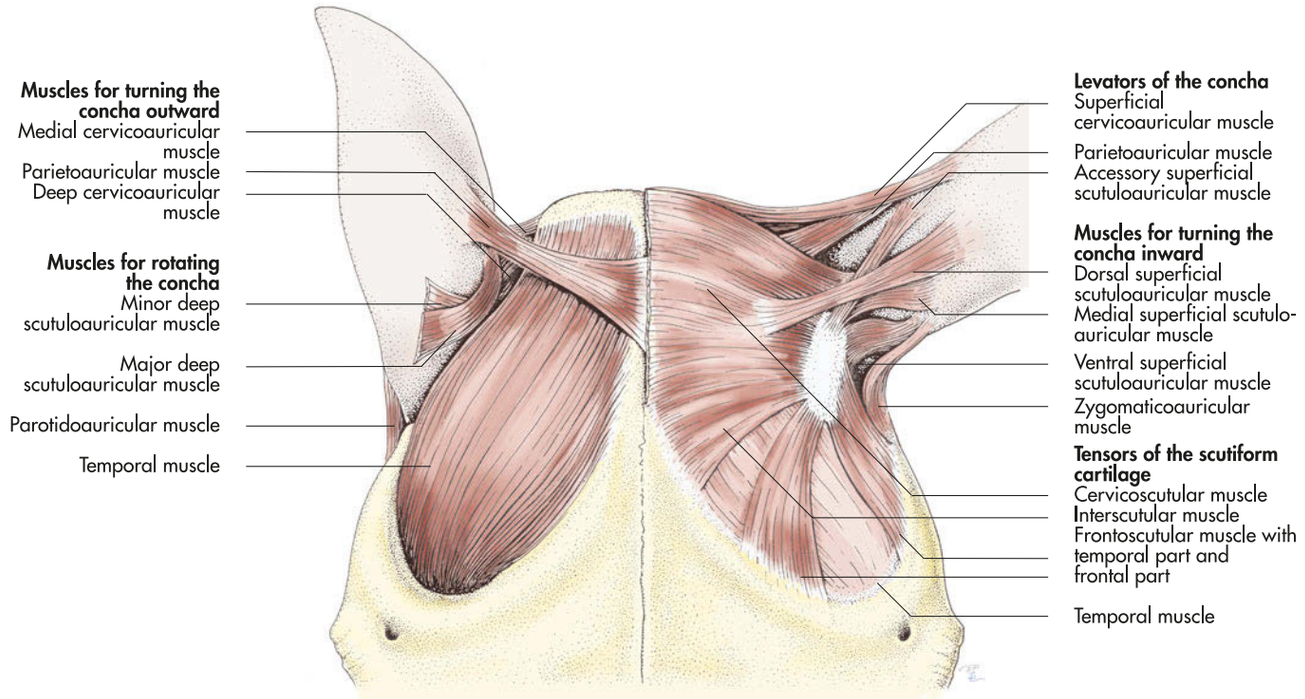


Fig. 3.6 Muscles of the external ear of the horse (schematic, frontal aspect); fig. based on data from Ghetie, 1971.

laterally they raise the mandible, if acting unilaterally they draw the mandible to the side of the contracting muscle. The lateral portion is also able to move the mandible rostrally, especially when the mouth is opened.

The **temporal muscle** occupies the temporal fossa, its size varying in the different species depending on the size of the fossa (▶ Fig. 3.5 and ▶ Fig. 3.6). It originates from the temporal crest, which forms the edge of the temporal fossa, and from the temporal fascia. From there it extends downward, covered by the auricular muscles, and inserts on the coronoid process of the mandible. It is the strongest muscle of the head in carnivores. The margins of its origin are the temporal line, the nuchal crest, the temporal crest, the zygomatic process of the temporal bone and the medial surface of the temporal fossa (▶ Fig. 3.7). From its extensive origin the large muscle bundles curve cranioventrally beneath the zygomatic arch and the orbital ligament and pass around the coronoid process of the mandible, to which they insert. A tendinous branch fuses with the deep layer of the masseter muscle. In dolichocephalic dogs the temporal muscle meets the corresponding muscle of the opposite side in the midline and forms a midline sulcus. In brachycephalic dogs the two muscles do not meet and therefore no sulcus is visible, except for a small indentation between the interparietal bones in some breeds of dog.

While the temporal muscle is indistinct in ruminants it is visible under the skin in the horse. However, even in the horse the temporal muscle is not well developed compared to the other masticatory muscles. It originates from the borders of the temporal fossa, the temporal line, external sagittal crest, the nuchal crest and the pterygoid crest and the surface of the temporal fossa, which it occupies completely. It partly fuses with the masseter and inserts to the coronoid process of the mandible. It raises the mandible, acting together with the other masticatory muscles.

Superficial muscles of the mandibular space

The superficial muscles of the mandibular space assist the muscles of mastication. They cover the ventral side of the lingual muscles in the mandibular space (▶ Fig. 3.7, ▶ Fig. 3.8, ▶ Fig. 3.9 and ▶ Fig. 3.10; ▶ Table 3.4).

Table 3.3 Muscles of mastication.

Name Innervation	Origin	Insertion	Function
Masseter muscle Masseteric nerve of the mandibular nerve	Facial crest and zygomatic arch	Lateral surface of the mandible and intermandibular region	Raises and draws mandible sidewards
Lateral pterygoid muscle Branch to lateral pterygoid of the mandibular nerve	Pterygoid process of the sphenoid bone	Medial surface of the mandible and the condylar process	Raises, pushes and draws the mandible forward
Medial pterygoid muscle Branch to medial pterygoid of the mandibular nerve	Pterygoid process of the sphenoid and pterygoid bones and the perpendicular plate	Medial surface of the mandible	Raises mandible
Temporal muscle Deep temporal nerve of the mandibular nerve	Temporal fossa	Coronoid process of the mandible	Raises mandible in order to close the mouth

Table 3.4 Superficial muscles of the mandibular space.

Name Innervation	Origin	Insertion	Function
Digastric muscle: • **Rostral part** Nerve to mylohyoid from the mandibular nerve • **Caudal part** Digastric branch from the facial nerve	Paracondylar process	Medial on the body of the mandible	Draws mandible downwards and opens the mouth
Occipitomandibular portion (horse) Digastric branch of the facial nerve	Paracondylar process	Angle of the mandible	Opens the mouth
Mylohyoid muscle Nerve to mylohyoid of the mandibular nerve	Mylohyoid line	Median raphe	Supports and lifts the tongue

Although named the **digastric muscles** it is a single-bellied muscle in domestic animals, except in the horse, where it has a caudal and a rostral belly. In the other domestic mammals its evolutionary bipartite structure is indicated by a fibrous intersection.

The rostral part is innervated by the mylohyoid nerve (n. mylohyoideus), which is a branch of the mandibular nerve (n. mandibularis), the caudal part by the digastric branch (ramus digastricus) of the facial nerve (n. facialis) (cranial nerve VII). It extends between the paracondylar process of the occiput and the medial surface of the mandible (▶ Fig. 3.7).

In carnivores the digastric muscle is a strong single-bellied muscle, with delicate tendinous strands marking the division between the rostral and caudal portion. Unlike in other domestic animals this muscle inserts on the medial surface of the ventral border of the mandible at the level of the canine tooth. In ruminants the tendinous intersection between the two bellies is indistinct. It originates from the paracondylar process of the occiput and inserts on the medial surface of the mandible. A transverse muscular band extends between the two corresponding muscles of each side.

In the horse the caudal belly branches to form a lateral portion (pars occipitomandibularis) which inserts on the angle of the mandible (▶ Fig. 3.8). The rest of the caudal belly passes ventrally and rostrally on the medial surface of the medial pterygoid muscle. It continues as an intermediate round tendon, which perforates the tendon of insertion of the stylohyoid muscle.

After passing beneath the basihyoid bone it forms the rostral belly, which attaches to the medial surface of the ventral border of the body of the mandible. It depresses the mandible and opens the mouth.

The **mylohyoid muscle** forms a sling between the inner surface of the body of the mandible. Based on its innervation by the mylohyoid nerve, a branch of the mandibular nerve it is assigned to the mandibular group. According to its function it can also be seen as a lingual muscle. Its fibres originate from the mylohyoid line on the medial surface of the mandibular body and unite with those of the opposite side in the midline of the mandibular space forming a median fibrous raphe. It supports the tongue and raises it towards the palate (▶ Fig. 3.8 and ▶ Fig. 3.9).

3.3.7 Specific muscles of the head

The specific muscles of the head represent the functional continuation of the muscles of the neck onto the head thus they belong strictly speaking to the muscles of the trunk (▶ Fig. 3.10 and ▶ Fig. 3.12; ▶ Table 3.5). Since their main function is the coordination of the movements of the head, especially of the atlanto-occipital and atlantoaxial joints, they are described as a separate group. They are responsible for shaking, tilting, flexing and turning the head. This group is especially well developed in the pig, which enable it to dig the ground for food, and in ruminants, which use their horns as weapons. Depending on their location they are innervated by the dorsal and ventral branches of the first and second cervical nerves, with the exception of the long muscle

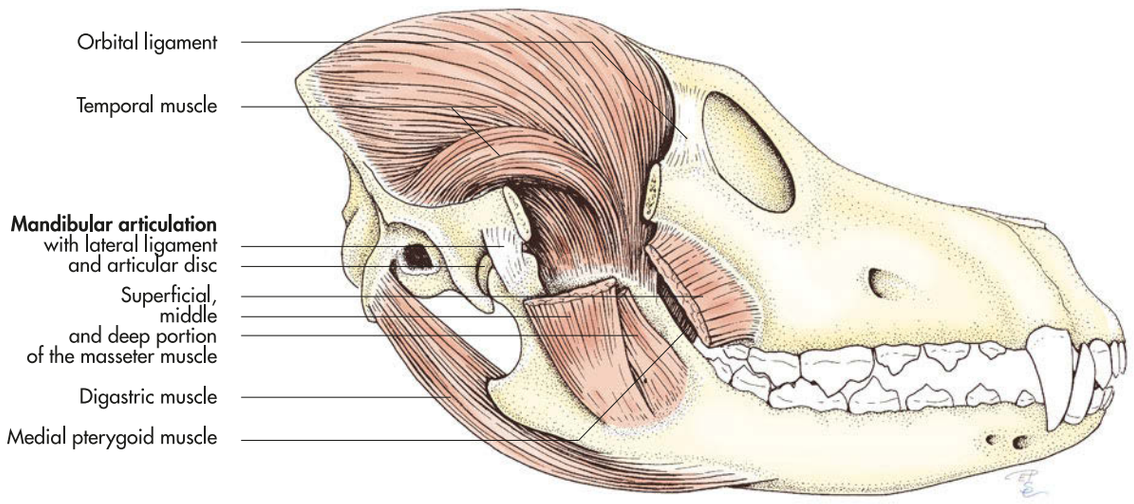


Fig. 3.7 Mandibular muscles of the dog (schematic, lateral aspect, zygomatic arch removed).

of the head, which is innervated by the first to sixth cervical nerves.

The **major dorsal straight muscle of the head** (m. rectus capitis dorsalis major) extends between the spine of the axis and the squamous part of the occiput. It can be divided into a deep and superficial portion in all domestic mammals. In carnivores and the pig the muscles of either side meet in the midline, whereas in ruminants and the horse they lie lateral to the nuchal ligament (▶ Fig. 3.15). In carnivores it is covered by the semispinal muscle of the head from the atlas to the nuchal crest.

The **minor dorsal straight muscle of the head** (m. rectus capitis dorsalis minor) lies directly over the dorsal atlanto-occipital membrane, deep to the long muscle of the head, and extends between the occiput and the atlas. In carnivores and the horse it attaches to the dorsal arch of the atlas caudally and to the occiput dorsally over the foramen magnum.

Both dorsal straight muscles of the head act as extensors of the atlanto-occipital joint, thus raising the head.

The **lateral straight muscle of the head** (m. rectus capitis lateralis) is a small muscular band which occupies the alar fossa of the atlas and extends from the ventral arch to the paracondylar process of the occiput (▶ Fig. 3.10). It flexes the atlanto-occipital joint and tilts the head.

The **ventral straight muscle of the head** (m. rectus capitis ventralis) runs between the ventral arch of the atlas and the basioccipital bone, to which it inserts between the muscular tubercle and the tympanic bulla (▶ Fig. 3.10). It flexes the atlanto-occipital joint.

The **cranial oblique muscle of the head** (m. obliquus capitis cranialis) is a short muscle which extends obliquely craniolaterally over the atlanto-occipital joint, covered by the splenius and parts of the brachiocephalic muscle (▶ Fig. 3.10 and ▶ Fig. 3.15). In carnivores it is divided into two portions. The main portion originates from the lateral and ventral portion of the wing of the atlas and inserts on the mastoid process of the temporal bone and to the nuchal crest. It extends the atlanto-occipital joint and bends the head to the contracting side, when contracting unilaterally.

The **caudal oblique muscle of the head** (m. obliquus capitis caudalis) covers the atlas and axis dorsally. It originates from the spinous process of the axis, passes obliquely craniolaterally to its insertion on the wing of the atlas (▶ Fig. 3.12 and ▶ Fig. 3.15). If contracting unilaterally it rotates the atlas and thus the head on the dens of the axis. Contracting bilaterally, they act as fixators of the head.

The **long muscle of the head** (m. longus capitis) represents the cranial continuation of the long muscle of the neck. It flexes the atlanto-occipital joint and draws the head sideways and the neck downward (▶ Fig. 3.10). It is a strong muscle, which lies on the lateral and ventral sides of the second to sixth cervical vertebrae. It originates from the caudal branches of the transverse processes and inserts on the muscular tubercle of the basioccipital bone. In the horse it is slightly shorter than in carnivores, originating from the second to fourth cervical vertebrae. Before its insertion it unites with the corresponding muscle of the opposite side in the midline, between the guttural pouches. It is supplied by the ventral branches of the first to fourth cervical nerves in the horse and the first to sixth cervical nerves in other domestic species.

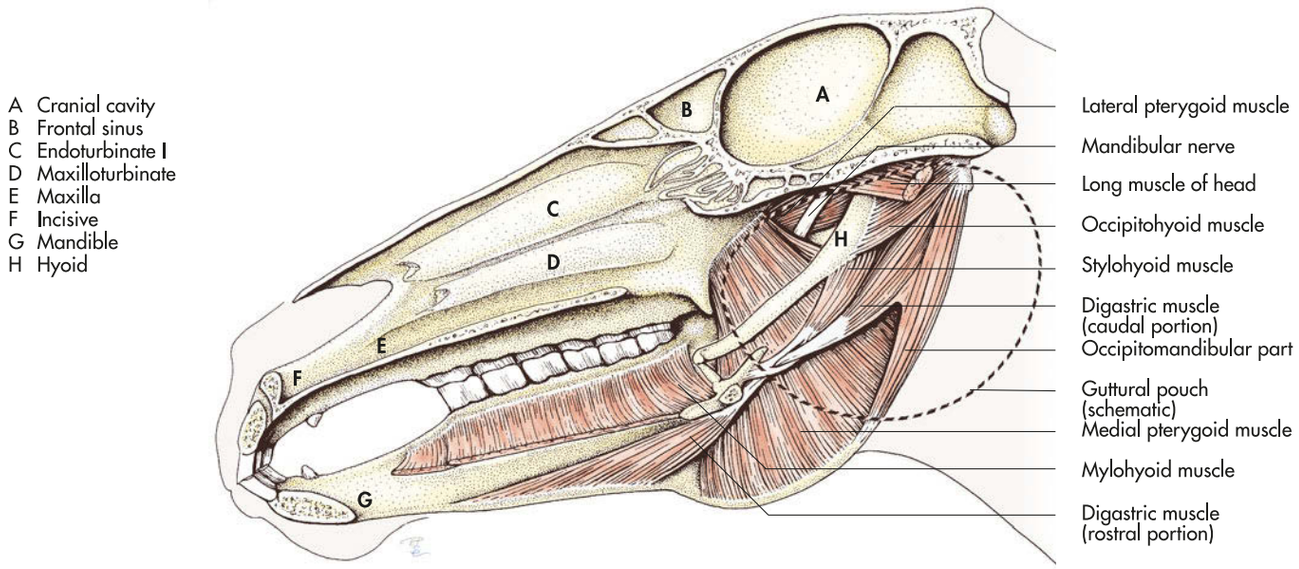


Fig. 3.8 Mandibular muscles of the horse (schematic, medial aspect); fig. based on data from Ellenberger and Baum, 1943.

3.4 Muscles of the trunk (musculi trunci)

The trunk of an animal comprises the neck, the thorax, the abdomen, the rump and the tail. The head is attached to it cranially, the limbs on either side; the muscles of the trunk extend onto the head and the limbs, thus joining them to the trunk. In addition these muscles play an important role in the standing animal as well as during locomotion.

The muscles of the trunk can be grouped based on their topography as follows:

- muscles of the neck (mm. colli),
- muscles of the back (mm. dorsi),
- muscles of the thoracic wall (mm. thoracis),
- muscles of the abdominal wall (mm. abdominis) and
- muscles of the tail (mm. caudae).

3.4.1 Muscles of the neck (musculi colli)

The muscles of the neck are situated on the dorsal and lateral side of the cervical column (▶ Table 3.6). Some of the muscles of the neck are associated with the hyoid apparatus. The most important muscles of this group are the **brachiocephalic muscle** with its various components and the **sternocephalic muscle**. Because of the important role they play in the movement of the thoracic limb, both muscles are described in Chapter 3 "Fasciae and muscles of the head, neck and trunk" (p. 137) as part of the shoulder girdle musculature. In addition this group includes the following muscles:

- **splenius muscle** (mm. splenius) with:
  - cervical portion (m. splenius cervicis) and
  - capital portion (m. splenius capitis);
- **long muscle of the neck** (m. longus colli),
- **scalene muscles** (mm. scaleni) with:
  - ventral scalene muscle (m. scalenus ventralis),
  - middle scalene muscle (m. scalenus medius) and
  - dorsal scalene muscle (m. scalenus dorsalis);
- **muscles of the hyoid apparatus** (mm. hyoidei) with:
  - specific muscles of the hyoid apparatus and
  - long muscles of the hyoid apparatus with:
    - sternohyoid muscle (m. sternohyoideus),
    - sternothyroid muscle (m. sternothyroideus) and
    - omohyoid muscle (m. omohyoideus).

The **splenius muscle** is a strong, elongated muscle on the dorsolateral aspect of the neck, extending from the withers to the occiput (▶ Fig. 3.12). It lies below the superficial muscles of the neck and covers the longissimus muscle of the head, the semispinal muscle of the head and parts of the dorsal spinal muscle. It originates from the spinocostotransversal fascia and the nuchal ligament, and in ruminants, directly from the spinous processes of the first four thoracic vertebrae as well. It is divided into a **capital** and a **cervical portion** (m. splenius capitis et cervicis), with the exception of carnivores, in which the latter portion is absent. The cervical portion inserts on the transverse processes of the third to fifth cervical vertebrae, while the capital portion continues to the nuchal crest of the occiput or, in the horse, the mastoid process of the temporal bone. This muscle is especially well developed in the horse, in which it can be easily identified under the skin. It extends and raises the head and neck. Unilateral contrac-

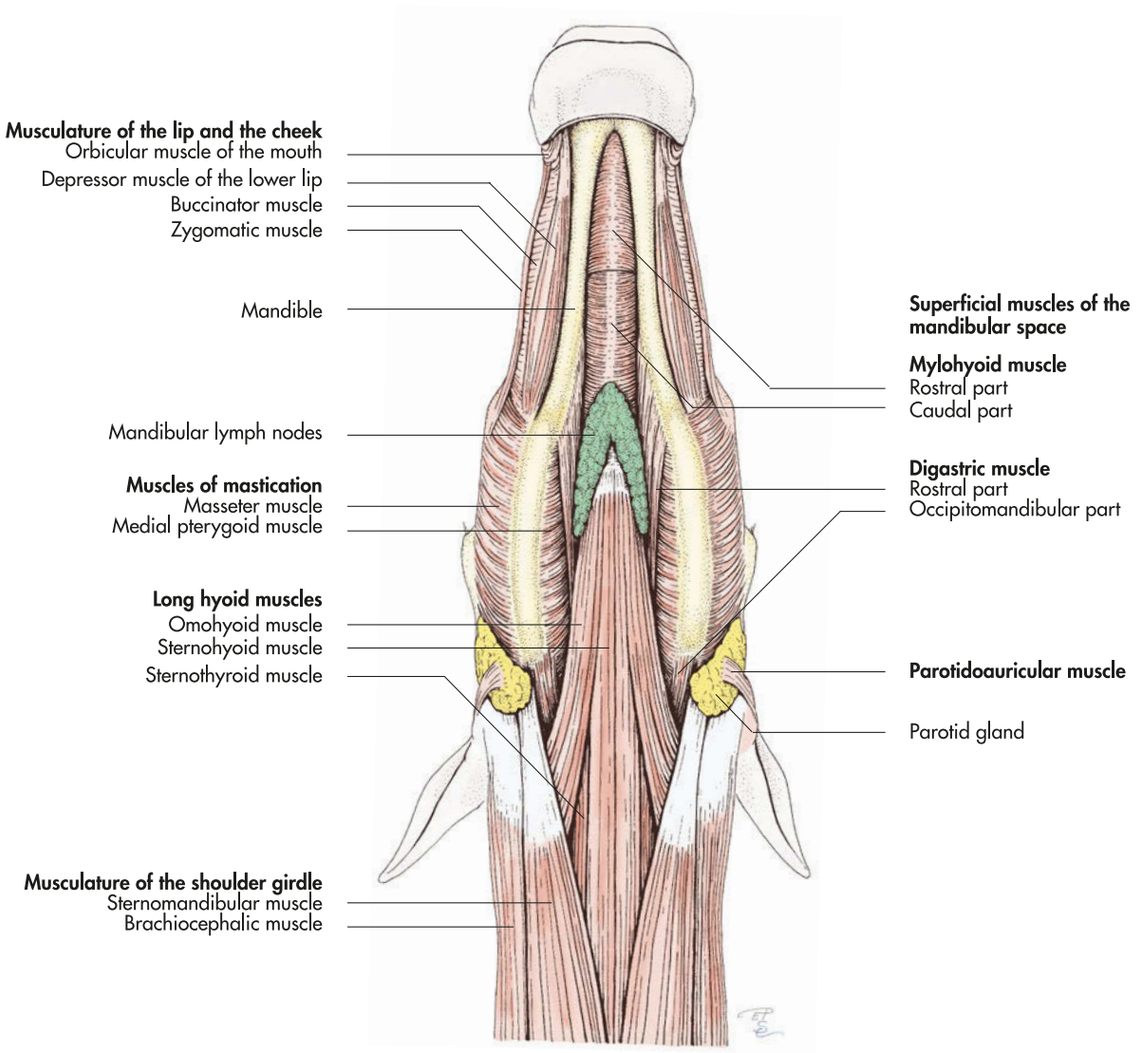


Fig. 3.9 Superficial muscles of the head and cranial neck region of the horse (schematic, ventral aspect); fig. based on data from Popesko, 1979.

tion draws the head and neck laterally. It plays an important role in maintaing balance during gallop.

The **long muscle of the neck** and the **scalene muscles** belong to a group of muscles, which depress and flex the neck downward. Some muscles of the shoulder girdle fulfil the same function and are described in Chapter 3 "Fasciae and muscles of the head, neck and trunk" (p. 137).

The **long muscle of the neck** lies on the ventral aspect of the cervical and first few thoracic vertebrae. It extends from the first thoracic vertebrae to the atlas and finds its cranial continuation in the long muscle of the head. The thoracic portion attaches to the bodies of the last two cervical vertebrae up to the sixth thoracic vertebra. The cervical part originates, with separate muscle bundles, from the transverse processes of the third to seventh cervical vertebrae and runs craniomedially to insert on the bodies of the more cranial cervical vertebrae near the midline. It draws the neck downward.

The **scalene muscles** comprise two or three separate muscles, depending on the species. While all three muscles, the dorsal, ventral and middle scalene muscles, are present in the pig and ruminants, the dorsal muscle is absent in the horse and the ventral muscle is absent in carnivores. All three portions extend from the transverse processes of the third to seventh cervical vertebrae to the lateral surface of the first and the third to the eighth ribs, again varying among the different species (▶ Fig. 3.11).

The **ventral** and **middle scalene muscles** originate from the first rib and are divided by the brachial plexus (plexus brachialis). This division does not exist in carnivores due to the more ventral location of the brachial plexus in these animals.

The **dorsal scalene muscle** originates from the third rib in the pig, the fourth or fifth rib in ruminants and with two heads from the third to fifth or from the ninth to the eight ribs in carnivores. It inserts to the third to sixth cervical vertebrae in all domestic mammals, except in the horse, in which this muscle is absent.

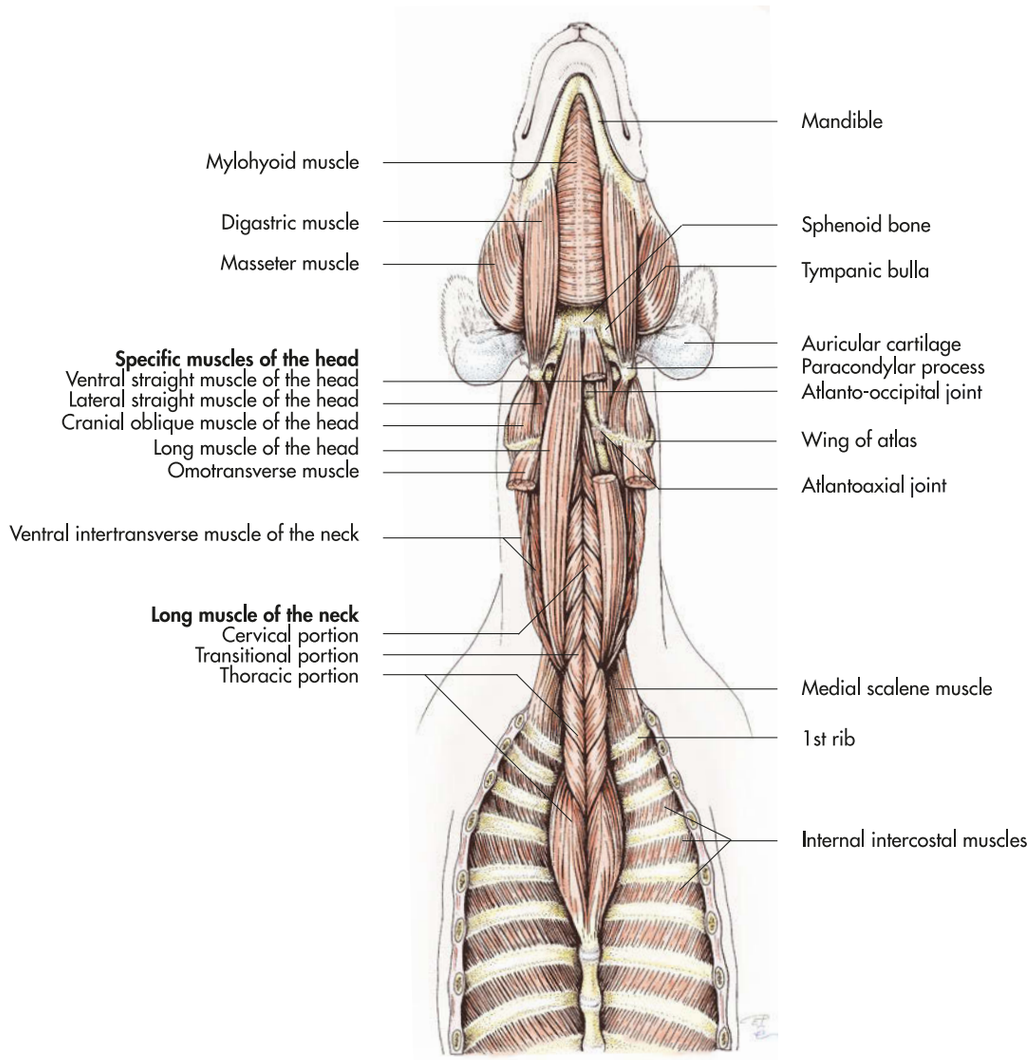


Fig. 3.10 Superficial muscle of the head and deep muscles of the neck of the dog (schematic, ventral aspect).

The **hyoid muscles** comprise all the muscles which are associated with the hyoid apparatus. The specific muscles of the hyoid apparatus include the **stylohyoid muscle** (m. stylohyoideus) of the basihyoid bone, the **mylohyoid muscle** (m. mylohyoideus), which is described earlier in this chapter as part of the mandibular muscles, the **geniohyoid muscle** (m. geniohyoideus), extending between the mandible and the hyoid bone, and several other muscles, such as the **thyrohyoid muscle** (m. thyrohyoideus), the **occipitohyoid muscle** (m. occipitohyoideus), **ceratohyoid muscle** (m. ceratohyoideus) and the **transverse hyoid muscle** (m. hyoideus transversus).

These muscles are described in detail together with the rest of the hyoid apparatus in Chapter 8 "Muscles of the hyoid apparatus" (p. 349).

The **long hyoid muscles** lie ventral and lateral to the trachea and are therefore topographically part of the musculature of the neck. Functionally, however, they act as auxillary muscles of the tongue, since they insert on the basihyoid and the larynx. They originate from the manubrium of the sternum and are covered to a large extent by the brachiocephalic and sternocephalic muscles. They draw the hyoid bone and thus the tongue caudally.

The **sternohyoid muscle** is a strong strap-like muscle, which originates from the manubrium of the sternum and the first rib (carnivores) and inserts on the basihyoid bone (▶ Fig. 3.9). It meets its contralateral partner on the midline of the neck and they extend cranially, covering the ventral surface of the trachea. Its caudal half is fused to the **sternothyroid muscle**.

The **sternothyroid muscle** separates from the sternohyoideus in the middle of the neck and inserts on the thyroid cartilage of the larynx (▶ Fig. 3.9).

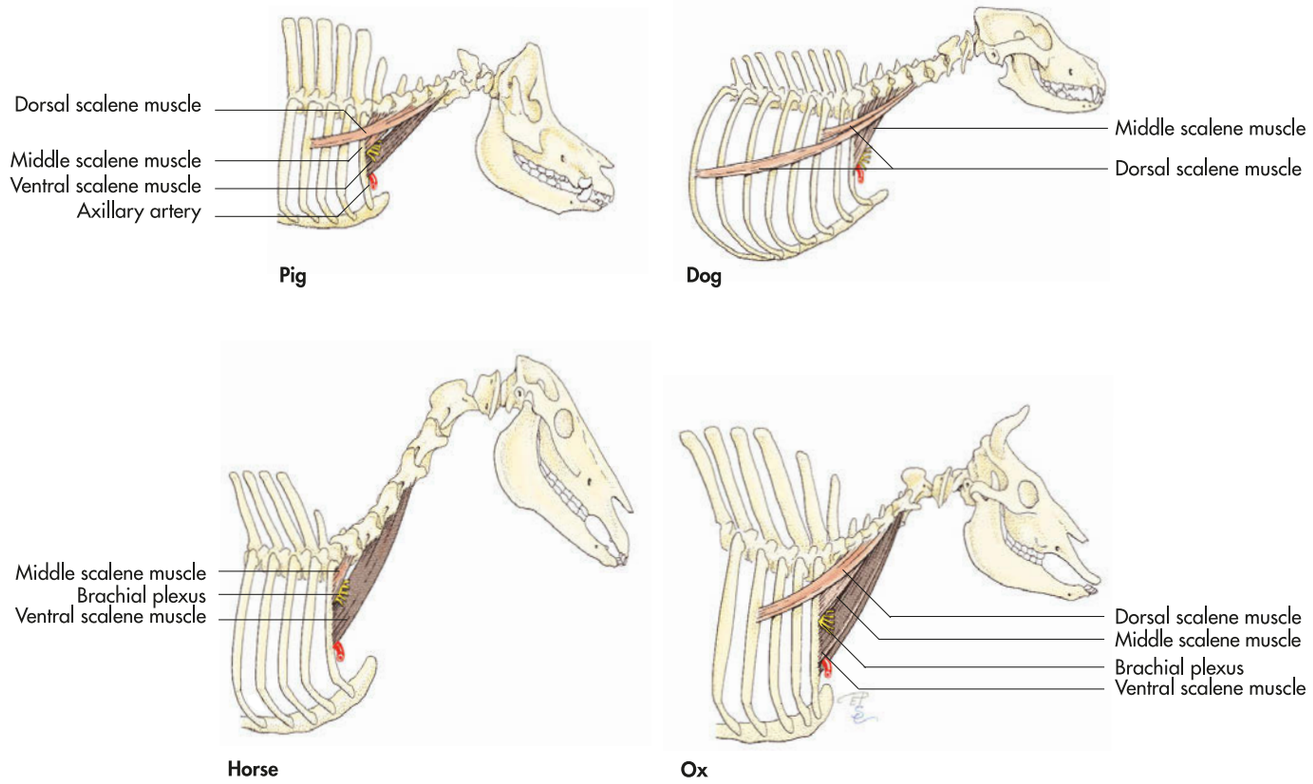


Fig. 3.11 The scalene muscles of the domestic mammals (schematic); fig. based on data from Ellenberger and Baum, 1943.

The **omohyoid muscle** is most developed in the horse and is absent in carnivores (▶ Fig. 3.9). It originates from the subscapular fascia, close to the shoulder joint in the horse and from the deep fascia of the neck in ruminants and inserts on the basihyoid bone. In the horse, the omohyoid muscle unites with the corresponding muscle of the opposite side midway up the neck and inserts together with the sternohyoid muscle on the lingual process of the hyoid bone. In the cranial half of the neck it is positioned between the external jugular vein and the common carotid artery, thus providing some protection for the latter during intravenous injection.

Clinical note

Cribbing, or crib-biting, is an abnormal behaviour of horses involving bracing of the upper incisors against a solid surface (e.g. feed trough) and concurrent, aberrant contraction of the ventral neck muscles. Surgical management of cribbing includes **partial myectomy** of the omohyoid, sternohyoid and sternothyroid muscles (mm. omohyoideus, sternohyoideus and sternothyroideus). **Neurectomy** of the ventral branch of the accessory nerve (n. accessorius, XI) can also be performed.

Table 3.5 Specific muscles of the head.

Name Innervation	Origin	Insertion	Function
Major dorsal straight muscle of the head Dorsal branch of 1st cervical nerve	Spinous process of the axis	Nuchal crest	Extends the atlanto-occipital joint
Minor dorsal straight muscle of the head Dorsal branch of 1st cervical nerve	Dorsally on the atlas	Dorsally of the magnum foramen	Extends the atlanto-occipital joint
Lateral straight muscle of the head Ventral branch of 1st cervical nerve	Ventrally on the atlas	Paracondylar process	Flexes the atlanto-occipital joint
Ventral straight muscle of the head Ventral branch of 1st cervical nerve	Ventrally on the atlas	Base of the skull	Flexes the atlanto-occipital joint
Cranial oblique muscle of the head Dorsal branch of 1st cervical nerve	Wings of the atlas	Nuchal crest	Extends and draws head to the side
Caudal oblique muscle of the head Dorsal branch of 2nd cervical nerve	Spinous process of the axis	Wings of the atlas	Rotates the head and fixes the atlanto-occipital joint
Long muscle of the head Ventral branches of cervical nerves	Transverse processes of the 2nd–6th cervical vertebrae	Base of the skull	Flexes and draws head and cranial parts of the neck to the side

Table 3.6 Superficial muscles of the neck.

Name Innervation	Origin	Insertion	Function
Splenius muscle: Dorsal branches of the cervical and thoracic nerves	Spinocostotransverse fascia, nuchal ligament, spinous processes of the thoracic vertebrae		Extends and draws head and neck to the side
• **Cervical portion**		Transverse processes of the 3rd–5th cervical vertebrae	
• **Capital portion**		Occipital bone, mastoid process	
Long muscle of the neck Ventral branches of the cervical nerves	5th–6th thoracic vertebrae	1st cervical vertebra	Flexes the neck
Scalene muscles: Ventral branches of the 5th–8th cervical and 1st–2nd thoracic nerves			
• **Middle scalene muscle**	1st rib	Transverse processes of the 7th–3rd cervical vertebrae	Fixes the neck, draws neck downwards and bends it sideways; supports inspiration
• **Ventral scalene muscle** (excl. carnivores)	1st rib	7th cervical vertebra	Fixes the neck, draws neck downwards and bends it sideways; supports inspiration
• **Dorsal scalene muscle** (excl. horse)	3rd–8th ribs	Transverse processes of the 6th–3rd cervical vertebrae	Fixes the neck, draws neck downwards and bends it sideways; supports inspiration

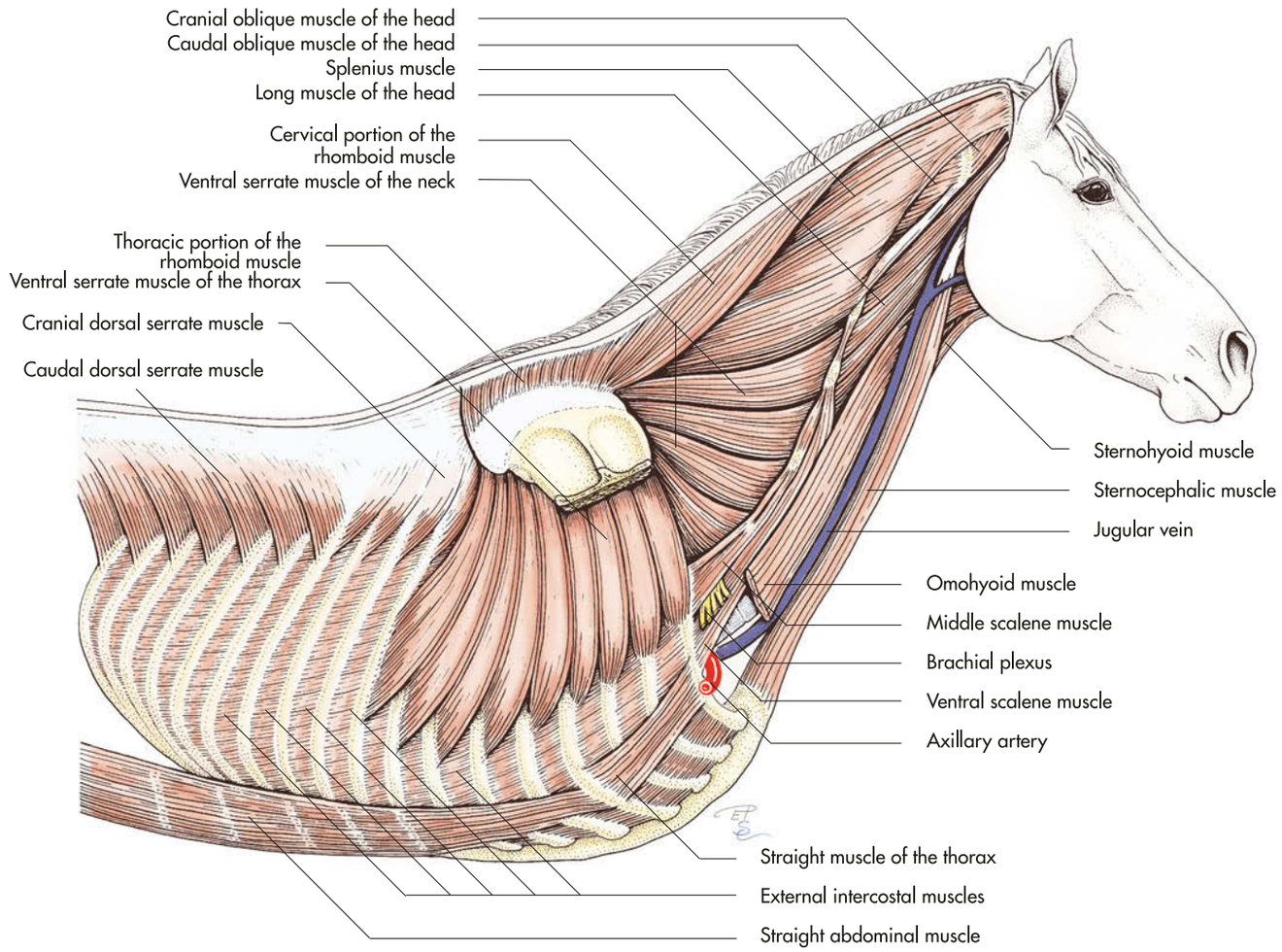


Fig. 3.12 Superficial muscles of the trunk of the horse (schematic); fig. based on data from Ghetie, 1954.

3.4.2 Muscles of the back (musculi dorsi)

The muscles of the back (▶ Fig. 3.13) include all muscles which are situated along the cervical, thoracic and lumbar vertebral column. They arise either from the bodies or processes of the vertebrae or from fascia. From a topographic point of view, the muscles of the back are arranged in two layers; functionally these groups complement each other.

The muscles of the **superficial layer** lie on the lateral side of the rump and are innervated by the ventral branches of the spinal nerves. This layer also includes part of the shoulder girdle musculature, which joins the thoracic limb to the rump:

- trapezius muscle (m. trapezius),
- sternocleidomastoid muscle (m. sternocleidomastoideus) with:
  - sternocephalic muscle (m. sternocephalicus) and
  - brachiocephalic muscle (m. brachiocephalicus);
- omotransverse muscle (m. omotransversarius),
- broadest muscle of the back (m. latissimus dorsi) and
- superficial pectoral muscle (m. pectoralis superficialis).

These muscles extend from the rump, the ribs or regional fasciae to the skeleton of the shoulder girdle and are described in detail in Chapter 3 “Fasciae and muscles of the head, neck and trunk” (p. 137).

Based on their embryologic origin and their innervation by the ventral branches of the spinal nerves, some muscles of the thoracic wall (mm. serrati dorsales) are classified in this group, but are described according to their function as part of the respiratory muscles later in this chapter (▶ Fig. 3.12).

The **deep layer** of the muscles of the back are dorsal to the transverse processes of the vertebrae and supplied by the dorsal branches of the spinal nerves. Some muscles of this group are elongated individual muscles (**long muscles of the back**) which extend along the vertebral column, other muscles are short and small (**short muscles of the back**), extending from one segment to the next. Functionally these muscles elevate, rotate and dorsally, ventrally and laterally flex the vertebral column. Cranially the muscles of these group are rather delicate muscle bundles, thus increasing the mobility of the head and neck region, especially in carnivores, whereas in the lumbar region this group

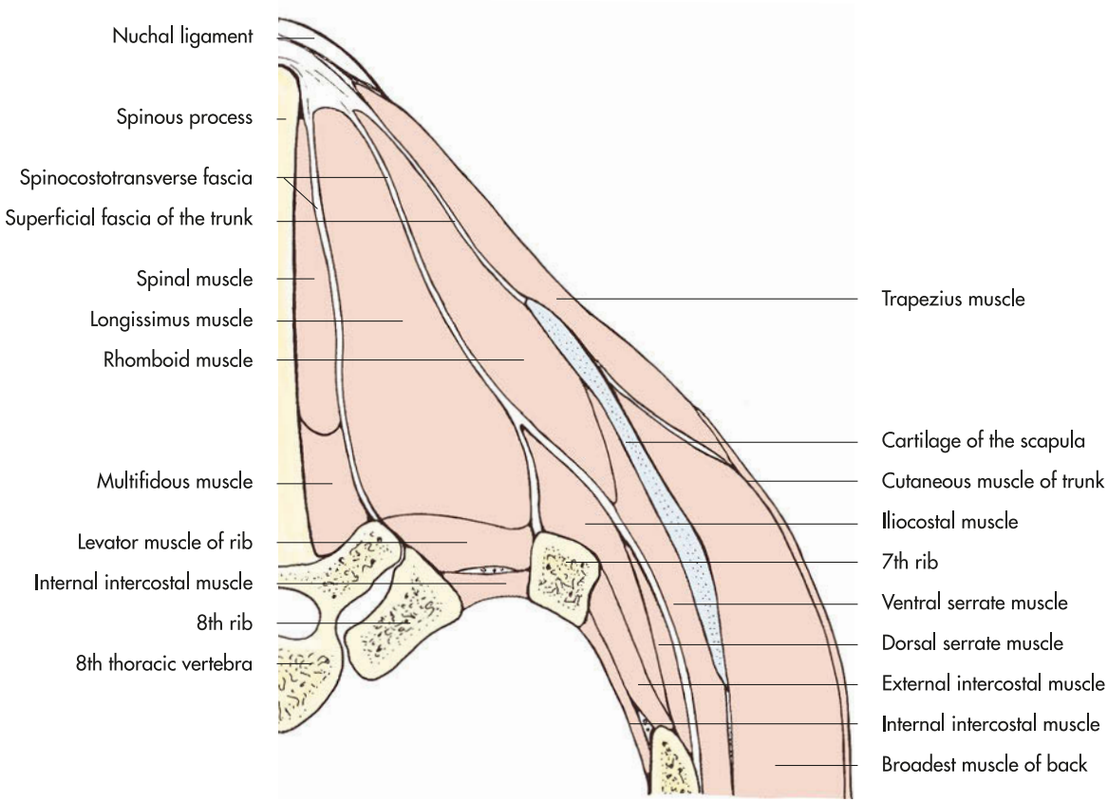


Fig. 3.13 Muscles of the back, cross-section at the level of the eighth thoracic vertebra of the horse (schematic); fig. based on data from Ellenberger and Baum, 1943.

comprises rather strong muscles, which provide stabilization of this part of the vertebral column.

The **deep layer** of the muscles of the back can be further divided into a **lateral** and **medial system**. Both groups form two strong muscular columns, which occupy the space between the spinous and transverse processes of the cervical, thoracic and lumbar vertebrae. Large parts of these groups can be summarized as erector muscles of the spine (mm. erectores spinae), a term which is much more appropriate in the cat and dog than in ruminants and the horse, in which the vertebral column is somewhat more rigid. Since the erector spinae muscles vary considerably in location and function it is difficult to group them systematically.

This system is complemented by the **transversospinal muscles** (mm. transversospinales), **interspinal muscles** (mm. interspinales) and the **intertransverse muscles** (mm. intertransversarii), which represent the short muscles of the back.

Long muscles of the neck and back

The **lateral group of muscles** consists of longitudinal muscle masses, which cross several consecutive vertebrae. These elongated muscle bellies are the result of various fusions of the primary segmental muscles of the neck and back. Their original segmental pattern is still present in that the different segments are innervated by the dorsal branches of the corresponding segmental nerves. They originate from the sacrum, the ilium and by means of tendons or small muscular digitations from the vertebrae of the trunk and insert on the ribs or the head (**sacrospinal system**).

In the neck region, extending from the withers to the occiput, the muscles of the lateral group are covered superficially by the muscles of the neck. The following muscles of the trunk are assigned to the **lateral system** (▶ Fig. 3.14; ▶ Table 3.7):

- **iliocostalis muscle** (m. iliocostalis) with:
- lumbar portion (m. iliocostalis lumborum),
- thoracic portion (m. iliocostalis thoracis) and
- cervical portion (m. iliocostalis cervicis);
- **longissimus muscle** (m. longissimus) with:
  - lumbar portion (m. longissimus lumborum),
  - thoracic portion (m. longissimus thoracis),
  - cervical portion (m. longissimus cervicis),
  - atlas portion (m. longissimus atlantis) and
  - capital portion (m. longissimus capitis).

The **iliocostal muscle** is a slim, elongated muscle, which is composed of a series of overlapping fascicles (▶ Fig. 3.14). Its fibres are orientated in a cranioventral direction and span several vertebral segments. It originates from the crest of the ilium, the transverse processes of the lumbar vertebrae and the fascial sheet ("Bogorozky tendon"), which separates the iliocostal muscles from the longissimus. It extends cranially as far as the cervical vertebral column and lies next to the broadest muscle of the back on the dorsal side of the angle of the ribs. It ends with one common tendon of insertion on the last cervical vertebra. Topograph-

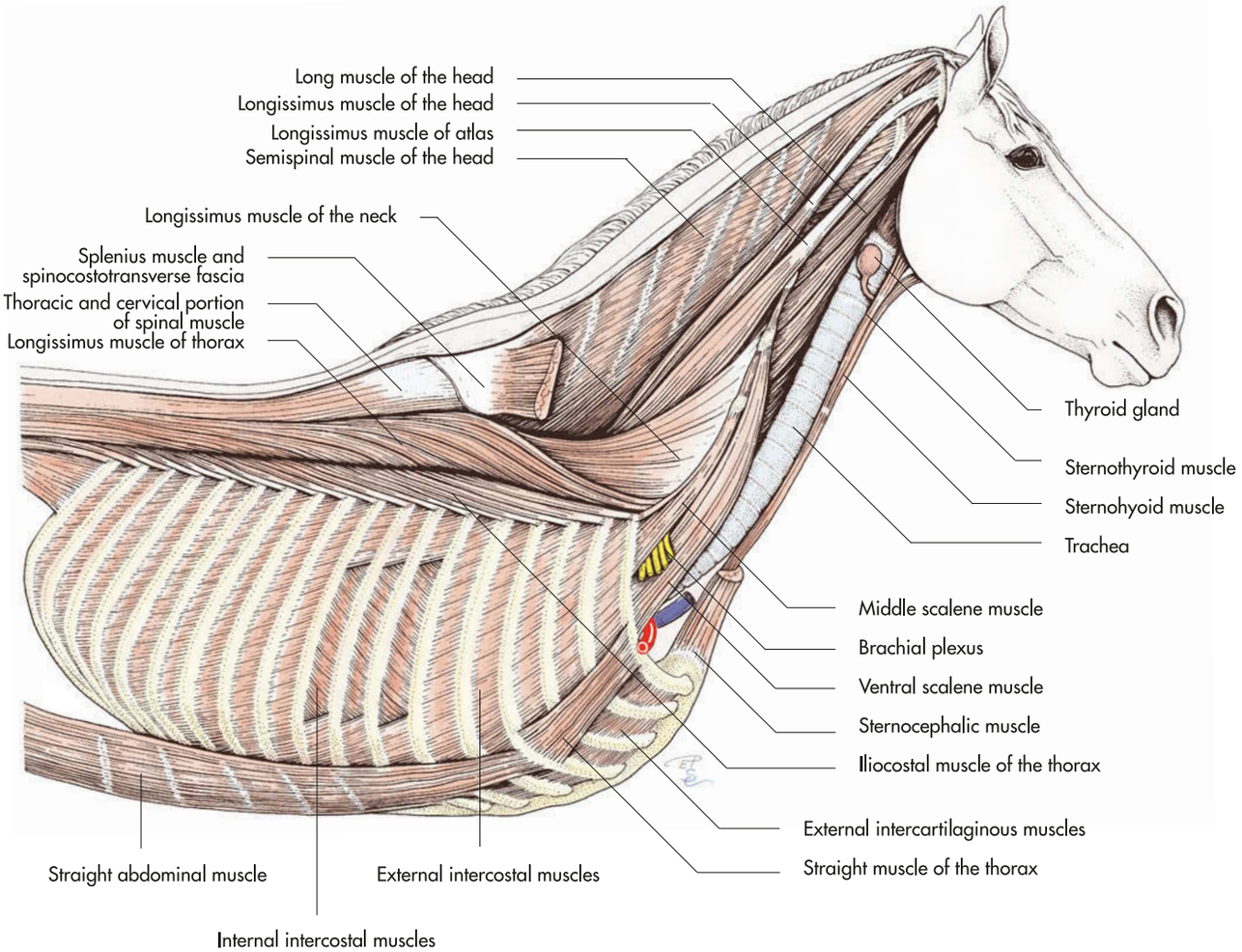


Fig. 3.14 Superficial and middle layers of the trunk musculature of the horse (schematic); fig. based on data from Ghetie, 1954.

ically the iliocostal muscle can be divided into a **lumbar** and **thoracic portion**.

The **lumbar portion** of the iliocostal muscle is well distinguishable as an independent muscle in carnivores only, while in the pigs and the horse it is fused with the lumbar portion of the broadest muscle of the back. In carnivores it attaches to the ends of the transverse processes of the lumbar vertebrae and inserts with fleshy serrations on the 11th to 13th ribs. In ruminants the tendon of insertion attaches to the last rib only. In the horse a very short lumbar portion inserts on the transverse processes of the middle lumbar vertebrae.

The **thoracic portion** (▶ Fig. 3.14) lies lateral to the broadest muscle of the back and forms the cranial continuation of the lumbar portion of the iliocostal muscle. Its individual bundles originate with glistening tendons from the lumbar portion and extend craniolaterally, spanning two to four intercostal spaces each.

After forming a common muscle belly it inserts, with terminal serrations, on the caudal side of the first (tuberositas musculi iliocostalis) to the 12th ribs and to the transverse process of the seventh cervical vertebra (carnivores). In the horse they insert on the caudal surface of the first to 15th ribs, with medial, deeper tendons of insertion to the cranial surface of the fourth to 18th ribs and to the transverse process of the seventh cervical vertebra (cervical portion).

The iliocostalis stabilises the lumbar and thoracic parts of the vertebral column. In carnivores it assists in the forward propulsion of the body when running. It also aids in expiration by pulling the ribs caudally.

The **longissimus muscle** forms a major part of the paraxial musculature of the trunk (▶ Fig. 3.14). It extends over the entire length of the back and neck from the pelvis to the head, thus forming the longest muscle of the body. Its original segmental arrangement is still reflected in the numerous individual attachments of its segmental muscle bundles. Its overlapping fascicles arise from the sacrum, ilium, the mammillary and spinous processes of the thoracic and lumbar vertebrae and run craniоventrally and laterally to insert with several tendons on the mammillary and spinous processes and the longissimus tuberosities of the ribs (tuberositates musculi longissimi).

The longissimus muscle is the thickest in the lumbar region, where it is covered by a the thoracolumbar fascia, from which it partly originates. It gradually narrows in the thoracic region.

Table 3.7 Long muscles of the neck and back: lateral system.

Name Innervation	Origin	Insertion	Function
Iliocostal muscle: Dorsal branches of the thoracic and lumbar nerves			
• **Lumbar portion**	Iliac crest and transverse processes of the lumbar columm	Caudal border of the last rib	Fixes the loin and ribs
• **Thoracic portion**	Upper end of the cranial edge of the ribs	Caudal borders of the ribs and transverse processes of the last cervical vertebra	Bends the vertebral column sideways
• **Cervical portion**	Transverse processes of the cranial thoracic vertebrae	Transverse processes of the 7th cervical vertebra	Bends the vertebral column sideways
Longissimus muscle: Dorsal branches of the cervical, thoracic and lumbar nerves			
• **Lumbar and thoracic portions**	Spinous processes of the sacral, lumbar and thoracic vertebrae; ilium	Articular, mammillary and transverse processes of the thoracic column and proximal on the ribs	Fixes and extends the vertebral column, raises cranial part of the body
• **Cervical portion**	Transverse processes of the first 5–8 thoracic vertebrae	Transverse processes of the 3rd–7th cervical vertebrae	Raises and bends the neck laterally
• **Capital and atlantic portions**	Transverse processes of the first thoracic and last cervical vertebrae	Wing of the atlas and mastoid part of the temporal bone	Raises and bends the head sideways, turns the head

The muscles can be divided into several distinct parts based on location and points of insertion. The **lumbar portion muscle** (m. longissimus lumborum) and **thoracic portion** (m. longissimus thoracis) extend from the pelvis to the seventh cervical vertebra. They occupy the space between the spinous processes medially and the transverse processes and the dorsal ends of the ribs ventrally. Laterally it is covered by the iliocostalis muscle. It continues cranially with a **cervical portion**, which fans out between the transverse processes of the first five to eight thoracic and the last cervical vertebrae. The longissimus muscle of the atlas and the longissimus muscle of the head originate from the transverse processes of the second and third thoracic vertebrae and last four to five cervical vertebrae, run cranially deep to the cervical portion and end on the wing of the atlas and the mastoid process of the occiput.

The longissimus muscles extend and stabilize the vertebral column. It reaches greatest its extension during the swing phase of the hindlimb. It plays an important role in transmitting the thrust of the hindlimbs to the back during the swing phase of progression. It also raises the cranial portion of the body, when the hindlimbs are fixed on the ground (rearing) and raises the caudal portion of the body at the same time flexing the back ventrally, when the forelimbs are fixed (kicking). Unilateral contraction flexes the vertebral column laterally and rotates the head.

In well trained, muscular horses this muscle can extend beyond the dorsal ends of the spinous processes on both sides, thus resulting in a groove over these processes.

The **medial system of muscles** forms the deep layer of the neck and back musculature (▶ Table 3.8). This group still shows their embryological segmental pattern. It consists of a number of fascicles, which extend between two adjacent vertebrae. They lie directly over the skeleton, occupying the space between the spinous processes, the vertebral arches and the transverse processes. The muscle bundles of the medial group extend either between spinous processes (**spinal system**) or from spinous process to the transverse process of adjacent vertebrae (**transversospinal system**). Its fibres are orientated in a sagittal direction or from caudo-ventro-lateral to a cranio-dorsomedial direction, thus showing the opposing fibres of the lateral system.

The muscles of the medial system are innervated by the dorsal branches (rami dorsales) of the spinal nerves.

Some of the muscles of this system extend into a cranial group, termed "specific muscles of the head", which describes their function, as opposed to their heterogenous embryologic origin; these muscles were described earlier in this chapter.

Although the differentiation between the muscles of the medial group is less distinct in the domestic mammals than in man, it varies between the different species. They can be divided topographically and functionally in the following muscle complexes:

- **spinal muscle** (m. spinalis) with:
  - thoracic portion (m. spinalis thoracis) and
  - cervical portion (m. spinalis cervicis);
- **transversospinal muscles** (mm. transversospinales) with:
  - thoracic and cervical semispinal muscle (m. semispinalis thoracis et cervicis),
  - semispinal muscle of the head (m. semispinalis capitis),
  - biventer muscle of the neck (m. biventer cervicis) and
  - complexus muscle (m. complexus);
- **multifidus muscles** (mm. multifidi) and
- **rotator muscles** (mm. rotatores).

These muscles form three muscular bands, with the multifidous and rotator muscles forming the deepest layer and the spinal muscles extending between the latter and the longissimus muscle.

The **spinal muscle** passes between the spinous processes of adjacent vertebrae. In the pig and horse, they form a common muscle belly, which bridges several segments and is therefore termed **thoracic and cervical spinal muscle**. It originates from

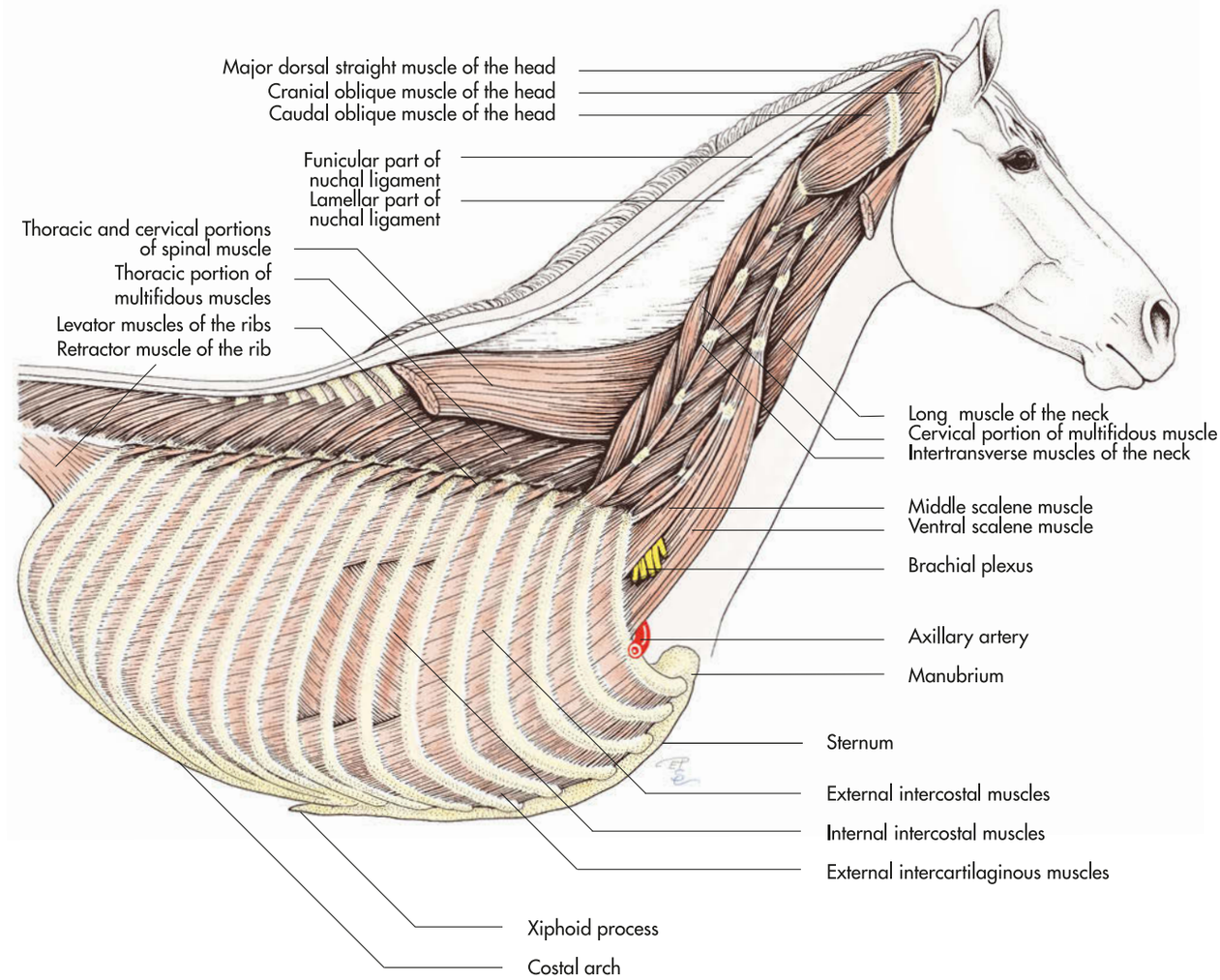


Fig. 3.15 Deep layer of the trunk musculature of the horse (schematic); fig. based on data from Ellenberger and Baum, 1943.

the spinous processes of the first six lumbar vertebrae and last six thoracic vertebrae, passes cranially in a horizontal direction to the spinous processes of the more cranial thoracic vertebrae and the seventh to third cervical vertebrae (▶ Fig. 3.15).

In ruminants and carnivores the thoracic and cervical spinal muscle receives additional muscular strands from the mammillary and transverse processes of some vertebrae (m. transversospinalis).

For this reason it is designated by a compound name, **thoracic and cervical spinal and semispinal muscle**. This muscle consists of numerous individual muscle bundles, which lie in the region of the lumbar, thoracic and cervical vertebrae. The thoracic and lumbar spinal and semispinal muscles stabilise the back and elevate the neck, when acting together. Contracting unilaterally they flex the back and neck laterally.

These muscles find a direct continuation to the neck and head in the **semispinal muscle of the head**. This strong muscle plate occupies the space between the occiput, the cervical vertebrae and the nuchal ligament, covered on its lateral aspect by the longissimus and the splenius muscles. It can be divided in the dorsomedially located **biventer muscle of the neck** and the ventrolateral **complexus muscle**.

The semispinal muscle of the head raises the head, when acting bilaterally and flexes the head and neck laterally, when acting unilaterally.

The **multifidus muscles** represent the deepest layer of the medial system of the long muscles of the neck and back (▶ Fig. 3.16). It is composed of numerous individual portions and arranged in overlapping segments, which extend from the articular and mammillary processes, and in the thoracic region from the transverse processes, to the spinous processes of the preceding vertebrae. They extend from the lumbar vertebrae to the cervical vertebral column and can include up to five segments in the thoracic region. Cranially it unites with the oblique muscle of the head and caudally with the musculature of the tail. It is responsible for the coordination of the long muscles of the neck and back.

The **rotator muscles** are only present in parts of the thoracic vertebral column to which rotational movements are possible (first to tenth thoracic vertebrae in carnivores and pigs, first to 12th in ruminants and 16th in horses). They comprise short muscle bundles, which unite the transverse processes with the spinous process of the adjacent vertebra (carnivores) and long muscles, which pass over two segments in all domestic animals (▶ Fig. 3.16).

Table 3.8 Long muscles of the neck and back: medial system.

Name Innervation	Origin	Insertion	Function
Thoracic and cervical parts of the spinal muscle (pig/horse) Dorsal branches of the cervical, thoracic and lumbar nerves	Extending across the spinous processes of one or more vertebrae	Extending across the spinous processes of one or more vertebrae	Fixes the back and neck
Thoracic and cervical parts of the spinal and semispinal muscle (carnivores/ruminants) Dorsal branches of the cervical, thoracic and lumbar nerves	Spinous processes, mammillary and transverse processes of the first lumbar and last thoracic vertebra	Spinous processes of the 1st–6th thoracic and 6th/7th cervical vertebrae	Fixes and extends the back, levator of the neck, unilaterally: bends back and neck sideways
Semispinal muscle of the head Dorsal branches of the cervical nerves	Spinocostotransverse fascia, transverse processes of the first 5–8 thoracic vertebrae, articular processes of the 2nd–7th cervical vertebrae	Occipital squama	Raises and bends head sideways
Multifidus muscle Dorsal branches of the cervical, thoracic and lumbar nerves	Articular and mammillary processes, from the sacrum to the3rd cervical process	Spinous processes and dorsal arches of the foregoing vertebra, in the thoracic region also the transverse processes of the vertebrae	Fixes and rotates the vertebral column, levator of the neck
Rotator muscles Dorsal branches of the thoracic nerves	Transverse processes	Spinous processes	Fixation and rotation of the vertebral column

Short muscles of the neck and back

The lateral and medial systems of the long muscles of the neck and back is complemented by short intersegmental muscle bands. They are divided into two groups:

- interspinal muscles (mm. interspinales) and
- intertransverse muscles (mm. intertransversarii).

The muscles of the **intertransversal system** extend between the transverse processes and the muscles of the **spinal system** between the spinous processes of the vertebrae (▶ Table 3.9).

The **interspinal muscles** consist of short muscular (carnivores) or tendinous (ungulates) bands (ligamenta interspinalia) between adjacent spinous processes of the caudal cervical, thoracic and first few lumbar vertebrae. They support the ventroflexion of the vertebral column.

The **intertransversal muscles** extend between the transverse processes, or between the transverse and articular processes or between the mammillary and accessory processes. In the dog and horse they are separated into a **lumbar group** (mm. intertransversarii lumborum) and a **thoracic group** (mm. intertransversarii thoracis), which run between the mammillary and transverse processes of the lumbar and thoracic vertebrae, and a **cervical group** (mm. intertransversarii dorsales et ventrales cervicis) between the transverse processes of the cervical vertebrae (▶ Fig. 3.16). The intertransversal muscles assist in coordinating the movements of the vertebral column. They also stabilises and flexes it laterally.

3.4.3 Muscles of the thoracic wall (musculi thoracis)

The muscles of the thoracic wall comprise two groups, the muscles of the **deep** and **superficial layers of the shoulder girdle** and **muscles of respiration**. The shoulder girdle musculature includes the superficial and deep pectoral muscles (m. pectoralis supf., m. pectoralis prof.), the subclavian muscle (m. subclavius) and the thoracic portion of the ventral serrate muscle (m. serratus ventralis), which cover the muscles of the trunk on the lateral aspect of the thorax. Functionally they are part of the shoulder girdle and are therefore presented in detail in Chapter 4 “Forelimbs or thoracic limbs” (p. 171) as part of the thoracic limb.

Respiratory muscles

All respiratory muscles are attached to the **skeleton of the thorax**: either to the ribs or the costal cartilages. They comprise muscles, which occupy the spaces between the ribs (mm. intercostales) and small muscles, which lie on the lateral surface of the ribs (▶ Table 3.10). The most important respiratory muscle is the **diaphragm** (diaphragma), which separates the thoracic and abdominal cavities.

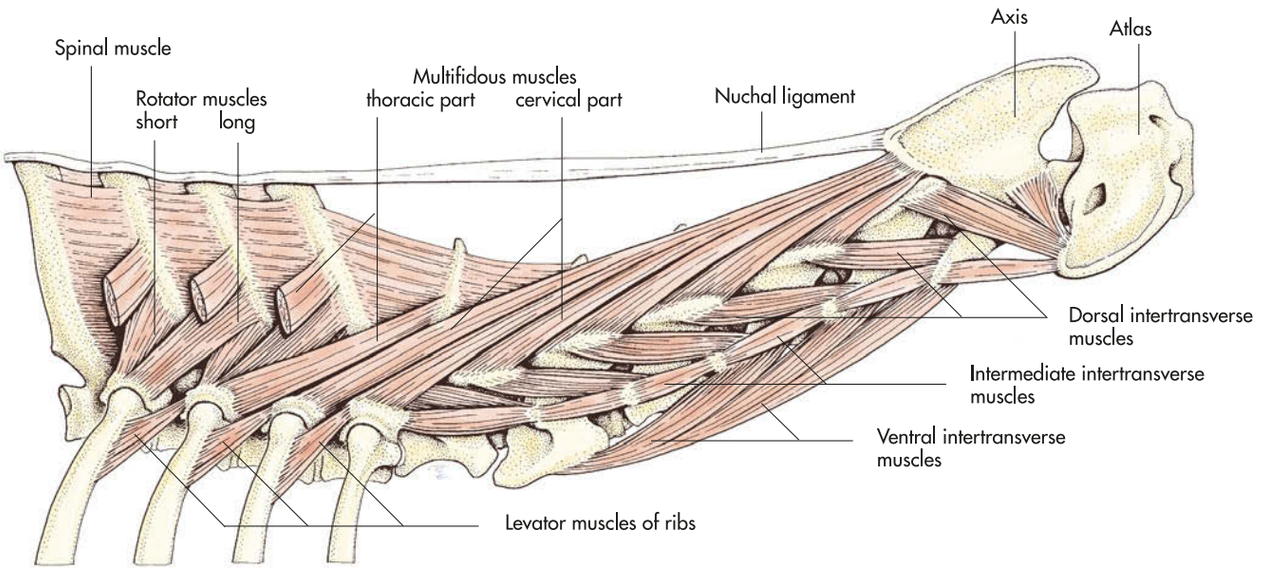


Fig. 3.16 Deep musculature of the neck of the dog (schematic).

Table 3.9 Short muscles of the neck and back.

Name Innervation	Origin	Insertion	Function
Interspinal muscles Dorsal branches of the thoracic nerves, dorsal branches of the lumbar nerves	Spinous processes	Spinous processes	Fixation and flexibility of the thoracic and lumbar vertebrae
Intertransverse muscles Dorsal branches of the cervical, thoracic and lumbar nerves	Transverse processes, mammillary processes	Transverse processes, articular processes	Fixation and lateral flexion of the cervical and lumbar vertebral column

Table 3.10 Muscles of the thoracic wall.

Name Innervation	Origin	Insertion	Function
Cranial dorsal serrate muscle Intercostal nerves	Spinocostotransverse fascia	Serrations of 2nd to 4th ribs	Draws ribs forwards; extends the thorax
Caudal dorsal serrate muscles Intercostal nerves	Thoracolumbar fascia	From 9th to 12th ribs	Draws ribs backwards; contracts the thorax
External intercostal muscles Intercostal nerves	Caudal border of the ribs	Cranial border of the preceeding rib	Draws ribs forwards; extends the thorax
Internal intercostal muscles Intercostal nerves	Cranial border of the ribs	Caudal border of the foregoing rib	Draws ribs backwards; contracts the thorax
Levator muscles of the ribs Dorsal branches of the thoracic nerves	Transverse and mammillary processes of the 1st until the next to last thoracic vertebra	Cranial border of the proximal part of the preceeding rib	Draws ribs forwards; extends the thorax
Subcostal muscles Intercostal nerves	Thin bundle of muscle fibres between the proximal ends of the ribs	Thin bundle of muscle fibres between the proximal ends of the ribs	Supports the internal intercostal muscles
Retractor muscle of the ribs Costoabdominal nerve (Evans) Iliohypogastric nerve	Thoracolumbar fascia	Final rib	Draws ribs backwards
Straight thoracic muscle Intercostal nerves	1st rib	2nd–4th rib cartilage	Draws first three ribs forwards; extends the thorax
Transverse thoracic muscle Intercostal nerves	Sternal ligament	Costochondral articulations	Contracts the thorax

Functionally the respiratory muscles can be divided into **inspiratory muscles**, which enlarge the thoracic cavity, allowing air flow into the lungs, and **expiratory muscles**, which diminish the volume of the thoracic cavity, expelling air from the lungs and airways. The inspiratory muscles rotate the ribs craniolaterally, whereas the expiratory muscles rotate them caudomedially. Similar to the muscles of the back, the **intercostal muscles** have an embryologically segmental arrangement, which is reflected by their nerve supply from the segmental intercostal nerves. This group comprises the following muscles:

- **dorsal serrate muscles** (mm. serrati dorsales) with:
  - cranial dorsal serrate muscle (m. serratus dorsalis cranialis) and
  - caudal dorsal serrate muscle (m. serratus dorsalis caudalis);
- **intercostal muscles** (mm. intercostales) with:
  - external intercostal muscles (mm. intercostales externi),
  - internal intercostal muscles (mm. intercostales interni),
  - subcostal muscles (mm. subcostales) and
  - retractor muscle of the ribs (m. retractor costae);
- **levator muscles of the ribs** (mm. levatores costarum),
- **transverse thoracic muscle** (m. transversus thoracis),
- **straight thoracic muscle** (m. rectus thoracis),
- **diaphragm** (diaphragma) with:
  - lumbar portion (pars lumbalis),
  - costal portion (pars costalis),
  - sternal portion (pars sternalis) and
  - central tendon (centrum tendineum).

The **dorsal serrate muscles** originate with an aponeurosis from the spinocostotransversal fascia, the supraspinal ligament and from the thoracolumbar fascia caudally. They attach by a series of individual digitations to the ribs lateral to the iliocostal muscles. Based on the direction of their fibres they can be divided into a **cranial portion** and a **caudal portion** (▶ Fig. 3.12).

The cranial portion pulls the ribs caudoventrally and rotates them outward during contraction, thus acting as an inspiratory muscle. In carnivores it originates from the first six to eight thoracic vertebrae and the thoracolumbar fascia and inserts with single slips to the cranial and lateral aspect of the third to 10th ribs, in the horse to the third to 12th ribs.

The fibres of the caudal portion slope cranioventrally, showing an antagonistic direction to the ones of the cranial portion. The slips of the caudal portion rotate the ribs backward and inward, thus assisting expiration.

In the dog and cat the caudal portion originates from the thoracolumbar fascia and inserts on the 9th to 13th ribs in all species except the horse, where the insertions are on the caudal side of the 12th to 18th ribs.

The **intercostal muscles** occupy the spaces between the ribs and comprise a minimum of two layers, the deeper **internal intercostal muscles** and the more superficial **external intercostal muscles** (▶ Fig. 3.15). The fibres of the internal intercostal muscles run from the cranial aspect of one rib to the caudal aspect of the preceding rib in a cranioventral direction. These muscles lie lateral to the intercostal nerve and assist expiration. The fibres of the external intercostal muscles are orientated perpendicular to the ones of the internal layer, thus bridging the individual intercostal spaces in a caudoventral direction, and acting as inspiratory muscles. The external intercostal muscles occupy the intercostal spaces from the vertebral column to the costochondral junctions, but do not extend as far as the sternum.

The **intercartilaginous muscles** are direct continuations of the intercostal muscles into the interchondral spaces.

The **subcostal muscles** are located deep to the internal intercostal muscles, medial to the intercostal nerves at the vertebral end of the last rib. They form two to three distinct muscle bundles in carnivores. These muscles and the retractor muscles of the ribs, which extend from the transverse processes of the cranial lumbar vertebrae and the thoracolumbar fascia to the last rib, act as expiratory muscles.

The **levator muscles of the ribs** constitute a series of small muscles, which are hardly distinguishable from the external intercostal muscle (▶ Fig. 3.16). They originate from the transverse and mammilary processes of all but the last thoracic vertebrae and pass caudoventrally to the angle of the adjacent ribs to insert on the cranial border of the second to the last rib. They are covered by the iliocostal and longissimus muscles of the back and are innervated by the dorsal branches of the thoracic nerves. The muscles of this group act as inspirators.

The **transverse muscle of the thorax** is a triangular sheet, lying on the inside of the sternum and the sternal costal cartilages. It originates from the **sternal ligament** (ligamentum sterni) and inserts to the costochondral junctions of the second to the eighth ribs. It pulls the ribs inward when contracting, thus assisting expiration.

The **straight muscle of the thorax** is a flat rectangular muscle covering the lateral aspect of the first three to four ribs (▶ Fig. 3.14). It runs caudoventrally from its origin on the first rib to end in a broad tendon of insertion which blends with the aponeurosis of the straight abdominal muscle. It acts as an inspiratory muscle.

The **diaphragm** is a dome-shaped musculotendinous plate, which separates the thoracic and abdominal cavities (▶ Fig. 3.17) and is present in all mammals. Its convex cranial side projects far into the thoracic cavity, so that the abdominal cavity has a large **intrathoracic part**. The point of maximum convexity is named the **vertex** or **cupula of the diaphragm** (cupula diaphragmatis).

On the thoracic side the diaphragm is covered by the **endothoracic fascia** (fascia endothoracica) and the **pleura**, on the abdominal side by the **transverse fascia** (fascia transversalis) and the **peritoneum**. A double layer of serosa extends between the thoracic surface and the heart and lungs. The abdominal surface is closely related to the liver and connected to it by ligaments. Its muscular part extends to the lumbar vertebral column dorsally.

There are **three openings in the diaphragm**. Just below the vertebral column, almost in the median plane, it is penetrated by the **aorta** (aorta), the **azygos vein** (v. azygos) and the **thoracic duct** (ductus thoracicus). More ventrally and to the left is the **oesophageal hiatus** (hiatus oesophageus), through which the oesophagus and the paired vagus nerves pass. The third opening, the **caval foramen** (foramen venae cavae), lies within the central tendon, to the right of the median plane, and forms a passage for the caudal vena cava. The diaphragm is innervated by the phrenic nerves of the ventral branches of the caudal cervical nerves (▶ Fig. 3.17).

The diaphragm consists of a **central tendon** (centrum tendineum) and a **muscular part**, which surrounds the tendinous centre on all sides. The fibres of the muscular part arise on the in-

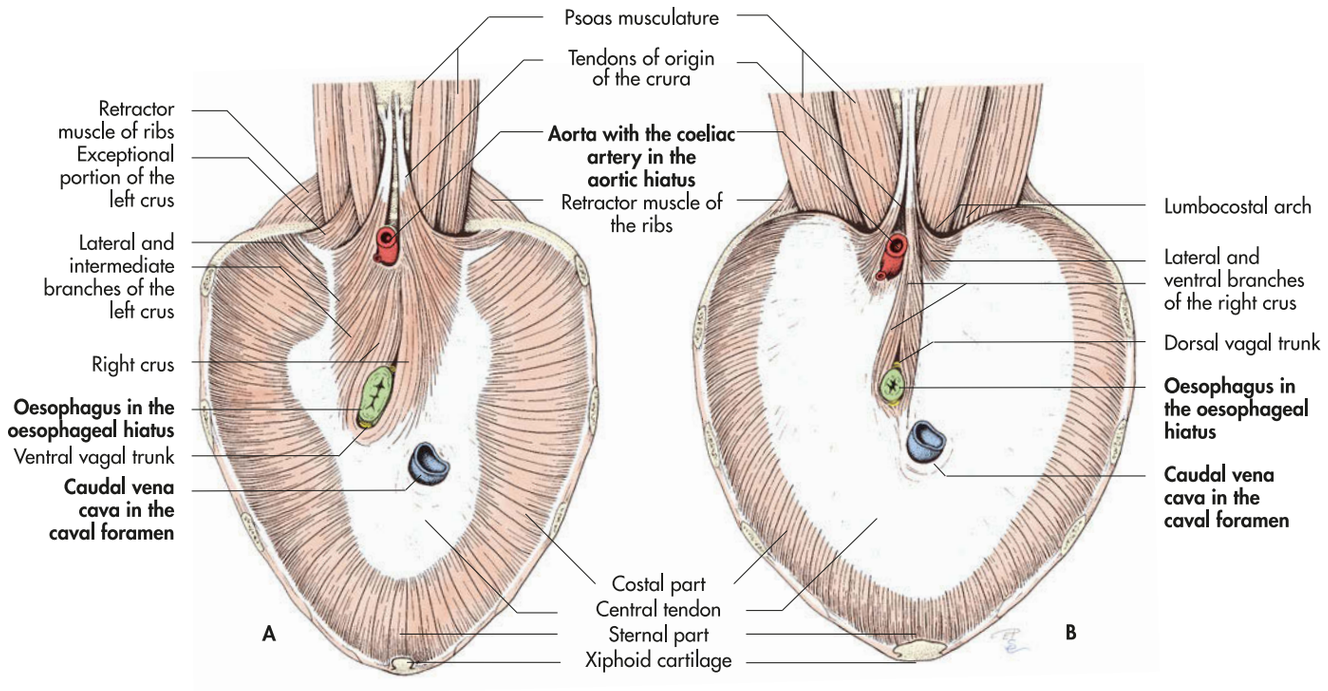


Fig. 3.17 Diaphragm of the dog **(A)** and horse **(B)** (schematic, caudal aspect).

side of the thoracic wall and pass into the central part in a radial direction.

The **muscular part** can be subdivided into:
- lumbar part (pars lumbalis),
- costal part (pars costalis) and
- sternal part (pars sternalis).

The **lumbar part** of the diaphragmatic musculature is formed by the **left** and **right diaphragmatic crura** (crus dexter, crus sinister) (▶ Fig. 3.17). They originate from the ventral aspect of the third or fourth lumbar vertebra and extend in a cranioventrally direction. At the aortic hiatus they enclose the aorta, the azygos vein and the thoracic duct. The lumbar part is especially well developed in carnivores.

The **right crus** (crus dexter) is larger than the left and fans out to divide into a lateral portion, which extends on the right side of the diaphragm to the central tendon and two ventral portions. The latter are strong muscular strands, which run cranioventrally and radiate deep into the central tendon. They form a slit through which the oesophagus and the vagus nerves pass (hiatus oesophageus). In carnivores the division of the right crus is more complex and comprises dorsal, lateral, ventral and intermediate portions.

The **left crus** (crus sinister) is undivided in all domestic species, except in carnivores, where it consists of a lateral and an intermediate branch. The left crus extends from the dorsal border of the diaphragm on the left side to join the central tendon.

The lumbar part is in direct contact to the peritoneum and the pleura on the dorsolateral border of the diaphragm just ventral to the psoas muscles. This area is called the **lumbocostal arch** (arcus lumbocostalis).

The **costal part** (pars costalis) originates as a series of muscle bundles from the inner surfaces of the last three or four ribs on both sides of the thorax and curves ventrally following the costochondral junctions to the eight rib and the xiphoid. It joins the central tendon in a radial pattern.

The fibres of the **sternal part** (pars sternalis) arise from the xiphoid cartilage, extend dorsally to meet the central tendon (▶ Fig. 3.17). The part of the central tendon, which projects the furthest cranially forms the vertex of the diaphragm and is also called **cupula** (cupula diaphragmatis).

The central tendon consists of two layers of tendon fibres, which arise from the muscular part of the diaphragm. Whereas the tendon fibres of the abdominal layer are arranged in a radial pattern, the fibres of the thoracic layer are orientated in a circular fashion, forming a mesh. Both layers are united by an intermediate layer of unorganised tendinous tissue. The central tendon is Y-shaped in carnivores due to the elongated extensions and resembles the sole of a horse's hoof in ungulates. It can be divided into a ventral body and two extensions, which run dorsally parallel to the crura. They reach the dorsal border of the diaphragm, where they separate the sternal and lumbar muscular portion. This division is incomplete in carnivores, in which the two portions stay united.

The apex of the cupula is formed by the caval foramen to which the caudal vena cava is firmly fused. Thus the position of the caval foramen is relatively constant. In the "neutral position" between full **inspiration** and full **expiration** the cupula extends into the thorax as far as the ventral part of the sixth rib and in the dog, the sixth intercostal space. This corresponds in the standing animal to the transverse plane through the olecranon. It is dis-

placed one intercostal space caudoventrally during inspiration and one intercostal space craniodorsally during expiration. Consequently the apex of the cupula remains at the level of the seventh intercostal space in ruminants and the pig and between the seventh and eight intercostal space in carnivores and in the horse.

The diaphragm is orientated obliquely in the horse, but more vertically in the other domestic species. It drops off cranially towards the sternum and extends as flat arches laterally and dorsally to attach to the thoracic wall and the vertebral column. During **inspiration** the central tendon is tightened by the contraction of the surrounding muscles, which causes the diaphragm to become more conical. The lateral adominal wall is moved outward and the abdominal viscera are displaced caudally. Thus the thoracic cavity enlarges and the lungs expand passively.

During **expiration** the muscles of the diaphragm relax and the abdominal viscera move cranially, assisted by the abdominal muscles. The thoracic cavity is reduced and the lungs are compressed.

Clinical note

The **diaphragm** can become **ruptured**, particularly as a consequence of external trauma (e.g. motor vehicle accidents). Abdominal organs become displaced into the thoracic cavity, compromising the function of the lungs. At the site of the defect, the intestine may become incarcerated and blood supply to the displaced organs may be obstructed.

Diaphragmatic hernia involves the translocation of abdominal contents into the thorax through an area of weakness in the connective tissue components of the diaphragm. In this case, peritoneum also enters the thoracic cavity. If there is no hernial sac, the displacement of organs is referred to as a **prolapse**. In many cases, these abnormalities are only discovered as incidental findings during necropsy or dissection.

3.4.4 Muscles of the abdominal wall (musculi abdominis)

The muscles of the abdominal wall are extensive, relatively thin, muscular sheets, which constitute, together with their aponeuroses, the muscular and tendinous base of the abdominal wall. This group comprises several individual muscles, arranged in **three layers**, superimposed upon each other, with contrasting orientation of their fibres. The muscles of this group arise from the cranial border of the pelvis, the lumbar region and the caudal part of the thorax and form the lateral and ventral wall of the body.

These broad fleshy sheets insert by means of an aponeurosis to tendinous structures, such as the linea alba in the midline and the **prepubic tendon** (tendo prepubicus) and the **inguinal ligament** (ligamentum inguinale) caudally (▶ Fig. 3.18 and ▶ Fig. 3.19). They are innervated by the ventral branches of the thoracal and lumbar nerves.

The **linea alba** is a tendinous cord, which extends between the xiphoid cartilage and the cranial border of the pelvis, where it inserts to the prepubic tendon (▶ Fig. 3.19). It is bordered by a strong muscle, the straight abdominal muscle, which pursues a sagittal course within the abdominal floor on both sides of the linea alba and is marked by tendinous intersections.

The **inguinal ligament**, which runs from the iliopubic eminence to the coxal tuberosity strengthens the iliac fascia on either side of the prepubic tendon (▶ Fig. 3.18 and ▶ Fig. 3.19). There is a opening between the inguinal ligament, the iliac fascia and the cranial border of the pubis, which allows passage to the greater psoas and iliac muscles and, with the exception of carnivores, the sartorius muscle (**lacuna musculorum**). Ventromedially it forms a passage for the external iliac artery and vein, the deep femoral artery and vein, the saphenous nerve and lymphatic vessels (**lacuna vasorum**).

The **linea alba** is the ventromedian suture, where the bilateral parts of the lateral mesoderm unite during development (▶ Fig. 3.19). It forms the **umbilical opening** (anulus umbilicalis) for the urachus and the umbilical vessels in the foetus, which becomes the scar-like umbilicus post partum. The linea alba reinforces the ventral abdominal wall together with the deep fascia of the trunk, with which it unites in the midline. In large animals the ventral part of the deep fascia of the trunk is interwoven by a mesh of elastic fibres. Due to the yellow colour of these fibres this part of the deep fascia is also called the **yellow abdominal tunic** (tunica flava abdominis).

The **abdominal muscles** fulfil a multitude of **functions**. They are an important part of the static-dynamic construction of the trunk, which supports the abdominal viscera. They also actively assist the end-phase of expiration, especially during laboured respiration, by pushing the viscera cranially.

When the abdominal muscles contract against a fixed diaphragm, the animal is said to “strain”. This results in an increase in the intraabdominal pressure, which reinforces the contractions of the visceral muscles necessary during defecation, micturition and parturition.

These muscles play an important role during locomotion. In ruminants and the horse they assist in supporting the vertebral column during progression. Contracting bilaterally they assist in arching the back, which is of great importance in bounding gates. This is most obvious in carnivores, in which the abdominal muscles are far more fleshy than tendinous.

There are **four abdominal muscles**, which derive their names from their position and structure (▶ Fig. 3.18 and ▶ Fig. 3.19; ▶ Table 3.11):

- external oblique abdominal muscle (m. obliquus externus abdominis),
- internal oblique abdominal muscle (m. obliquus internus abdominis),
- transverse abdominal muscle (m. transversus abdominis) and
- straight abdominal muscle (m. rectus abdominis).

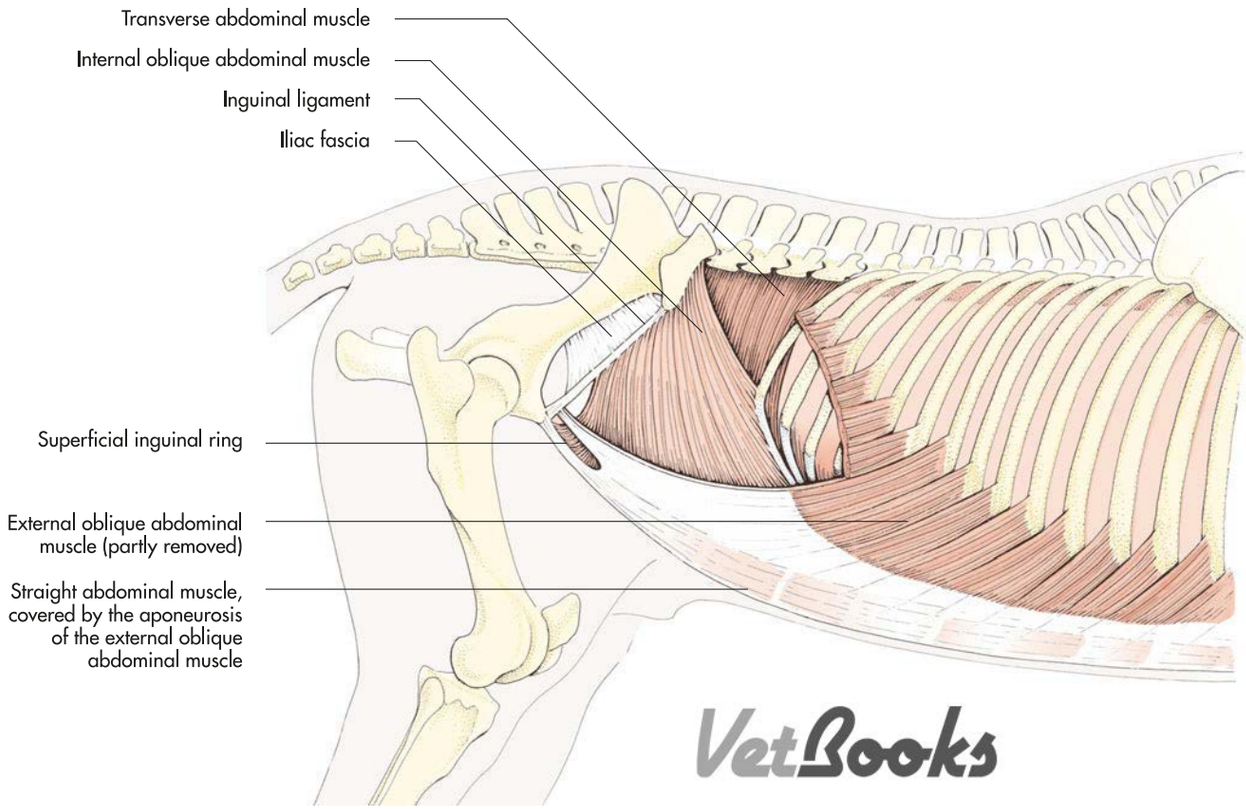


Fig. 3.18 Muscles of the abdominal wall of the horse (schematic, lateral aspect).

The **external oblique abdominal muscle** is the most superficial abdominal muscle and is only covered by the deep and superficial fasciae of the trunk and the abdominal part of the cutaneous muscle (▶ Fig. 3.18 and ▶ Fig. 3.19). It has an extensive origin by a series of digitations from the lateral surfaces of the ribs caudal to the fourth or fifth rib. The more cranial digitations alternate with those of the ventral serrate muscles. Its origin curves caudodorsally until it reaches the end of the last rib, where it fuses with the thoracolumbar fascia.

Based on position and course the external oblique abdominal muscle can be divided in a larger **thoracic portion**, which arises from the lateral surface of the thorax and a smaller **lumbar portion**, which originates from the last rib and the thoracolumbar fascia. In the horse it arises also from the coxal tuber.

The bulk of the muscle fibres fan out caudoventrally, but the dorsal bundles follow a more horizontal course. The fleshy part of the muscle is continued as a broad aponeurosis at the ventral quarter of the abdominal wall in carnivores and in the horse at the level of an imaginary line between the coxal tuberosity and the costochondral junction of the fifth rib. This extensive aponeurosis fuses ventrally with the aponeurosis of the internal oblique abdominal muscle, forming the external leaf of the **sheath of the straight abdominal muscle** (rectus sheath, vagina m. recti abdominis). It inserts to the linea alba and the prepubic ligament with the abdominal tendon and to the inguinal ligament with the pelvic tendon.

In the inguinal region the aponeurosis divides into two main portions, which forms a slit-like opening, the **superficial inguinal ring** (anulus inguinalis superficialis) (▶ Fig. 3.18 and ▶ Fig. 3.19).

The abdominal tendon forms the caudomedial wall (also called medial crus) of the superficial inguinal ring, the pelvic tendon, the caudolateral wall (also called lateral crus). Corresponding to the course of the muscle fibres, the long axis of the superficial inguinal opening is directed from craniolateral to caudomedial. The superficial inguinal ring is the **external orifice of the inguinal canal** (canalis inguinalis seu spatium inguinale). Before or shortly after birth it allows the descent of the testis toward the scrotum.

In the adult male the **vaginal process** (processus vaginalis) (▶ Fig. 3.19), covered by the cremaster muscle and containing the spermatic cord, blood vessels and nerves, passes through the inguinal canal. The medial crus detaches the **femoral lamina** (lamina femoralis), which passes onto the medial surface of the thigh, where it blends with the medial femoral fascia.

In carnivores, the abdominal tendon is fused with the deep fascia of the trunk on the outside and with the aponeurosis of the internal oblique abdominal muscle on the inside, forming the external leaf of the rectus sheath. The sheath itself blends with the transverse **tendinous intersections** (intersectiones tendineae) of the straight abdominal muscle. The lateral crus of the pelvic tendon unites with the medial crus in the caudal angle (angulus caudalis) of the superficial inguinal ring.

In the horse, the **strong abdominal tendon** is strengthened by the ventral part of the deep fascia of the trunk, the **yellow abdominal tunic**, and inserts along the linea alba and by means of the medial crus of the superficial inguinal ring to the prepubic tendon. The superficial inguinal ring is well defined and about 10 to 15 cm long. It lies about 2 cm lateral to the linea alba and the same distance cranial to the prepubic ligament. The smaller pelvic tendon forms the tendinous inguinal ligament (ligamentum inguinale), which extends from the coxal tuberosity to the iliopubic eminence and the prepubic tendon (▶ Fig. 3.19).

The **internal oblique abdominal muscle** lies deep to the external oblique abdominal muscle. It originates from the tuber coxae, the proximal part of the inguinal ligament and, with the exception of the horse, from the transverse processes of the lumbar vertebrae and the thoracolumbar fascia (▶ Fig. 3.18 and ▶ Fig. 3.19). It fans out in a cranioventral direction and its fibres are orientated at a right angle to the ones of the external oblique abdominal muscle. Its muscular part becomes a broad aponeurosis at the level of the lateral border of the straight abdominal muscle. It unites with the aponeurosis of the external oblique abdominal muscle to form the external leaf of the rectus sheath, which blends at the linea alba with that of the opposite side.

Proximally there is a separate portion, the **costocoxal crus** (crus costocoxale), which attaches to the last rib and the angle of the ribs. The caudal part of the internal oblique abdominal muscle forms the cranial wall of the deep inguinal ring (anulus inguinalis profundus), the caudal wall of which is formed by the inguinal ligament. The deep inguinal ring is the slit-like internal opening of the inguinal canal with its long axis orientated in a transverse direction.

In male animals the internal oblique abdominal muscle detaches a narrow muscular band caudally, the cremaster, which covers the vaginal process on its lateral surface and passes with the latter through the inguinal ring.

The **transverse abdominal muscle** is the smallest of the four abdominal muscles and lies deep to the others (▶ Fig. 3.18). It is a muscular sheet of parallel bundles of fibres, which originates cranially from the inside of the costal cartilages of the last 12 ribs in the horse and the 12th and 13th ribs in the dog and caudally from the transverse processes of the lumbar vertebrae. Its caudal border reaches the level of the coxal tuberosity. Its muscular part continues as an aponeurosis from the level of the lateral border of the rectus abdominis muscle. This aponeurosis constitutes the internal leaf of the rectus sheath. Since the transverse abdominal muscle does not extend beyond the level of the tuber coxae, the **internal leaf of the rectus sheath** is absent in the pelvic region. The aponeurosis does not extend as far as the inguinal canal. Well-fed horses can deposit a large amount of fat between the transverse fascia and the transverse abdominal muscle (panniculus adiposus internus). In carnivores the aponeurosis extends a detachment to the external sheath of the straight abdominal muscle caudal to the umbilicus.

The **straight abdominal muscle** is confined to the ventral aspect of the abdominal wall and does not form an aponeurosis unlike the other abdominal muscles (▶ Fig. 3.18 and ▶ Fig. 3.19). The entire muscle lies within a sheath, the **rectus sheath**, which is formed by the aponeuroses of the other abdominal muscles in a species-specific way (**vagina musculi recti abdominis**). The straight abdominal muscle arises from the costal cartilages of the true ribs and the adjacent parts of the sternum and inserts into the prepubic tendon. The fibres of the muscles are directed longitudinally on both sides of the linea alba. Transverse bands of fibrous tissue, called tendinous intersections, extend across the muscle. In the horse the tendon of insertion of the straight abdominal muscle detaches to form the accessory ligament of the femoral head, which runs to the coxofemoral joint, where it inserts together with the ligament of the head of the femur to the head of the femur.

Rectus sheath (vagina m. recti abdominis)

The straight abdominal muscle is completely surrounded by tendinous tissue, which is composed of the aponeuroses of the three other abdominal muscles and the deep fascia of the trunk (▶ Fig. 3.20). If species-specific variations are neglected the rectus sheath shows the following architecture: The aponeuroses of the two oblique abdominal muscles form the **external leaf of the sheath** (lamina externa), which covers the ventral aspect of the rectus abdominis. Dorsally the rectus abdominis is covered by the **internal leaf of the sheath** (lamina interna), which is formed by the aponeurosis of the transverse abdominal muscle. Both leaves unite in the linea alba. The described anatomical plan is found in ruminants and horses and is limited to the region of the umbilicus in pigs and carnivores.

In the pre-umbilical region of carnivores the aponeurosis of the internal oblique abdominal muscle divides to form the tendinous sheet of the internal leaf of the rectus sheath. In the region caudal to the umbilicus, the aponeurosis of the transverse abdominal muscle passes gradually over to the lateral side, where it unites with the aponeuroses of the oblique muscles and the transverse fascia to form the external leaf of the rectus sheath. Thus the straight abdominal muscle lacks an internal aponeurotic covering at its pelvic end, being covered here by the transverse fascia and the peritoneum only.

Inguinal canal (canalis inguinalis)

The inguinal canal is a connective tissue-filled cleft between the abdominal muscles and their aponeuroses in both sexes. It serves as a passageway for the vaginal process and for the descent of the testis before or shortly after birth in male animals.

The external opening of the inguinal canal is called **superficial inguinal ring** (anulus inguinalis superficialis). In the horse it is situated 4 to 5 cm lateral to the linea alba and 2 fingers width cranial to the cranial border of the pelvis (▶ Fig. 3.18 and ▶ Fig. 3.19).

In a middle-sized horse the superficial inguinal ring is a well-defined slit-like opening, about 10 to 12 cm long, with its long axis directed from craniolateral to caudomedial. Its ventromedial wall, is formed by the medial crus of the abdominal tendon of the external oblique abdominal muscle, its dorsolateral wall by the lateral crus of the pelvic tendon of the latter muscle. The ventromedial wall of the superficial inguinal ring is palpable through the skin between the abdominal wall and the thigh. The dorsolateral wall cannot be palpated since it is covered by the femoral lamina.

The internal opening of the inguinal canal, the **deep inguinal ring** (anulus inguinalis profundus), is orientated transversally to the long axis of the body (▶ Fig. 3.19). The deep inguinal ring is formed by the caudal border of the internal oblique abdominal

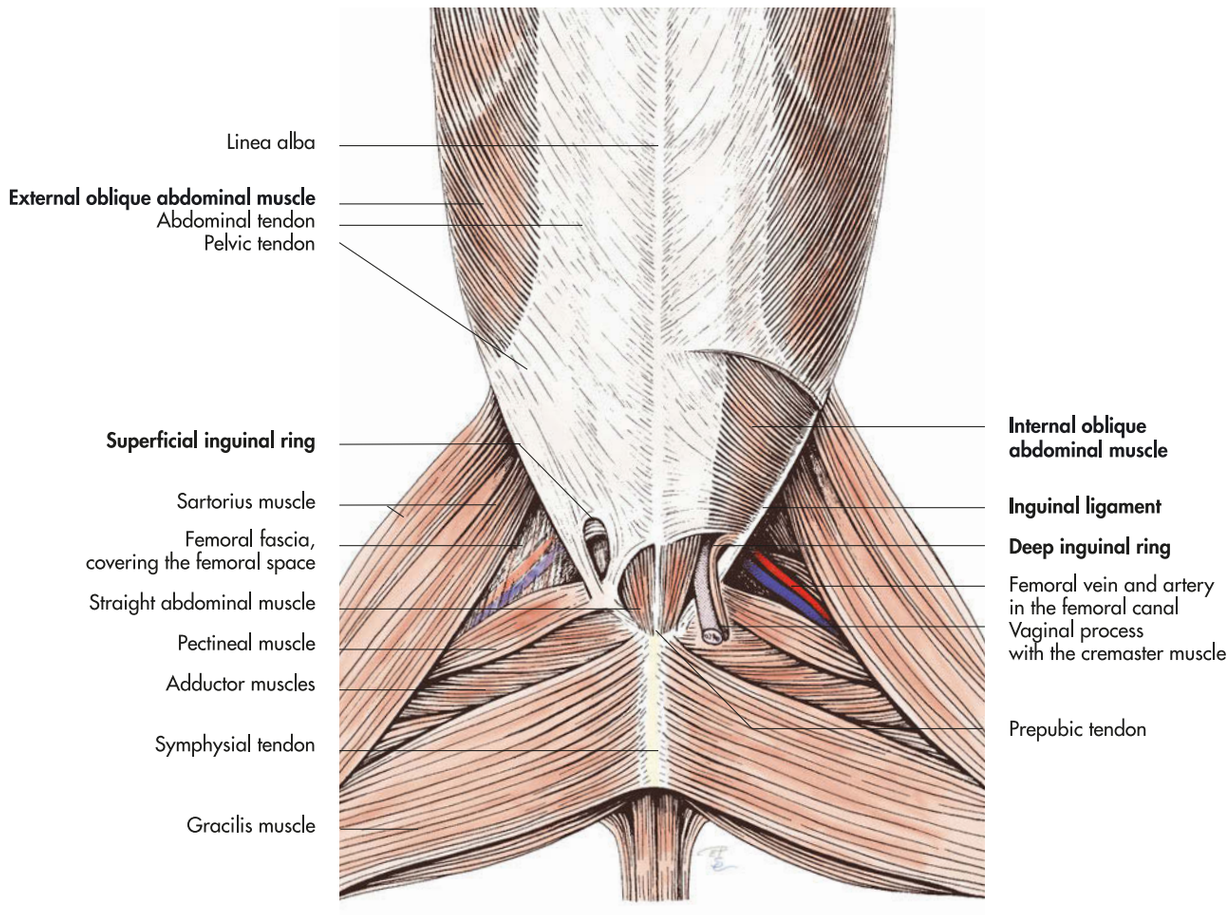


Fig. 3.19 Muscles of the abdominal wall and the medial side of the thigh (schematic, ventral aspect).

muscle and the lateral border of the straight abdominal muscle craniomedially and the inguinal ligament caudolaterally. The inguinal ligament is the thickened caudal end of the pelvic tendon of the external oblique abdominal muscle and is closely related to the transverse fascia. It extends between the iliopubic eminence and the prepubic tendon.

In the adult male the inguinal canal contains the vaginal process, which includes the spermatic cord and the cremaster muscle (m. cremaster) on the lateral aspect. In the horse, the spermatic cord can be palpated through the skin and the wall of the vaginal process.

The caudomedial angle of the superficial inguinal ring leaves room for the passage of blood and lymphatic vessels (a. et v. pudenda externa, vasa efferentia of the superficial inguinal lymph nodes) and the genitofemoral nerve (n. genitofemoralis) through the inguinal canal. In the females of the domestic mammals the inguinal canal is very narrow and allows passage to the same vessels and nerves as in males. Only the bitch possesses a vaginal process, which contains the round ligament of the uterus.

The inguinal region is of clinical relevance in connection with castration, inguinal hernias and cryptorchidism.

Table 3.11 Muscles of the abdominal wall.

Name Innervation	Origin	Insertion	Function
External oblique abdominal muscle Ventral branches of the thoracic and lumbar nerves	Digitations from the lateral surface of the ribs 8 to 10 and the thoracolumbar fascia	Linea alba and inguinal ligament	Abdominal press and expiration, compression of the abdominal viscera
Internal oblique abdominal muscle Ventral branches of the thoracic and lumbar nerves	Coxal tuberosity, transverse processes of the lumbar vertebrae, thoracolumbar fascia	Linea alba and final rib, costal arch	Abdominal press and expiration, compression of the abdominal viscera
Transverse abdominal muscle Ventral branches of the thoracic and lumbar nerves	Transverse processes of the lumbar vertebrae, rib cartilage	Linea alba	Abdominal press and expiration, compression of the abdominal viscera
Straight abdominal muscle Ventral branches of the thoracic and lumbar nerves	Sternum, sternal rib cartilage from the 4th rib	Prepubic tendon and pecten of pubic bone	Abdominal press and expiration, compression of the abdominal viscera

3.4.5 Muscles of the tail (musculi caudae)

The tail of the domestic mammals has a variety of functions for which its versatile attachment to the trunk is very important. It can influence movements of the whole body considerably. The tail expresses a wide range of emotions and acts as a means of communication especially in carnivores. The muscles of the tail are arranged in a circular order around the caudal vertebrae. They are direct continuations of muscles which arise from the vertebral column or the pelvis.

One differentiates these muscles according to position and function:

- **levators of the tail are**:
  - medial dorsal sacrococcygeal muscle (m. sacrococcygeus dorsalis medialis) and
  - lateral dorsal sacrococcygeal muscle (m. sacrococcygeus dorsalis lateralis);
- **depressors of the tail are**:
  - medial ventral sacrococcygeal muscle (m. sacrococcygeus ventralis medialis) and
  - lateral ventral sacrococcygeal muscle (m. sacrococcygeus ventralis lateralis);
- **lateral flexors of the tail are**:
  - intertransverse muscles of the tail (mm. intertransversarii caudae);
- **muscles of the pelvis and tail are**:
  - coccygeal muscle (m. coccygeus),
  - iliocaudal muscle (m. iliocaudalis) and
  - pubocaudal muscle (m. pubocaudalis).

The **muscles of the tail**, which arise from the vertebral column, lie on the lateral, ventral and dorsal sides and cover the individual vertebrae and the intervertebral discs (▶ Fig. 3.21; ▶ Table 3.12). The levators of the tail are situated on the dorsal aspect of the caudal vertebrae and extend from the sacrum (in carnivores from the last lumbar vertebra) to the middle or last caudal vertebrae.

The **medial dorsal sacrococcygeal muscle** is also called the short levator of the tail and is composed of short, individual segments, which extend between the spinal and mammary processes (▶ Fig. 3.18). In carnivores it lies to both sides of the median plane on the dorsal side of the sixth or seventh lumbar vertebra to the last caudal vertebra. It has short deep muscle portions, which originate from the spinous process, bridge one intervertebral space and insert on the mammillary process of the vertebra caudal to it, and long superficial portions, which span four or five caudal vertebrae. The muscle segments become smaller towards the tip of the tail.

The **lateral dorsal sacrococcygeal muscle**, also called the long levator of the tail is considered to be the direct continuation of the longissimus muscle of the back on the tail (▶ Fig. 3.21). In the dog it has a muscular origin from the aponeurosis of the longissimus and a tendinuous origin from the mammillary processes of the second to seventh lumbar vertebrae, the articular processes of the sacrum and the rudiments of the mammillary processes of the first eight caudal vertebrae. It is composed of individual segments, which extend from the second sacral to the 14th caudal vertebra. These muscular segments continue as 16 thin, delicate tendons, embedded in the deep fascia of the tail, which taper towards the tip of the tail. In ruminants and horses there are additional tendons originating from the lateral part of the sacrum.

The **medial ventral sacrococcygeal muscle**, or short depressor of the tail, covers the ventral side of the vertebral column, starting with the last sacral vertebra throughout the length of the tail (▶ Fig. 3.21). It is a cord-like muscle, which forms, with the muscle of the opposite side, a deep furrow for the coccygeal vessels (a. et v. coccygea mediana). Its tendons of insertion unite with the tendon of the long depressor of the tail.

The **lateral ventral sacrococcygeal muscle**, or long depressor of the tail, consists of numerous individual parts, which originate lateral and ventral to the short depressor of the tail from the last lumbar vertebra, the sacrum and on the ventral aspect and the basis of the transverse processes of the first 11 caudal vertebrae in carnivores (▶ Fig. 3.21). The single segments insert on the ventrolateral tubercles on the cranial end of the sixth caudal vertebra. In ungulates it is a strong muscular cord, which originates from the second, third or last sacral vertebra and the transverse process of the first caudal vertebrae.

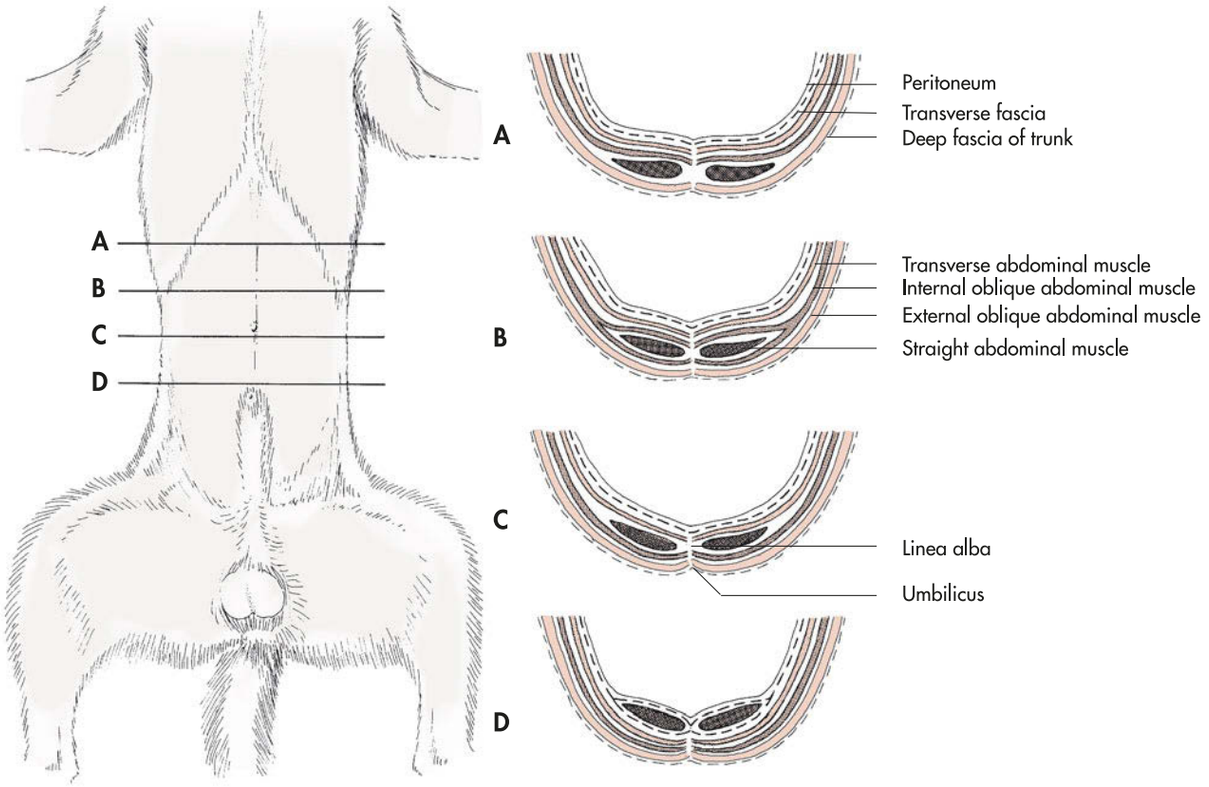


Fig. 3.20 Rectus sheath of the dog with cross sections through the ventral abdominal wall at four levels (schematic); fig. based on data from Budras, 1996.

The **intertransverse muscles of the tail** flex the tail laterally. They are situated on the lateral side of the caudal vertebrae between the long levator and the long depressor of the tail (▶ Fig. 3.21). They occupy the spaces between the transverse processes of the caudal vertebrae and are especially well developed in ruminants and the horse. In carnivores the intertransversarii caudae muscles exhibit ventral and dorsal muscle bundles.

The **dorsal parts** originate from the dorsal sacroiliac ligament (ligamentum sacroiliacum dorsale) and from the caudal part of the sacrum. The single portions form a large round muscle belly which inserts on the transverse process of the fifth caudal vertebra. It receives supplementary fibres from the transverse processes of the first few caudal vertebrae.

The **ventral intertransverse muscle of the tail** extends from the third to the last caudal vertebra.

The **muscles of the pelvis and tail** are individual muscles, which extend from the pelvis to the transverse or haemeal processes of the first caudal vertebrae. They insert between the levators and depressors of the tail.

The **iliocaudal muscle** and the **pubocaudal muscle** are present only in carnivores and are part of the levator muscles of the anus. The iliocaudal muscle constitutes the ilial portion of the levator muscle of the anus, originating from the medial aspect of the ilial shaft. The pubocaudal muscle constitutes the pubic portion, arising from the floor of the pelvis along the pelvic symphysis. The obturator nerve (n. obturatorius) passes between the two parts. The fibres of both parts radiate into the fascia of the tail or end on the haemal processes of the first to third (cat) or fourth to seven (dog) caudal vertebra.

The **coccygeal muscle** takes its origin from the inside of the broad sacrotuberous ligament in ruminants, pigs and the horse. In carnivores it originates cranial to the internal obturator muscle from the ischial spine and inserts on the transverse processes of the first caudal vertebra between the portions of the intertransverse muscles of the tail. Acting bilaterally it presses the tail against the anus and genitalia and draws the tail between the hindlimbs. Acting unilaterally it flexes the tail laterally.



Fig. 3.21 Muscles of the tail of the dog, cross section. (source: courtesy of L. Hnilitza, Vienna)

Table 3.12 Muscles of the tail.

Name Innervation	Origin	Insertion	Function
Lateral dorsal sacrococcygeal muscle Sacral and caudal nerves	Sacrum	Middle and last caudal vertebrae	Levator of the tail
Medial dorsal sacrococcygeal muscle Sacral and caudal nerves	Sacrum	Middle and last caudal vertebrae	Levator of the tail
Lateral ventral sacrococcygeal muscle Sacral and caudal nerves	Ventral on the sacrum	Middle and last caudal vertebrae	Depressor of the tail
Medial ventral sacrococcygeal muscle Sacral and caudal nerves	Ventral on the sacrum	Middle and last caudal vertebrae	Depressor of the tail
Intertransverse muscles of the tail Sacral and caudal nerves	Transverse processes of the caudal vertebrae	Middle and last caudal vertebrae	Draws tail sideways
Coccygeal muscle Sacral and caudal nerves	Ischiatic spine and sacrotuberal ligament	Transverse processes of the first caudal vertebrae	Draws tail sideways
Iliocaudal muscle (only carnivores) Sacral and caudal nerves	Medial on the shaft of the ilium	Haemal processes of the first caudal vertebrae	Depressor of the tail
Pubocaudal muscle (only carnivores) Sacral and caudal nerves	Pelvic symphysis	Haemal processes of the first caudal vertebrae	Depressor of the tail

4 Forelimbs or thoracic limbs (membra thoracica)

H.-G. Liebich, J. Maierl and H. E. König

4.1 Skeleton of the thoracic limb (ossa membri thoracici)

4.1.1 Pectoral girdle (cingulum membri thoracici)

The pectoral or shoulder girdle comprises the **coracoid**, the **collar bone** (clavicle, clavicula) and the **shoulder blade** (scapula) and joins the forelimb to the trunk.

In domestic mammals, the **coracoid** is reduced to a cylindrical process (coracoid process, processus coracoideus) fused to the medial side of the scapula. The **clavicle** is either absent or a small rudiment embedded in the brachiocephalic muscle, in contrast to the well-developed functional bone of man. In the cat (▶ Fig. 4.1) it forms a flat, slightly bent bone, 2–5 cm in length, whereas in the dog it is only 1 cm in length with no connection to the skeleton. These rudimentary bones are visible on radiographs. In ungulates it is further reduced to a fibrous intersection in the brachiocephalic muscle.

Shoulder blade (scapula)

The scapula is triangular in outline and lies flat against the cranial part of the lateral thoracic wall in a cranioventral direction. It is linked to the trunk by muscles (**synsarcosis**) without forming a true articulation. The **dorsal border** (margo dorsalis) points towards the vertebral column and extends into the crescent-shaped **scapular cartilage** (cartilago scapulae), which enlarges the area of attachment for the muscles of the scapula and acts as a shock absorber. This cartilage becomes increasingly calcified and thus more brittle with age. In the horse the scapular cartilage extends over the caudal angle and reaches the level of the withers, in carnivores it is only a small band.

The **lateral surface** (facies lateralis) of the scapula carries prominent bony structures, whereas the **medial** or **costal surface** is hollowed by a shallow **fossa** (fossa subscapularis) for muscular attachment. The lateral surface is divided by the prominent **spine of the scapula** (spina scapulae) into the smaller cranial **supraspinous fossa** (fossa supraspinata) and the larger **infraspinous fossa** (fossa infraspinata) caudally (▶ Fig. 4.4, ▶ Fig. 4.6, ▶ Fig. 4.7 and ▶ Fig. 4.8). The muscle bellies of the like-named muscles are found within these fossae. The scapular spine extends from the dorsal border to the ventral angle, increasing in height (distance from the scapula) dorsoventrally.

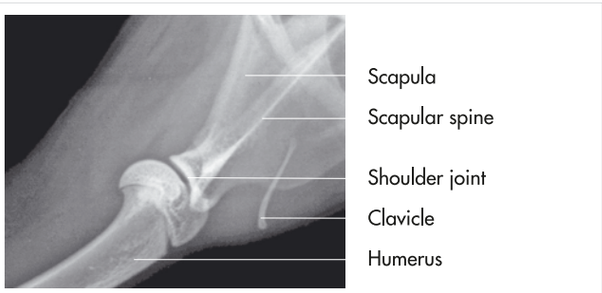


Fig. 4.1 Shoulder joint with clavicle of a cat (radiograph). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

The spine ends with a well-defined prominence (**acromion**) close to the ventral angle, in carnivores and ruminants, but in the horse and pig it subsides distally. This prominence is extended to form a distinct process in the dog (processus hamatus) and cat (processus suprahamatus). The **tuber of the spine of the scapula** (tuber spinae scapulae) is present dorsal to its middle in all domestic mammals with the exception of the carnivores.

The **costal surface of the scapula** (facies costalis seu medialis) is hollowed by the shallow **subscapular fossa** (fossa subscapularis), which is occupied by the origin of the subscapularis muscle (▶ Fig. 4.8). The proximal border contains a closely defined roughened area (facies serrata), where the ventral serrate muscle attaches. This area is surrounded by a bony rim. The **outline of the scapula** can be defined by different features, which are described below in a counterclockwise direction:

- cranial angle (angulus cranialis),
- cranial border (margo cranialis),
- ventral angle (angulus ventralis),
- caudal border (margo caudalis),
- caudal angle (angulus caudalis) and
- dorsal border (margo dorsalis).

The **cranial angle** joins the thin and slightly concave **cranial border** (margo cranialis) at a right angle. The cranial border forms the **scapular notch** (incisura scapulae) at the level of the **neck of the scapula** (collum scapulae), where the suprascapular nerve lies. The **ventral angle** (angulus ventralis) carries the shallow **glenoid cavity** (cavitas glenoidalis) for the articulation of the scapula with the humerus (glenohumeral joint, shoulder joint, articulatio humeri).

Cranial to the glenoid cavity is a large prominence, the **supraglenoid tubercle** (tuberculum supraglenoidale), which gives origin to the biceps muscle of the forearm. The **coracoid process** (processus coracoideus) projects from the medial side of the supraglenoid tubercle (▶ Fig. 4.8).

The thick **caudal border** is marked by several ridges for the attachment of the triceps muscle of the forearm. The **caudal angle** is also thickened and palpable through the skin.

4.1.2 Skeleton of the arm (brachium)

The skeleton of the proximal part (stylopodium) (▶ Fig. 4.2) of the free appendage of the forelimb is formed by a single bone, the **humerus** (▶ Fig. 4.3). The humerus has a central function in the movement of the thoracic limb. Its surface is characteristically modelled by the attachment of strong muscles and their tendons, which led to the development of prominent bony protuberances and grooves. In spite of species-specific modifications the humerus can be divided into three basic segments (▶ Fig. 4.9, ▶ Fig. 4.10, ▶ Fig. 4.11 and ▶ Fig. 4.12):

- proximal extremity bearing the head (caput humeri) and the tubercles (tuberculum majus and minus),

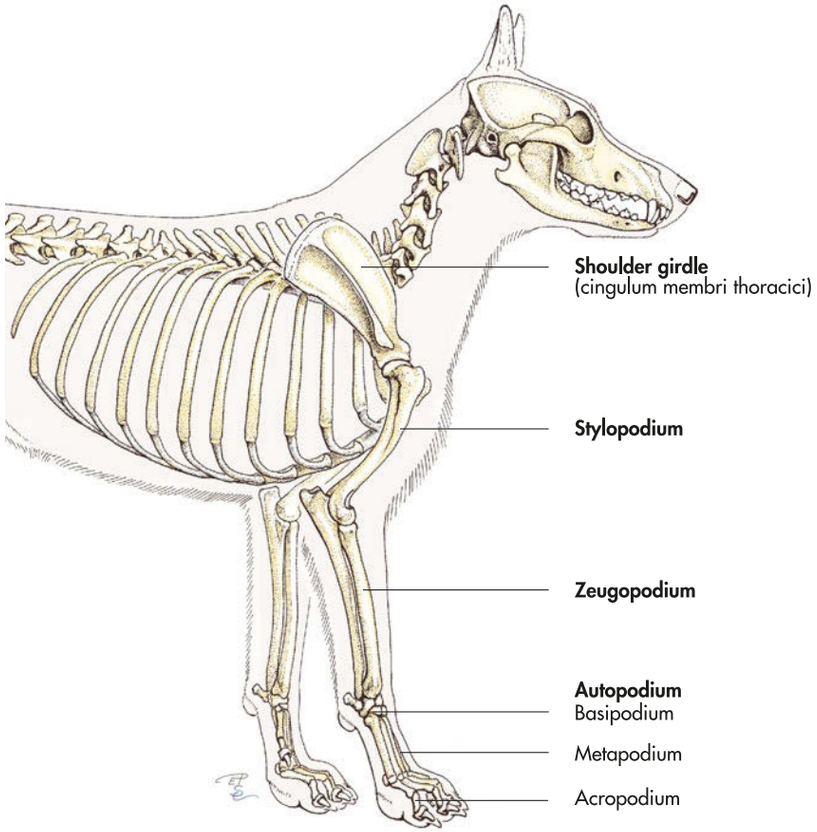


Fig. 4.2 Skeleton of the thoracic limb of the dog: parts (schematic).

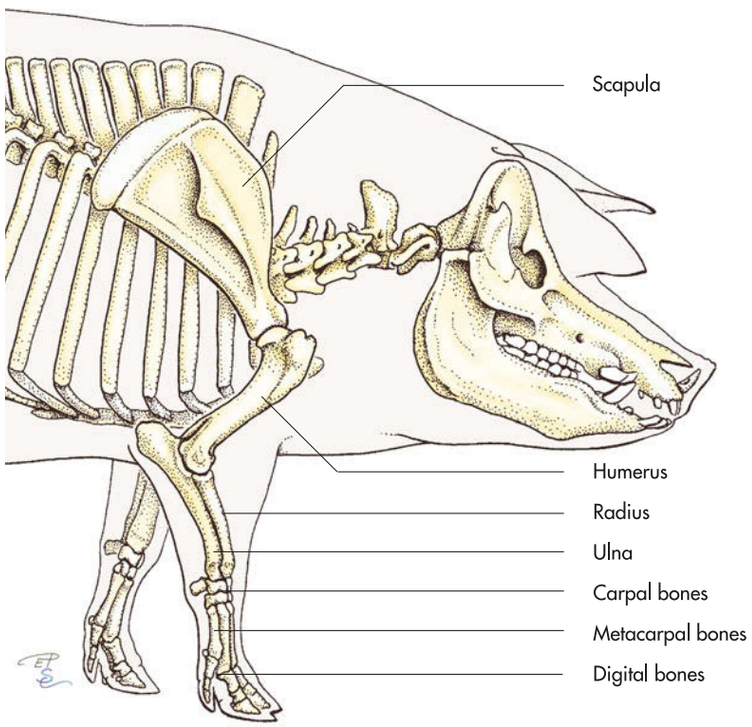


Fig. 4.3 Skeleton of the thoracic limb of the pig: bones (schematic).

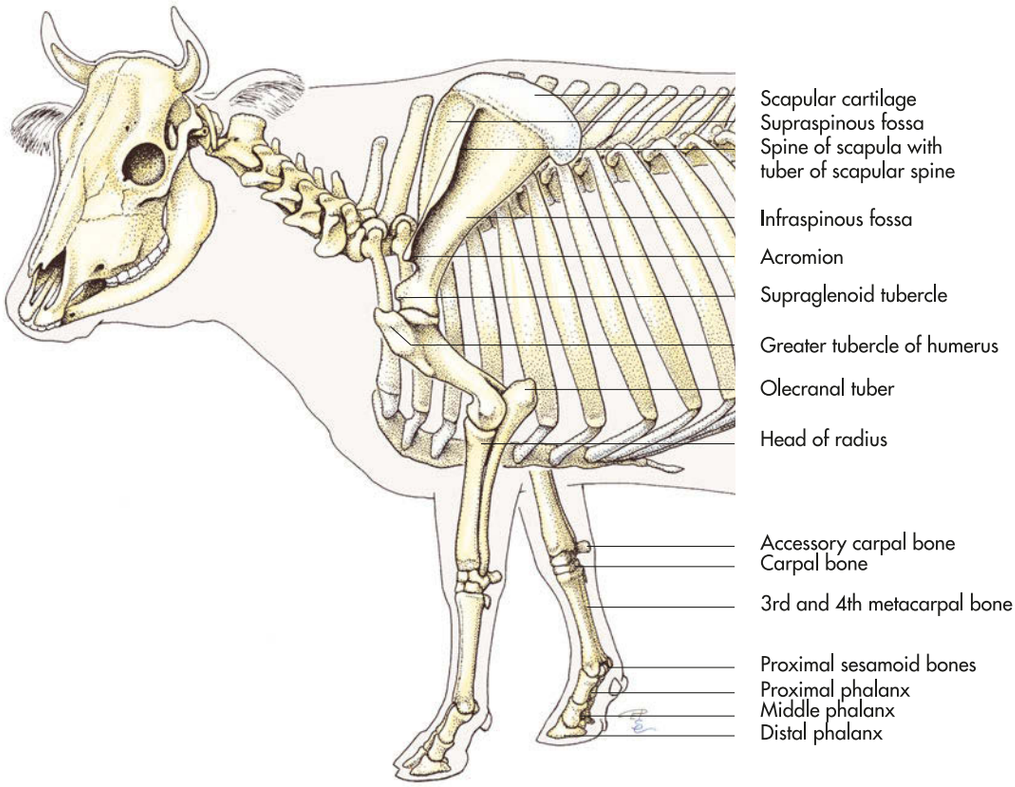


Fig. 4.4 Skeleton of the thoracic limb of the ox: osseous structures (schematic).

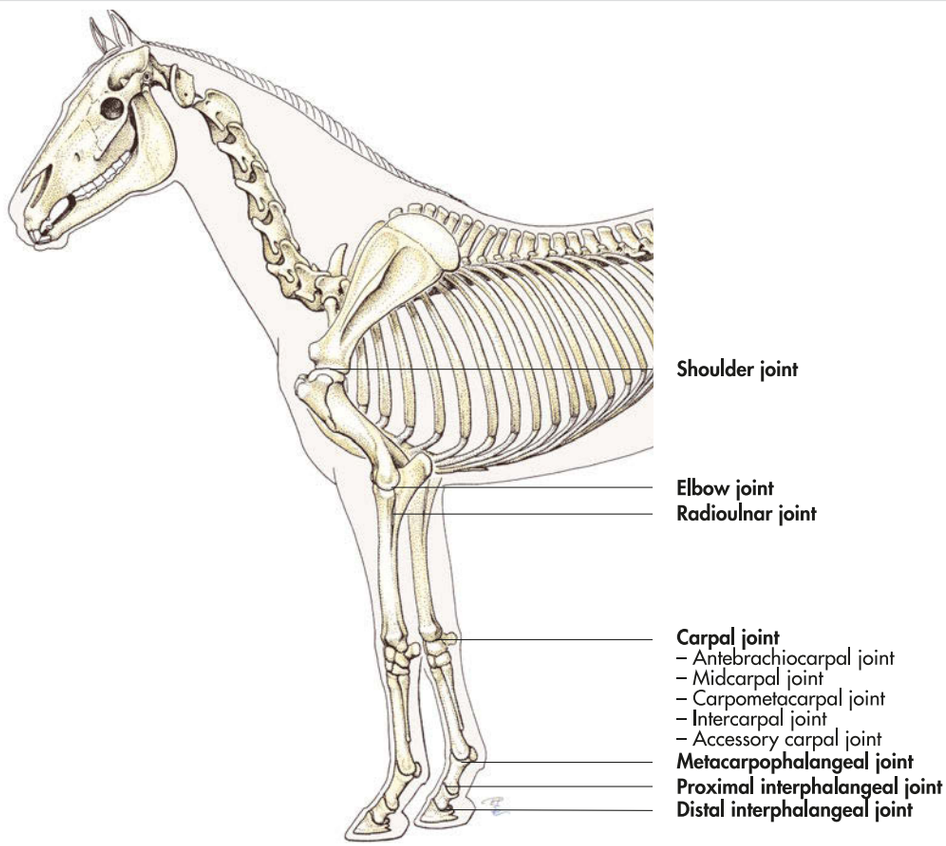


Fig. 4.5 Skeleton of the thoracic limb of the horse: joints (schematic).

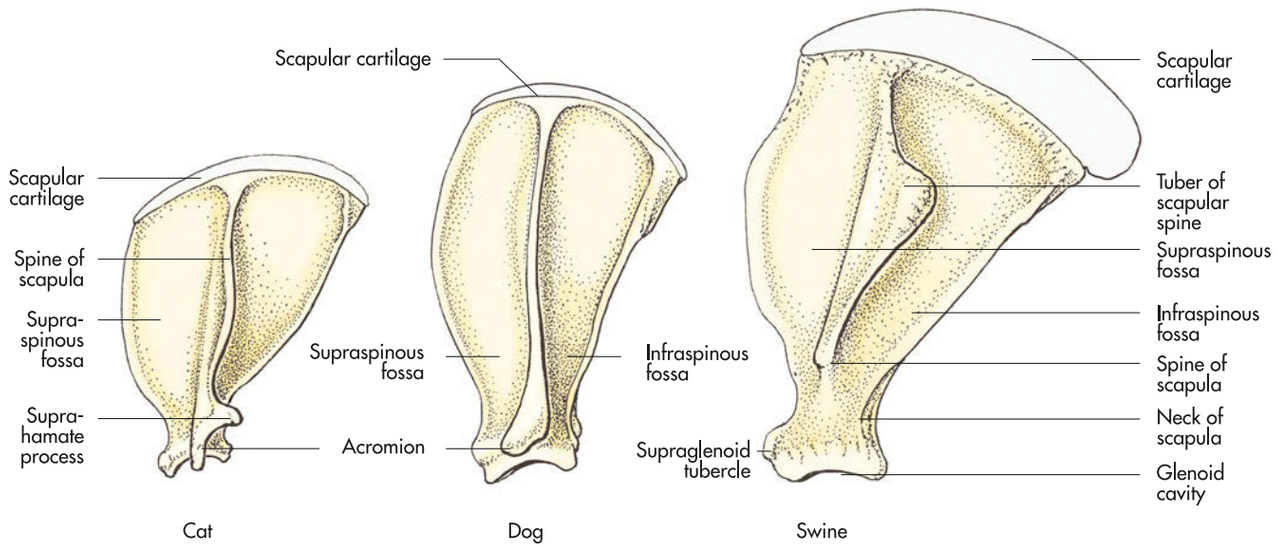


Fig. 4.6 Left scapula of the cat, dog and the swine (schematic, lateral aspect).

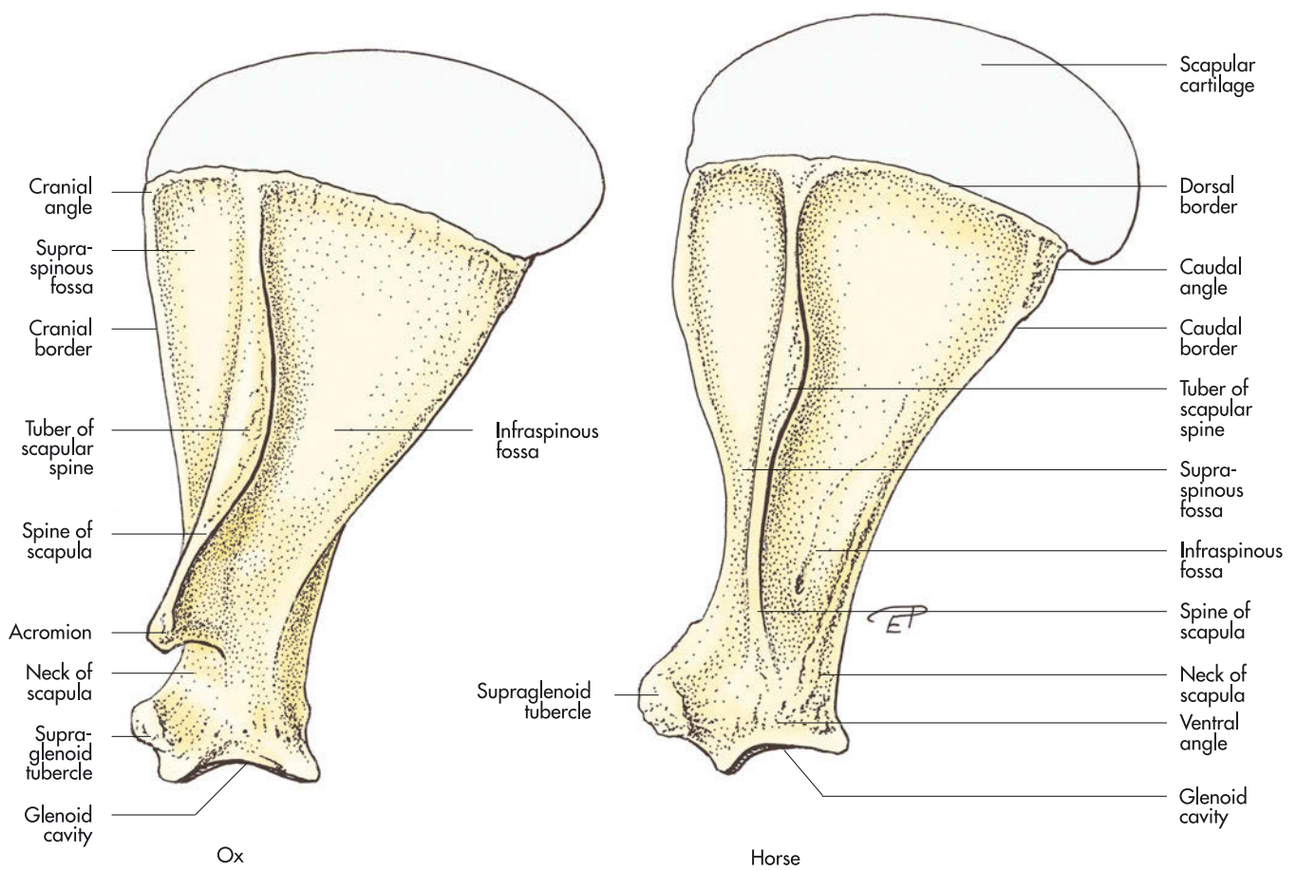


Fig. 4.7 Left scapula of the ox and the horse (schematic, lateral aspect).

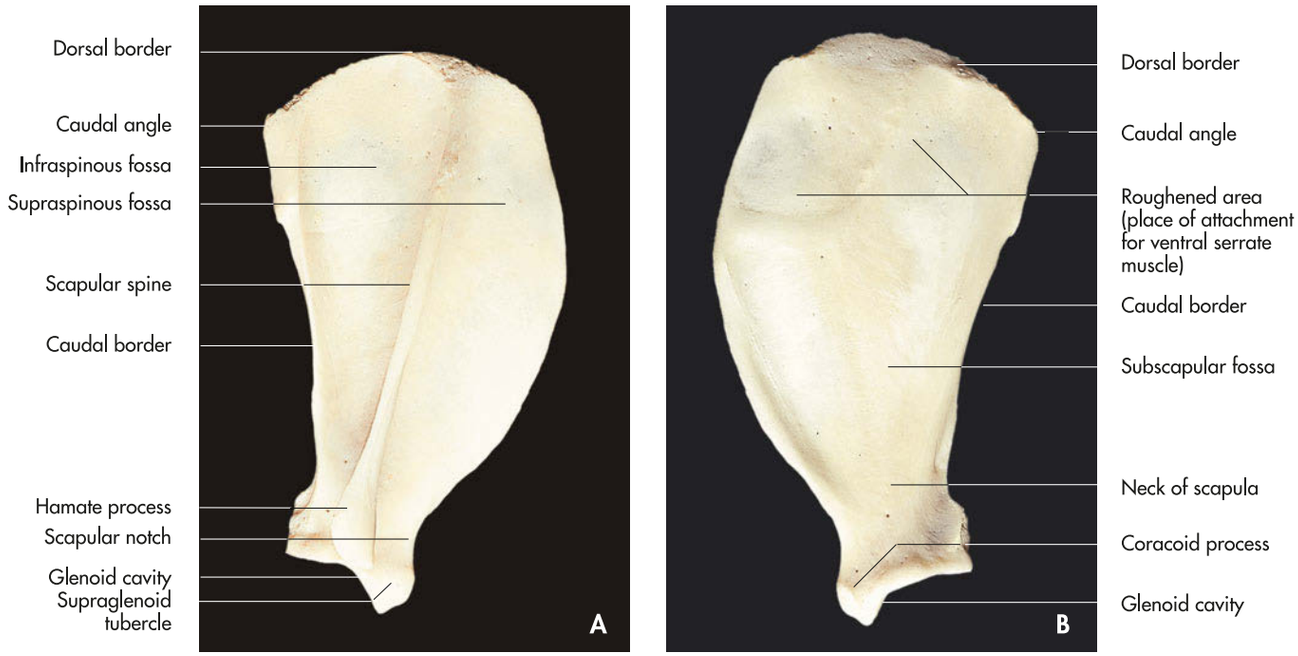


Fig. 4.8 Left scapula of a dog: **(A)** lateral and **(B)** medial aspect.

- shaft of humerus (corpus humeri) bearing the deltoid tuberosity (tuberositas deltoidea) and
- distal extremity bearing the humeral condyle.

The caudal part of the **proximal extremity** (extremitas seu epiphysis proximalis) carries the **head of the humerus**, which forms a circular convex articular surface for the articulation with the considerably smaller glenoid cavity of the scapula (▶ Fig. 4.9 and ▶ Fig. 4.10).

The **humeral head** (caput humeri) is separated from the shaft of the humerus by a well-defined **neck** (collum humeri), which is most pronounced in the dog and cat. The **greater tubercle** (tuberculum majus) is placed on the craniolateral side of the humeral head and the **lesser tubercle** (tuberculum minus) craniomedially. They are separated by the **bicipital groove** (sulcus intertubercularis), through which the tendon of origin of the biceps muscle of the forearm runs. The bicipital groove is subdivided by a flat protuberance in ruminants and a prominent ridge (intermediate tubercle, tuberculum intermedium) in the horse.

The greater tubercle consists of a cranial and a caudal part in all species except the cat. In ruminants and in the horse the lesser tubercle is also divided into two parts.

The greater and lesser tubercles give insertion to the muscles of the shoulder blade (infraspinatus and supraspinatus muscles), which brace and support the shoulder joint (▶ Fig. 4.5 and ▶ Fig. 4.12).

The **humeral shaft or body** is the **middle part** (diaphysis) of the humerus. The broad musculospiral groove (sulcus musculi brachialis), which spirals over the lateral aspect of the shaft, imparts a characteristic appearance to the humeral body around which the brachial muscle and radial nerve pass (▶ Fig. 4.9, ▶ Fig. 4.10 and ▶ Fig. 4.11).

The **deltoid tuberosity** (tuberositas deltoidea) is located on the lateral aspect of the humeral shaft, just proximal to its middle, and extends distally as the **humeral crest** (crista humeri). It forms the insertion of the deltoid muscle. A rough line (linea musculi tricipitis), which gives attachment to the triceps muscle, curves from the deltoid tuberosity proximally to the insertion of the **teres minor muscle** (teres minor tuberosity, tuberositas teres minor) distally. In ruminants and in the horse, the **teres major tuberosity** (tuberositas teres major) is located on the medial surface of the humeral shaft, just proximal to its middle; in carnivores the tuberosity is replaced by the **crest of the lesser tubercle** (crista tuberculi minoris).

The **distal extremity** (extremitas seu epiphysis distalis) bears the **humeral condyle** (condylus humeri), which is set at a right angle to the axis of the humeral shaft (▶ Fig. 4.9, ▶ Fig. 4.10 and ▶ Fig. 4.11). The condyle articulates with the bones of the forearm; the **radius** and **ulna**, forming the **elbow joint** (articulatio cubiti) (▶ Fig. 4.5 and ▶ Fig. 4.12). In the dog and the cat the condyle is divided into a more extensive medial part (trochlea humeri), which articulates with the ulna, and a **capitulum** (capitulum humeri) laterally for the articulation with the radius (▶ Fig. 4.11A and B). The articular surface is further divided by sagittal ridges in ungulates.

To both sides of the condyle are thick protuberances, the **epicondyles**, which give origin to the musculature of the distal part of the forelimb. The smaller **lateral epicondyle** (epicondylus lateralis) projects caudolaterally, and the more prominent **medial epicondyle** (epicondylus medialis), caudomedially. The former gives origin to the extensor muscles, the latter to the flexor muscles of the carpus and digit (▶ Fig. 4.9, ▶ Fig. 4.10 and ▶ Fig. 4.11); both provide attachment for the corresponding **collateral ligaments**, (ligamenta collateralia) of the elbow joint. The epicondyles are separated by a deep groove, the **olecranon fossa** (fossa olecrani), which contacts with a part of the olecranon. The **radial fossa** (fossa radialis) is situated on the cranial aspect of the condyle (▶ Fig. 4.9, ▶ Fig. 4.10 and ▶ Fig. 4.11A). In the dog, the olecranon fossa and the radial fossa communicate through a

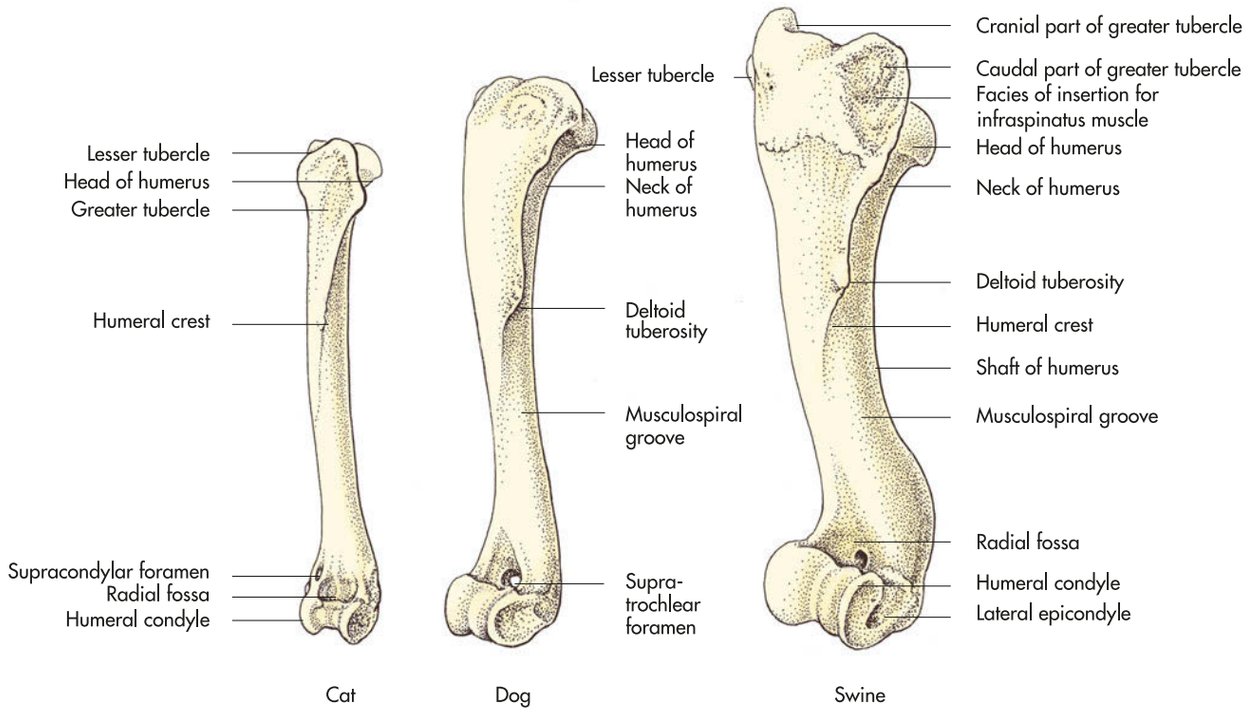


Fig. 4.9 Left humerus of the cat, the dog and the swine (schematic, lateral aspect).

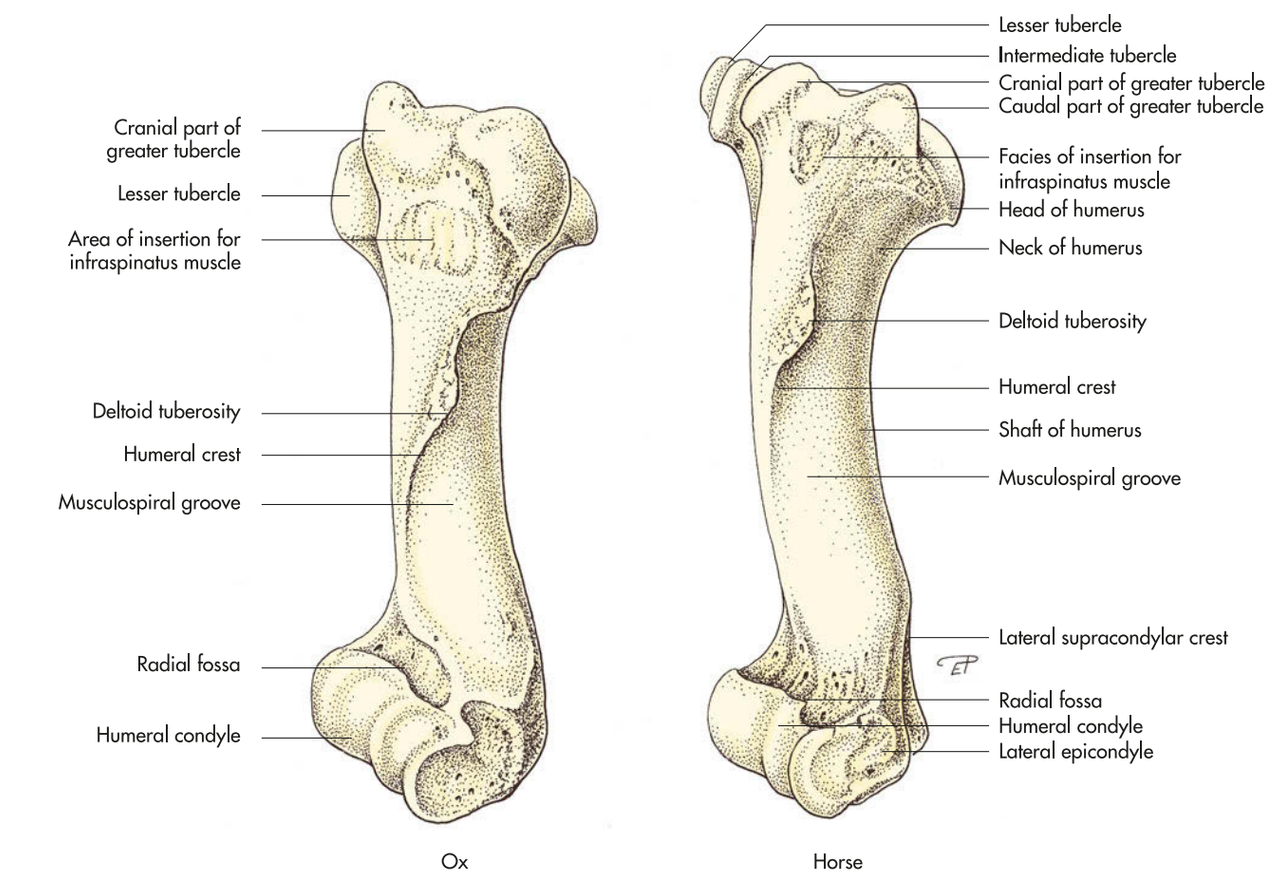


Fig. 4.10 Left humerus of the ox and the horse (schematic, craniolateral aspect).



Fig. 4.11 Left humerus of a dog: **(A)** lateral and **(B)** medial aspect.

supratrochlear foramen (foramen supratrochleare) (▶ Fig. 4.9 and ▶ Fig. 4.11). In the cat the medial aspect of the distal extremity of the humerus is perforated by the **supracondylar foramen** (foramen supracondylare) (▶ Fig. 4.9).

4.1.3 Skeleton of the forearm (skeleton antebrachii)

The skeleton of the distal part (zeugopodium) of the free appendage of the forelimb consists of two bones, the **radius** and the **ulna** (▶ Fig. 4.3, ▶ Fig. 4.13, ▶ Fig. 4.14, ▶ Fig. 4.15 and ▶ Fig. 4.16).

The ulna is placed caudal/caudolateral to the radius in the proximal part of the forearm and lateral in the distal part. During evolution these bones have undergone a species-specific development. In man the capacity of rotational movements is well developed: if the palm of the hand is turned backward (**pronation**), the bones of the forearm are in a crossed over position, if the palm of the hand is turned forward (**supination**), radius and ulna are placed parallel to each other. While there is still a limited capacity of movement in carnivores with the dog having a greater limitation to rotation than the cat, no movement is possible in the horse, in which the distal part of the ulna is completely reduced.

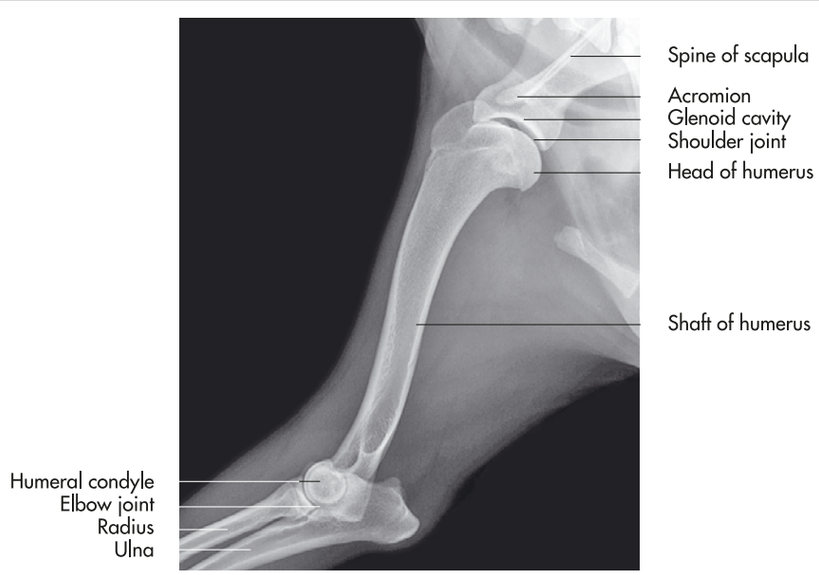


Fig. 4.12 Radiograph of the humerus of a dog with shoulder and elbow joints (laterolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

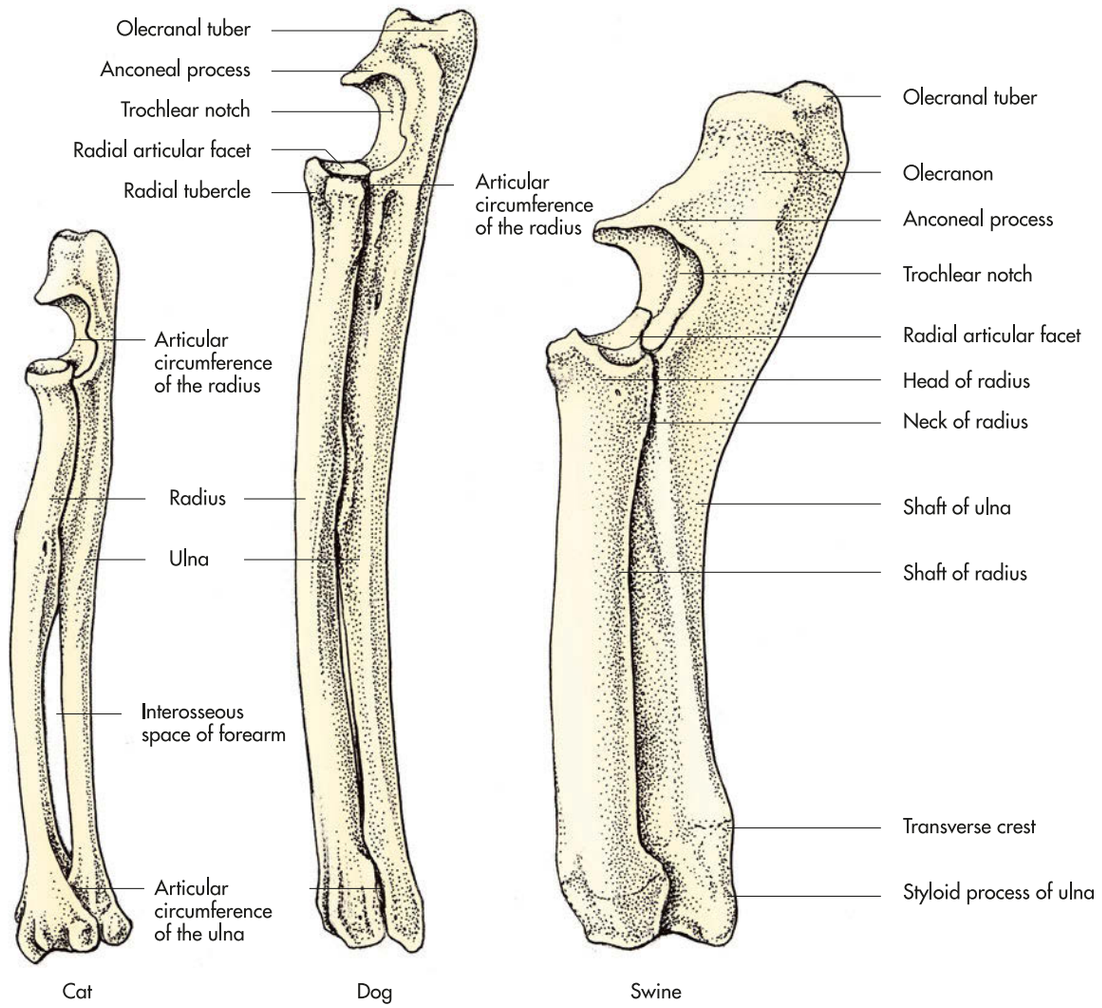


Fig. 4.13 Left forearm (radius and ulna) of the cat, the dog and the swine (schematic, craniolateral aspect).

During rotation the proximal extremity of the radius is lodged within the **radial notch of the ulna** (incisura radialis ulnae), while the distal extremity rotates around the articular **circumference of the ulna** (circumferentia radialis ulnae). The bones of the forearm allow a 45° supination to the dog, which is substantially increased by the rotational capacity of the carpus. In the pig, rotational movement is prevented by firm soft tissue bridging of the **interosseous space** (spatium interosseum); in the horse and ox, the two bones are fused.

Radius

The radius can be divided into **three main segments**:
- proximal extremity carrying the radial head (caput radii),
- shaft of the radius (corpus radii) and
- distal extremity bearing the radial trochlea (trochlea radii).

The radius is a rod-shaped bone that is relatively stronger in ungulates than in carnivores (▶ Fig. 4.13, ▶ Fig. 4.14, ▶ Fig. 4.15 and ▶ Fig. 4.16). The proximal extremity bears the **radial head**, which is transversely widened to present the **radial articular facet** (fovea capitis radii). The articular facet of the radius and the **trochlear notch of the ulna** (incisura trochlearis) articulate with the **condyle of the humerus** (condylus humeri) forming the **elbow joint** (articulatio cubiti) in a species-specific way (▶ Fig. 4.5 and ▶ Fig. 4.13): in ungulates the radius alone articulates with the humerus, whereas in carnivores the radius is complemented medially by the ulna.

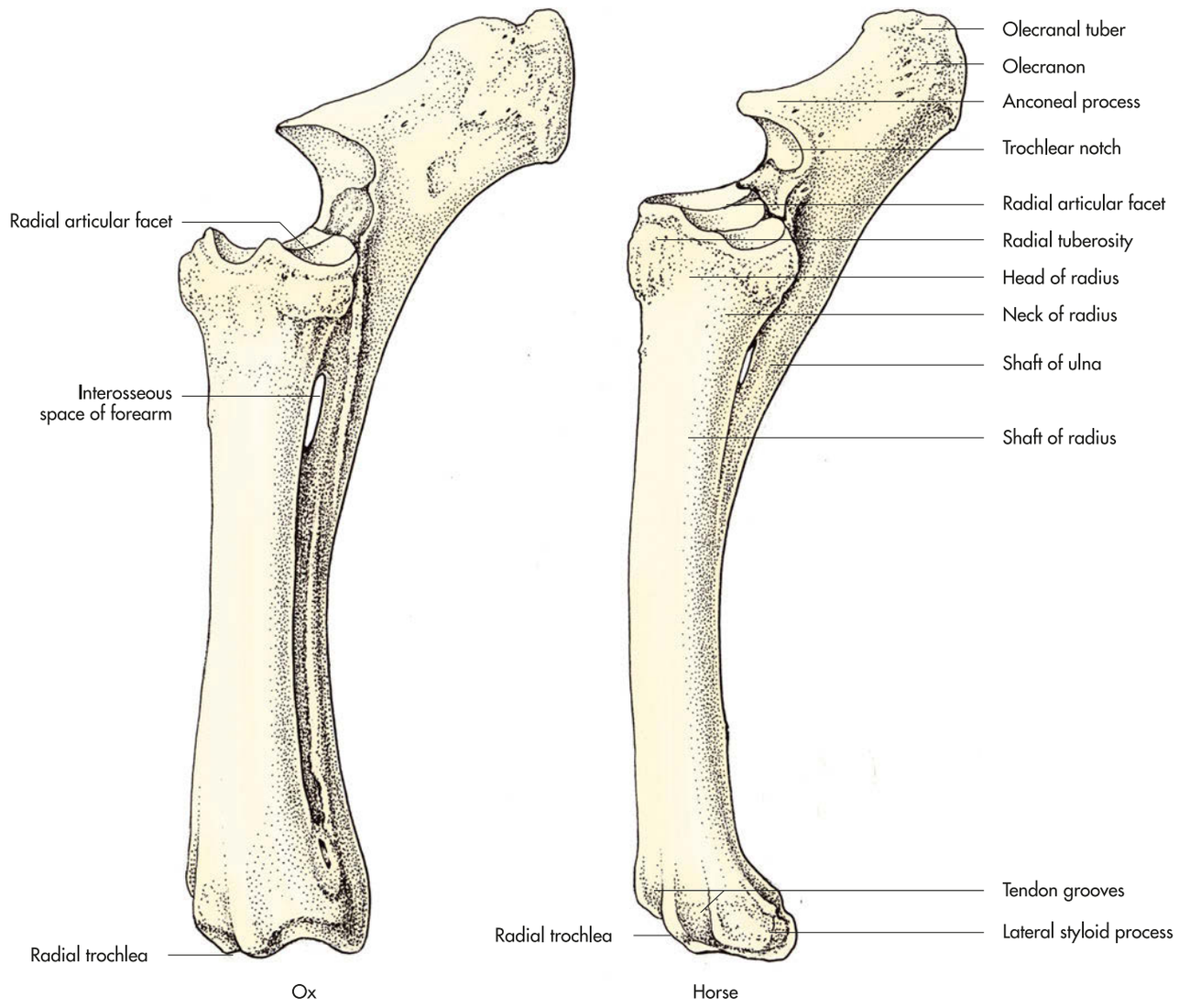


Fig. 4.14 Left forearm (radius and ulna) of the ox and the horse (schematic, craniolateral aspect).

Two eminences protrude lateral and medial to the articular facet of the radial head to give attachment to the ligaments of the joint. At the dorsomedial aspect of the radial head is the **radial tuberosity** (tuberositas radii); to which the biceps muscle tendon inserts. The caudal aspect of the proximal radius presents the **articular circumference** (circumferentia articularis) for the articulation with the ulna to facilitate supination in carnivores. This articular circumference is without function in the horse and ox.

The **shaft of the radius** is compressed in a craniocaudal direction and slightly curved in its length. Its **cranial surface** (facies cranialis) is smooth, its **caudal surface** (facies caudalis) is either roughened (dog and pig) or fused to the ulna. The medial aspect is not covered by musculature and is easily palpable through the skin. The cranial aspect of the distal part of the radial body is grooved for the passage of the extensor tendons. The caudal aspect of the distal radius furnishes origin to the flexor muscles.

The **distal extremity** forms a **trochlea** (▶ Fig. 4.14) which is set at right angles to the long axis of the radius and presents the **articular surface towards the carpus** (facies articularis carpea). Proximal to the carpal articular surface of the radius runs a **transverse crest** (crista transversa). The radius extends on the medial side to form the **radial styloid process** (processus styloideus radii) for the insertion of ligaments; in the dog and pig there is a **ulnar notch** (incisura ulnaris radii) on the lateral side. In the ox the distal part of the ulna is completely fused with the radius, in the horse the distal part of the ulna is incorporated within the radius to become the **lateral styloid process** (processus styloideus ulnae).

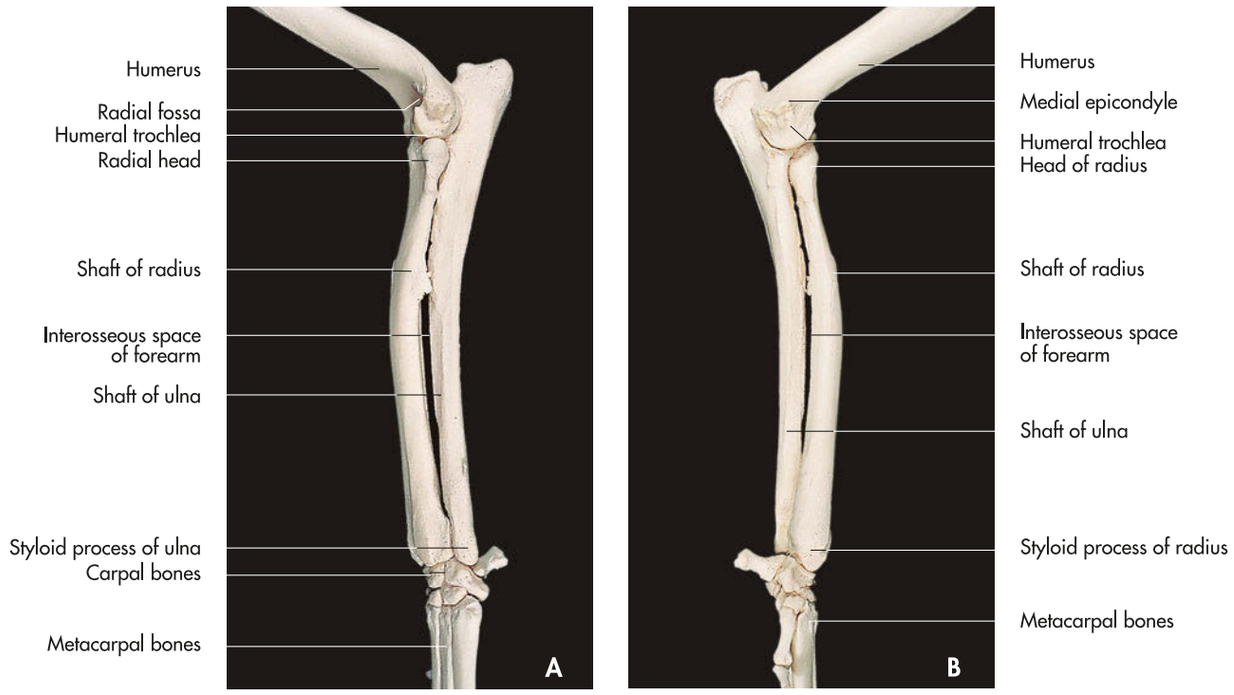


Fig. 4.15 Skeleton of the left forearm (radius and ulna) of a dog: **(A)** lateral and **(B)** medial aspect.

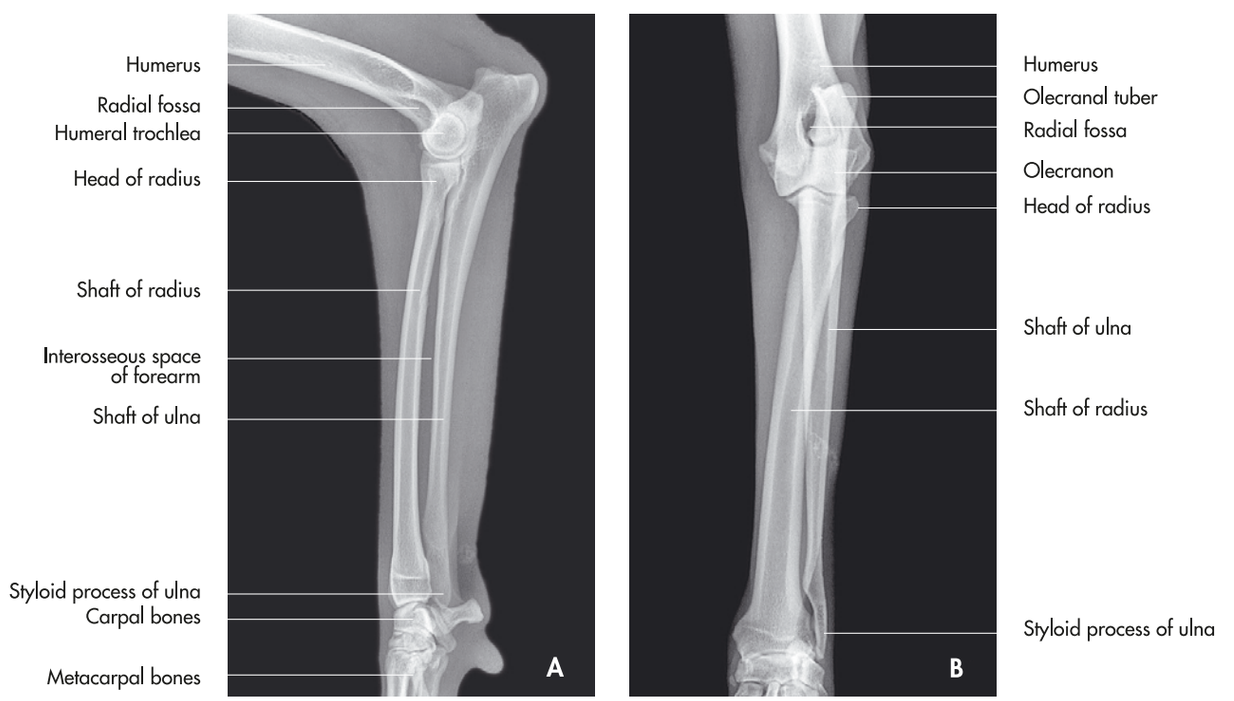


Fig. 4.16 Radiograph of the left forearam of a dog with elbow and carpal joints: **(A)** laterolateral and **(B)** craniocaudal projection. (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

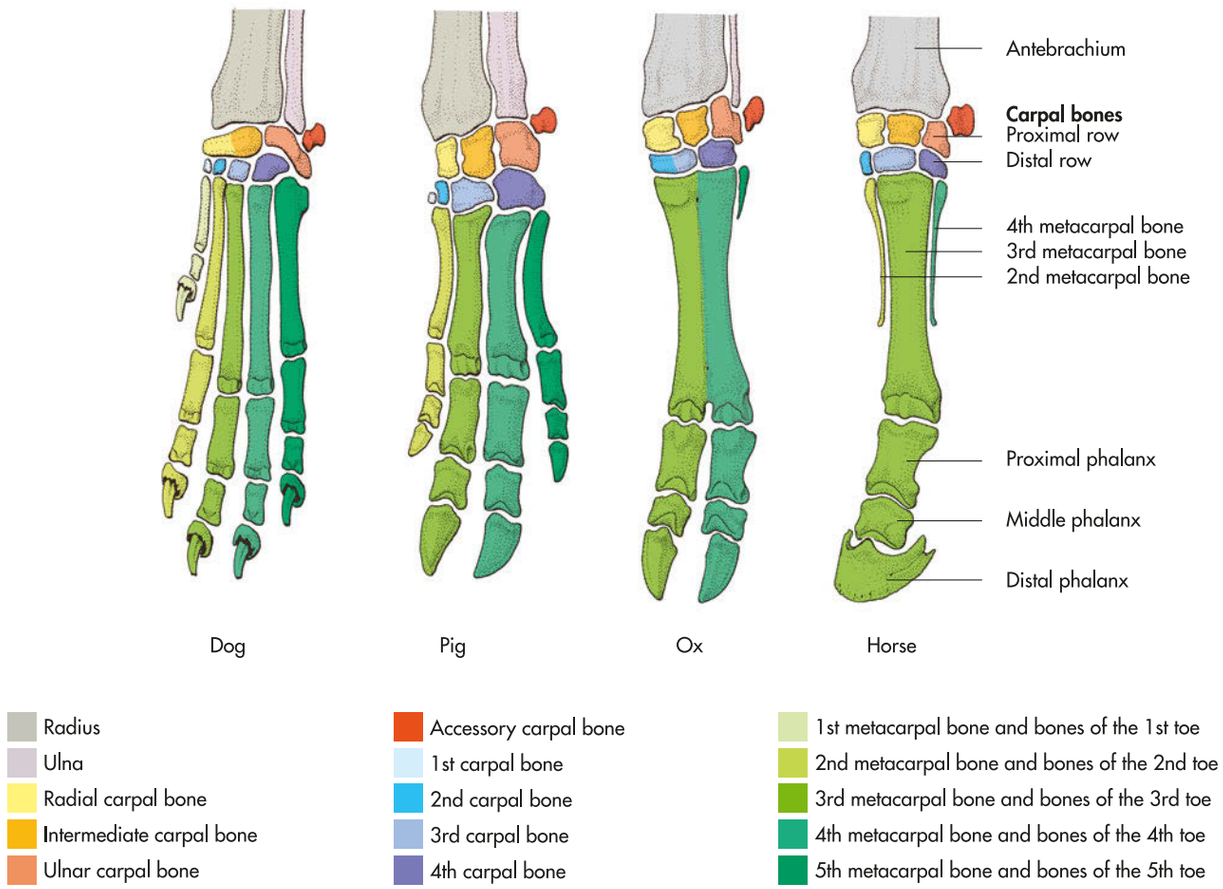


Fig. 4.17 Skeleton of the manus in the domestic mammals (schematic); fig. based on data from Ellenberger and Baum, 1943.

Ulna

The ulna consists of **three main segments**:
- proximal extremity carrying the olecranon (olecranon),
- shaft of the ulna (corpus ulnae) and
- distal extremity with the head of the ulna (caput ulnae).

The **olecranon** and its **tuber** (tuber olecrani) extend the ulna beyond the distal extremity of the humerus (▶ Fig. 4.13, ▶ Fig. 4.14, ▶ Fig. 4.15 and ▶ Fig. 4.16). It forms the very prominent point of the elbow and furnishes insertion to the strong triceps muscle of the forearm.

At the base of the olecranon lies the **trochlear notch** (incisura trochlearis), which supports articulation with the humerus. Overhanging the trochlear notch cranially is the beak-shaped **anconeal process** (processus anconeus), which fits into the **olecranon fossa** (fossa olecrani) of the humerus. To both sides of the anconeal process project the **lateral** and **medial coronoid processes** (processus coronoidei), divided by the **radial notch** (incisura radialis ulnae), which articulates with the **articular circumference of the radius** (circumferentia articularis radii).

The **shaft** is three-sided and smaller than the radial shaft. It runs caudal to the radius and is either attached to it by soft tissue membranes or by bony fusion. Between the shafts of the two bones there are one or more **interosseous spaces** (spatia interossea antebrachii). The fusion of the two bones is nearly complete in the horse and the interosseous space is therefore extremely small.

The **distal extremity** (caput ulnae) continues as the prominent **lateral styloid process** (processus styloideus lateralis), which articulates with the proximal row of the carpal bones. In carnivores and pigs it carries the articular circumference for the articulation with the radius. In the horse, the distal extremity is fused to the radius to form the lateral styloid process.

4.1.4 Skeleton of the manus (skeleton manus)

The skeleton of the manus forms the osseous part of the **autopodium** of the thoracic limbs. The autopodium consists, from proximal to distal, of three segments:
- **basipodium**: carpal bones (ossa carpi),
- **metapodium**: metacarpal bones (ossa metacarpi) and
- **acropodium**: phalanges (ossa digitorum manus).

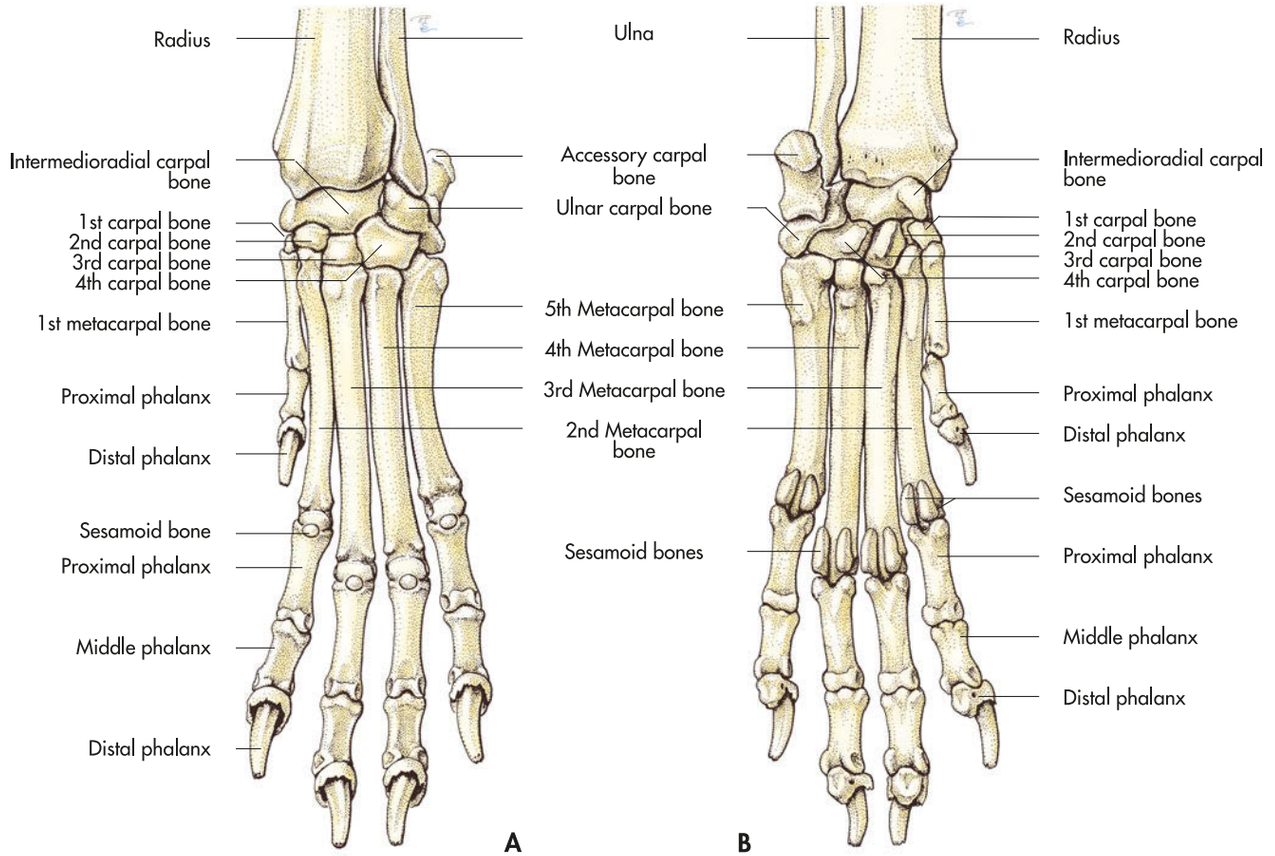


Fig. 4.18 Skeleton of the left forepaw of the dog (schematic): **(A)** dorsal and **(B)** palmar aspect.

The phylogenetic changes of the zeugopodium find their continuation in the species-specific modifications of the autopodium (▶ Fig. 4.2). This specialisation involves a raising of the manus and pes from the plantigrade posture of humans over the digitigrade posture of carnivores to the unguligrade posture of pig, ox and horse. As the number of the bones are diminished, the stoutness of the remaining bones increases. In domestic mammals, only the carnivores show the original pattern of five rays, which is typical for humans; in the pig the rays are reduced to four (2–5); in the ox two rays (3 and 4) are left and in the horse only the third ray remains (▶ Fig. 4.17).

Carpal bones (ossa carpi)

In domestic mammals the carpal bones are arranged in two rows, **proximal** and **distal**, each of which typically contains four bones (▶ Fig. 4.17). The proximal row articulates with the radius and ulna in the **antebrachiocarpal joint** (articulatio antebrachiocarpea), the distal row articulates with the metacarpal bones to form the **carpometacarpal joint** (articulatio carpometacarpea) (▶ Fig. 4.5). The primitive pattern of the carpus contains the following bones (▶ Fig. 4.17, ▶ Fig. 4.18 and ▶ Fig. 4.19):

- **proximal (antebrachial) row** (mediolateral sequence) with:
  - radial carpal bone (os carpi radiale),
  - intermediate carpal bone (os carpi intermedium),
  - ulnar carpal bone (os carpi ulnare) and
  - accessory carpal bone (os carpi accessorium);
- **distal (metacarpal) row** (mediolateral sequence) with:
  - first carpal bone (os carpale primum, I),
  - second carpal bone (os carpale secundum, II),
  - third carpal bone (os carpale tertium, III) and
  - fourth carpal bone (os carpale quartum, IV).

▶ Fig. 4.17 illustrates the carpal bones present in the different species. In **humans** and **pigs** the original number of **eight carpal bones** is maintained; the **horse** has **seven or eight carpal bones**, depending on the presence or absence of the first carpal bone. In **carnivores** the radial and intermediate carpal bones are fused, so that the total numbers of carpal bones is reduced to **seven**, although one or two sesamoid bones can be present. **Ruminants** have **six carpal bones**, the first carpal bone is missing and the second and third carpal bones are fused.

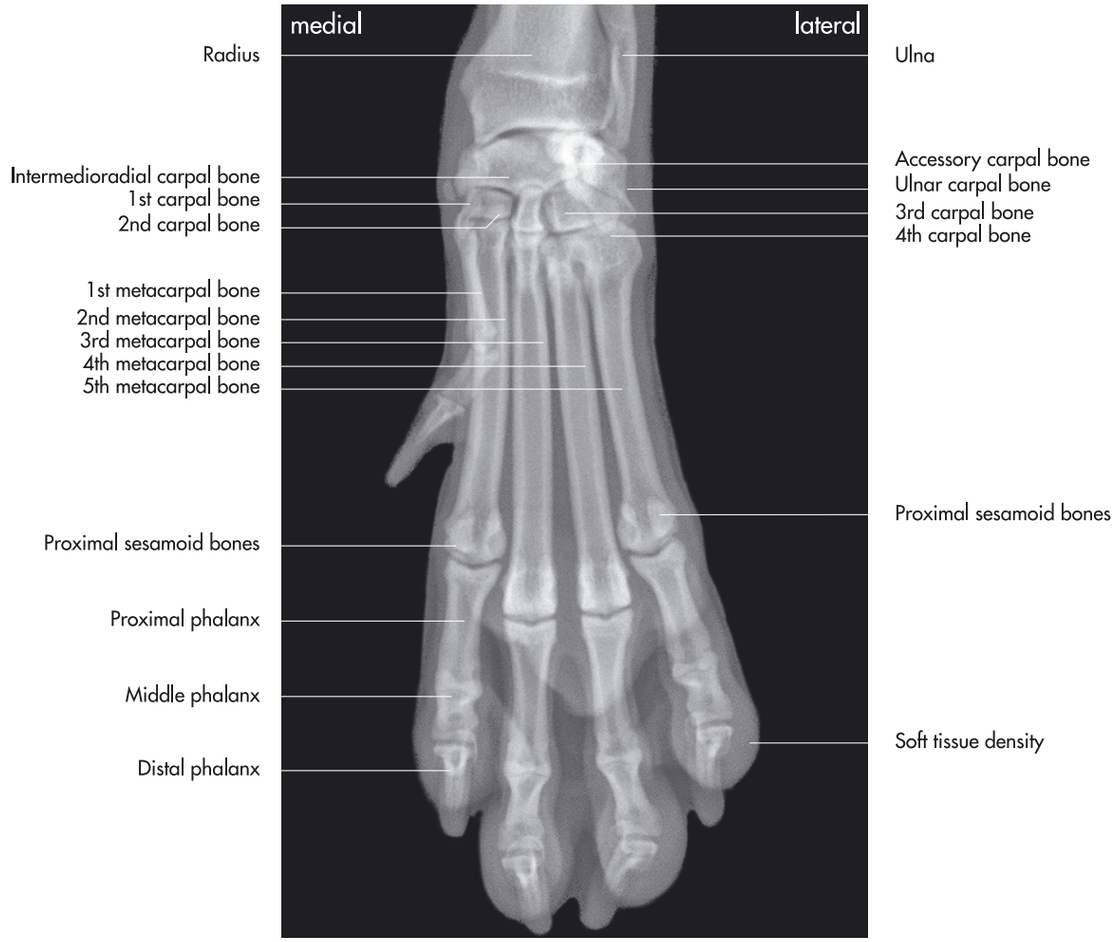


Fig. 4.19 Radiograph of the left front foot of a dog (dorsopalmar projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

Metacarpal bones (ossa metacarpalia)

The original pattern of the skeleton of the metacarpus displays five separate rays. Typically the metacarpus consists of five long bones, the metacarpal bones one (Mc I) to five (Mc V) in mediolateral sequence (▶ Fig. 4.17). All metacarpal bones have the same segments:

- **proximal extremity** (base, basis) bearing an articular surface for the distal row of the carpal bones and additional facets towards its neighbours,
- a long and species specific **shaft** (body, corpus), and
- **distal extremity** (head, caput) bearing a trochlea for the articulation with the proximal phalanx and various roughenings for ligamentous attachments on both ends.

The phylogenetic reduction in the number of the metacarpal bones is compensated for by an increase in stoutness of the remaining bones. This process culminates in the horse, where only the third ray remains functional. Its axis coincides with the axis of the limb and supports the weight of the horse (mesoaxonic, perissodactyl form). The second and fourth metacarpal bones of the horse are much reduced and do not bear any weight. These bones are commonly called **splint bones** and are situated on either side of the third metacarpal bone (cannon bone).

In the dog, where the weight is supported by the digits only, all five rays are developed. The third and fourth metacarpal bones are the longest and stoutest bones, whereas the first ray is retained as a non-functional dewclaw. The metacarpal bones are opposed closely together and carry flat articular facets facing towards each other on the proximal extremity. The third and fourth are quadrangular, the second and fifth, triangular in cross-section.

The metacarpal bones are modified differently in the various domestic mammals:

- in **carnivores** the two middle metacarpal bones (Mc III and Mc IV) are the longest, Mc II and Mc V are shorter and Mc I is most reduced (▶ Fig. 4.17, ▶ Fig. 4.18 and ▶ Fig. 4.19);
- in the **pig** Mc III and IV are welldeveloped (artiodactyl form), Mc II and V are reduced and Mc I is missing;
- in **ruminants** Mc III and IV are united on the proximal and middle part to form the large metacarpal bone, the distal extremities articulate separately with the proximal phalanges, Mc V is reduced to become the small metacarpal bone, and Mc I and Mc II are lacking, and
- in the **horse** only Mc III (cannon bone) is fully developed and carries the single digit (perissodactyl form); only remnants of Mc II and Mc IV survive as the splint bones, Mc I and Mc V are missing.

Digital skeleton (ossa digitorum manus)

The original pattern of the phalanges comprises five rays (digiti manus). This pattern has been modified to some degree in all domestic species during evolution. They are designated numerically in mediolateral sequence as first, second, third, fourth and fifth digit. In carnivores all five rays are present, in the pig four rays (2–5), in ruminants two (3 and 4) plus another two non-functional rays (2 and 5) and in the horse only the third ray remains.

The skeleton of a fully-developed digit consists of:

- **proximal (first) phalanx** with a proximal extremity (base, basis), a shaft (body, corpus) and a distal extremity (caput); both extremities exhibit articular facets and prominences for ligamentous attachment;
- **middle (second) phalanx** shorter, but very similar to the proximal phalanx, and
- **distal (third) phalanx** modified to conform to the hoof or claw that is enclosed within; exhibits an articular (facies articularis), a parietal (facies parietalis) and a solar surface (facies solaris).

A number of **sesamoid bones** (ossa sesamoidea) are embedded in the tissues on the palmar aspect of the metacarpophalangeal joint and the distal interphalangeal joint.

4.1.5 Skeleton of the manus (forepaw) in carnivores

Carpal bones (ossa carpi)

The carpal bones are arranged in a proximal and a distal row. The proximal row includes the fused radial and intermediate bone, the intermedioradial bone (os carpi intermedioradiale), the ulnar carpal bone and the accessory carpal bone. The intermedioradial bone articulates with the distal end of the radius (▶ Fig. 4.17, ▶ Fig. 4.18 and ▶ Fig. 4.19). It has three separate ossification centres, which fuse three to four months after birth. The ulnar carpal bone (os carpi ulnare) is irregular in outline due to a large process, protruding distally. On a dorsopalmar radiograph it becomes superimposed over the accessory carpal bone (▶ Fig. 4.15). The accessory carpal bone is located on the palmar aspect of the carpus and articulates with the ulna and the ulnar carpal bone. The epiphysis of the accessory carpal bone closes at 4–5 months of age.

The distal row is composed of four carpal bones. They increase in size from the medial to the lateral side and articulate with each other as well as proximally and distally. A sesamoid bone, which can be seen radiographically, is embedded in the tendon of the abductor pollicis longus muscle palmar to the first carpal bone (C I). Another two sesamoid bones may be visible on the palmar aspect between the proximal and distal carpal row.

Metacarpal bones (ossa metacarpalia)

The metacarpus consists of five bones, each of which bears phalanges (▶ Fig. 4.17, ▶ Fig. 4.18 and ▶ Fig. 4.19).

The first metacarpal bone (os metacarpale I) is the shortest, and is relatively stronger in the cat than in the dog. The third and fourth are the longest metacarpal bones and are rounded in the cat and four-sided in the dog. The base of the second and third metacarpal bones (McII and III) bear prominences for ligamentous attachment laterally and all metacarpal bones have these prominences on their distal end bilaterally. The distal extremities bear trochleas, which possess sharp sagittal crests caudally for the articulation with the sesamoid bones.

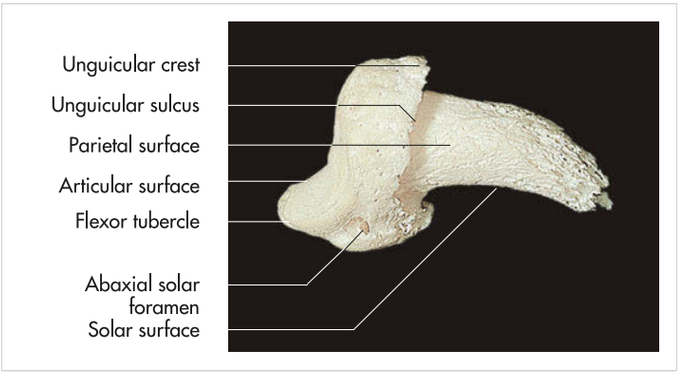


Fig. 4.20 Distal phalanx of a dog (lateral aspect).

Digital skeleton (ossa digitorum manus)

Five digits are present in carnivores, with the third and fourth one being the longest and the first digit the shortest (▶ Fig. 4.17, ▶ Fig. 4.18 and ▶ Fig. 4.19). Each digit consists of three phalanges, except the first, which has only two, the proximal and distal phalanx.

The **distal phalanx** shows a hook-like appearance. It is laterally compressed and drawn out to a sharp point, which is covered by the horny claw (▶ Fig. 4.20). It has a **parietal surface** (facies parietalis), which can be subdivided laterally in a palmar surface and a **solar surface** (facies solearis). A **flexor tubercle** (tuberculum flexorum) protrudes on the palmar aspect laterally. Dorsally there is a **unguicular crest** (crista unguicularis) and distally the bone is grooved by the **unguicular sulcus** (sulcus unguicularis).

The distal phalanx is fenestrated on each side of the **flexor tubercle** (foramen soleare axiale et abaxiale). On the palmar aspect of each digit, except the first, at the level of the metacarpophalangeal joints are two sesamoid bones, which can remain cartilagenous.

4.1.6 Skeleton of the manus in the horse

Carpal bones (ossa carpi)

The horse shows the original pattern of four carpal bones in the proximal row with the radial carpal bone (os carpi radiale) located medially being the largest bone of this row (▶ Fig. 4.17, ▶ Fig. 4.21, ▶ Fig. 4.22 and ▶ Fig. 4.23). The carpal bones articulate in a complex fashion with each other and with neighbouring bones. The distal row is incomplete, since the first carpal bone (os carpale primum) is missing in the majority of horses. If the first carpal bone is present, it is usually isolated from the rest of the skeleton and embedded in the palmar carpal ligament next to the second carpal bone (os carpale secundum). The third carpal bone (os carpale tertium) has a large articular surface towards the third metacarpal bone (os metacarpale tertium), which distributes the weight of the horse along the long axis of the limb. The

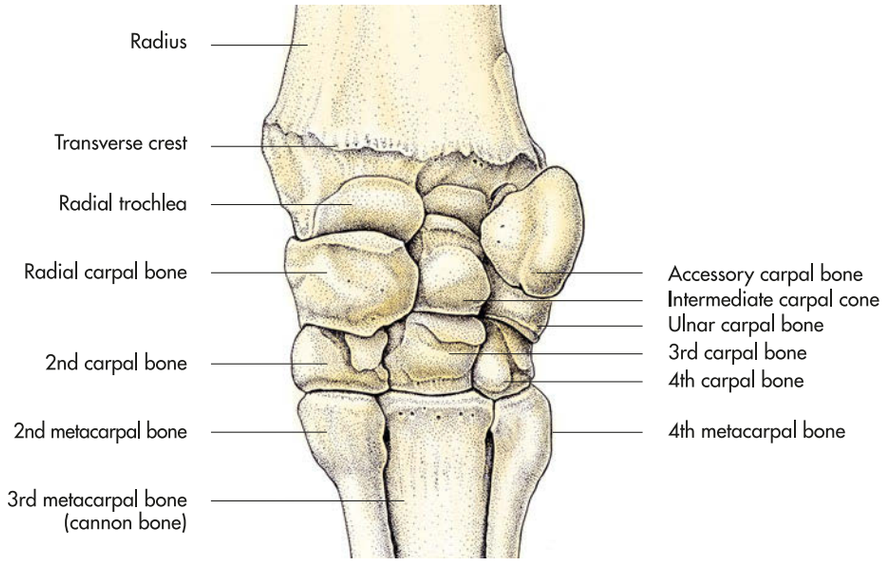


Fig. 4.21 Right carpal bones of the horse (schematic, caudal projection).

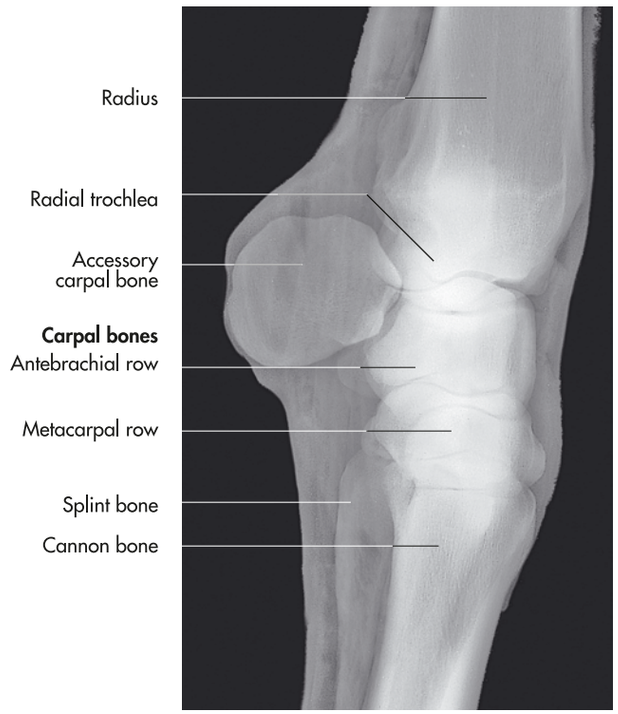


Fig. 4.22 Radiograph of the left carpus of a horse (lateromedial projection). (source: courtesy of Prof. Dr. W. Künzel, Vienna)

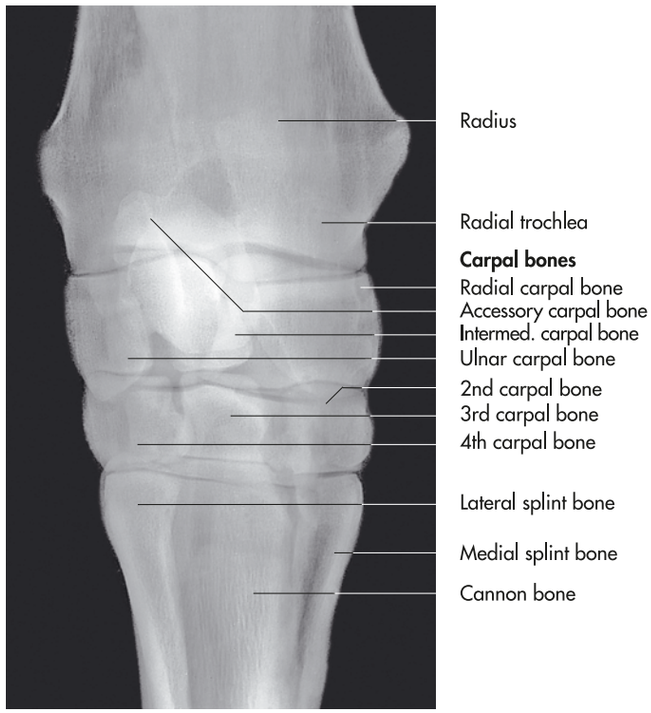


Fig. 4.23 Radiograph of the left carpus of a horse (dorsopalmar projection). (source: courtesy of Prof. Dr. W. Künzel, Vienna)

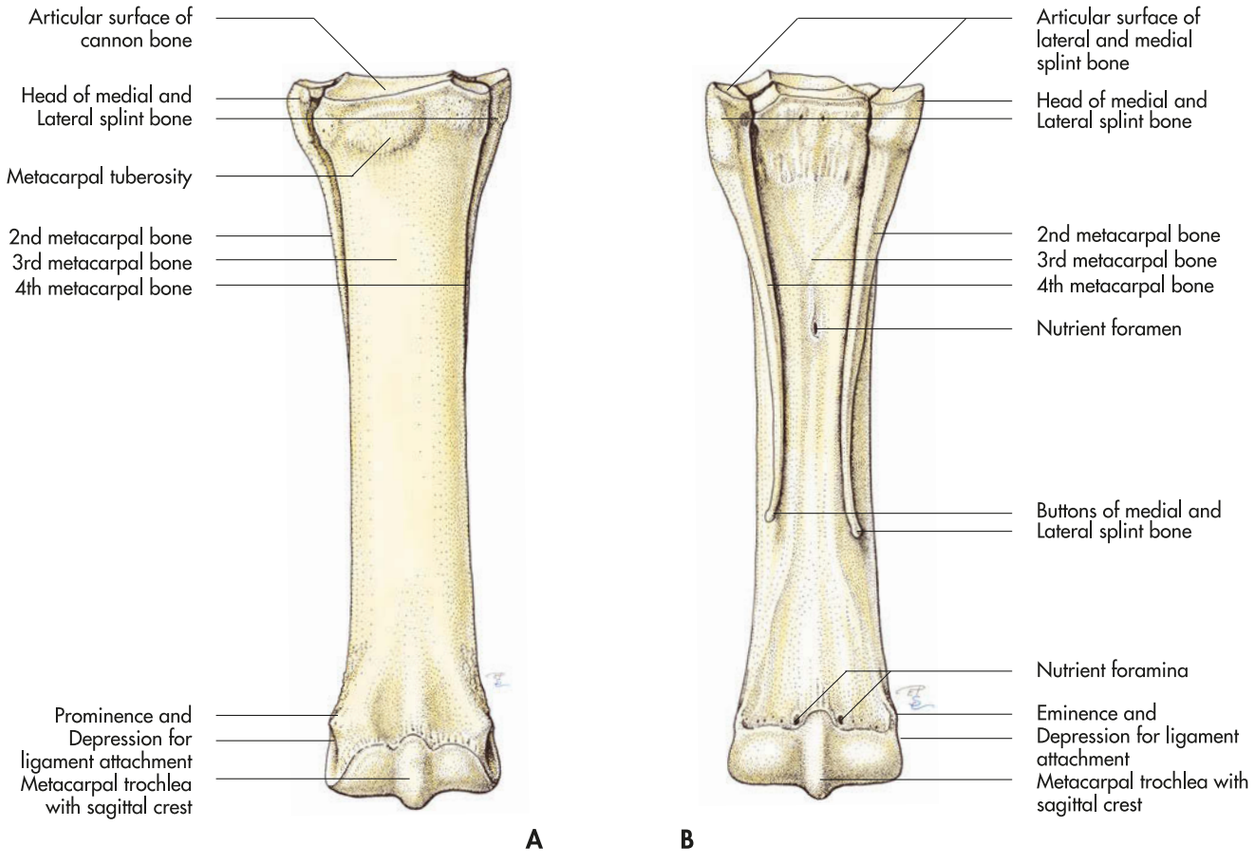


Fig. 4.24 Left metacarpal bones of the horse (schematic): **(A)** dorsal and **(B)** palmar aspect.

second and fourth carpal bones (os carpale secundum, os carpale quartum) articulate with the proximal extremities of the splint bones.

Metacarpal bones (ossa metacarpalia)

The metacarpus of the horse is composed of the fully developed third metacarpal bone (os metacarpale tertium) and the second and fourth metacarpal bones (os metacarpale secundum, os metacarpale quartum). The third metacarpal bone (cannon bone) is the only one which carries a digit, whereas the second and fourth metacarpal bones (splint bones) are much reduced. The first and the fifth metacarpal bones are absent (▶ Fig. 4.17 and ▶ Fig. 4.24).

The **cannon bone** (os metacarpale tertium) is the only weight-bearing metacarpal bone. The shaft of the cannon bone is stronger along its medial and dorsal aspects. It is oval in cross section in the forelimbs, with a dorsal and palmar part, and rounded in the hindlimb.

The **proximal extremity** bears an articular surface for the articulation with the distal row of the carpal bones (facies articularis carpea). Most of this articulation is in the middle part with the third carpal bone, but with smaller amounts of articulation with the second and fourth carpal bones. On each side are two articular facets, which articulate with the proximal ends of the splint bones. The **metacarpal tuberosity** (tuberositas ossis metacarpalis), which forms the insertion for the extensor carpi radialis muscle, is located dorsomedian on the proximal end of the cannon bone. The **distal extremity** carries a trochlea, which is subdivided into a slightly larger medial condyle and a smaller lateral one by the sagittal crest.

The **splint bones** (ossa metacarpalia secundum and quartum) extend to the distal third of the cannon bone. The proximal extremities are enlarged and articulate with the distal row of the carpal bones and the cannon bone. The tapering shafts end distally in the easily palpable buttons (▶ Fig. 4.24).

Digital skeleton (ossa digitorum manus)

The digital skeleton of the horse is reduced to **one ray**, the **third digit** (▶ Fig. 4.25). It consists of three phalanges and the sesamoid bones:

- proximal (first) phalanx (os compedale, phalanx proximalis),
- middle (second) phalanx (os coronale, phalanx media),
- distal (third) phalanx (os ungulare, phalanx distalis) and
- proximal and distal sesamoid bones (ossa sesamoidea proximale et distale).

The **proximal phalanx** is shaped like a dorsopalmarly compressed cylinder. The proximal end (basis) is wider than its distal end (caput) (▶ Fig. 4.25, ▶ Fig. 4.26 and ▶ Fig. 4.27). The palmar

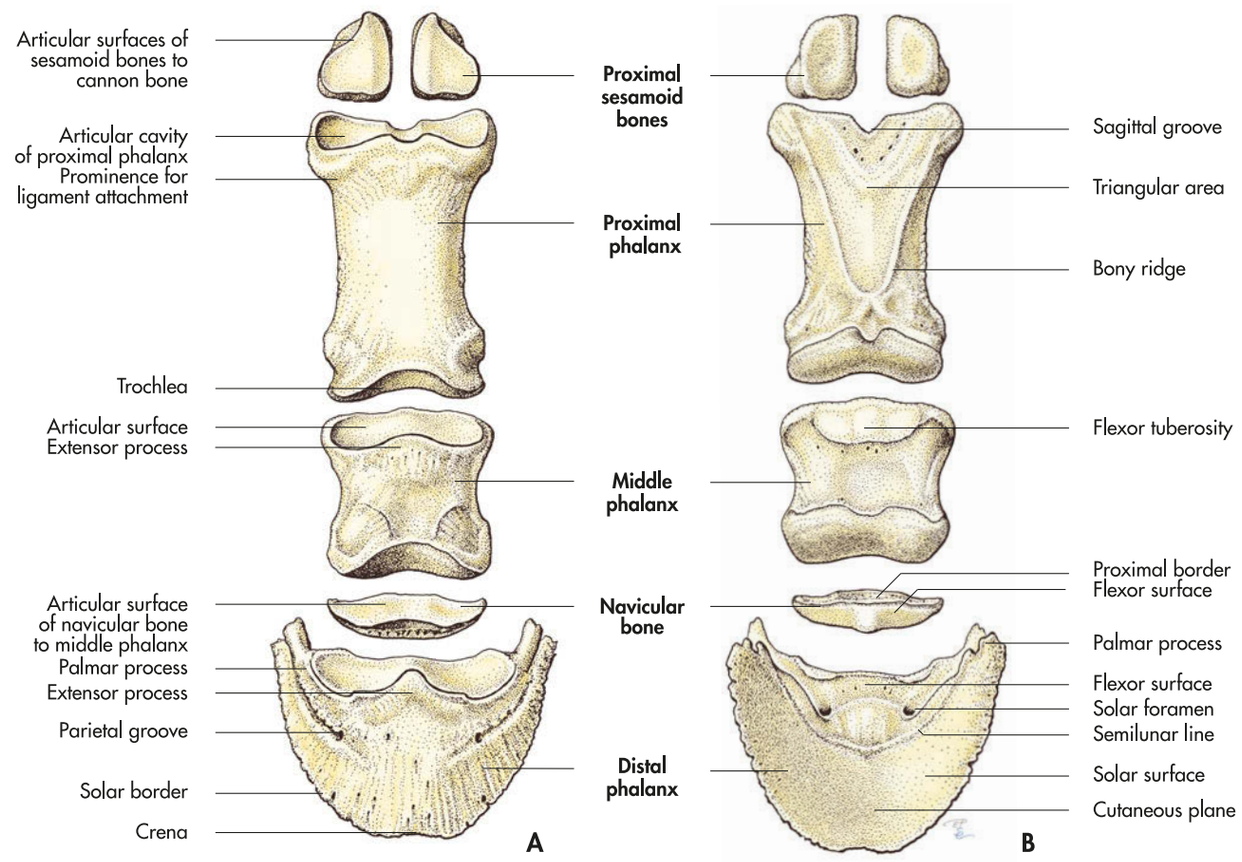


Fig. 4.25 Left digital skeleton of the horse (schematic): **(A)** dorsal and **(B)** palmar aspect.

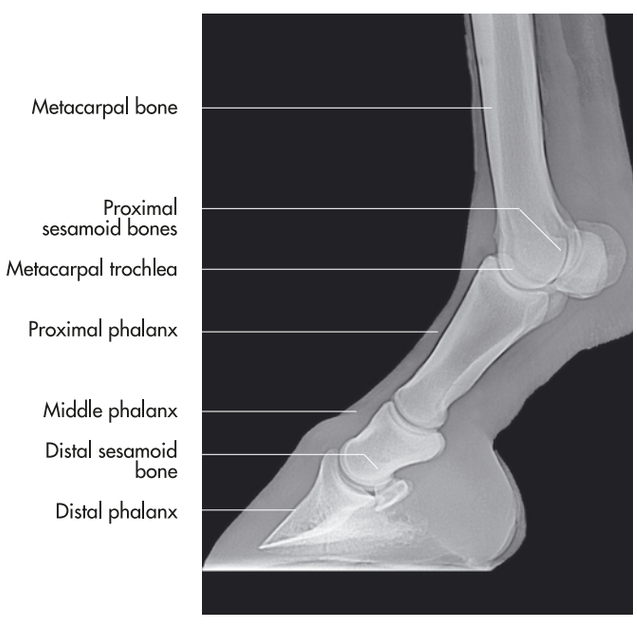


Fig. 4.26 Radiograph of the left digit of a horse (lateromedial projection). (source: courtesy of Prof. Dr. C. Stanek, Vienna)

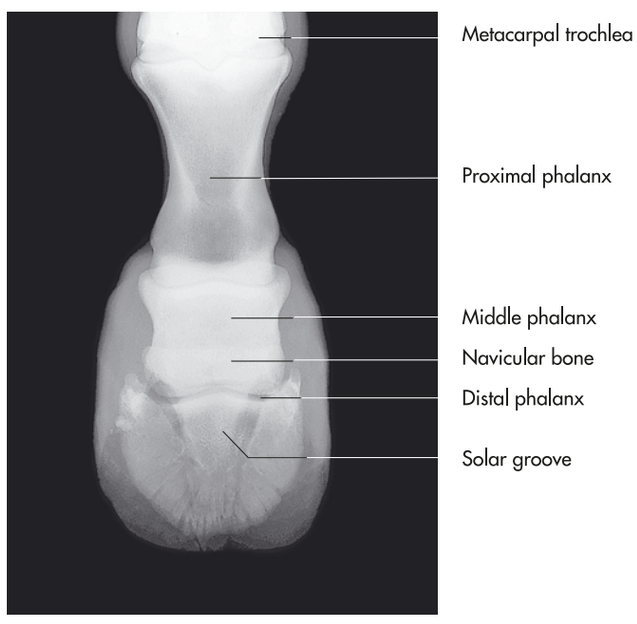


Fig. 4.27 Radiograph of the left digit of a horse (dorsopalmar projection). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

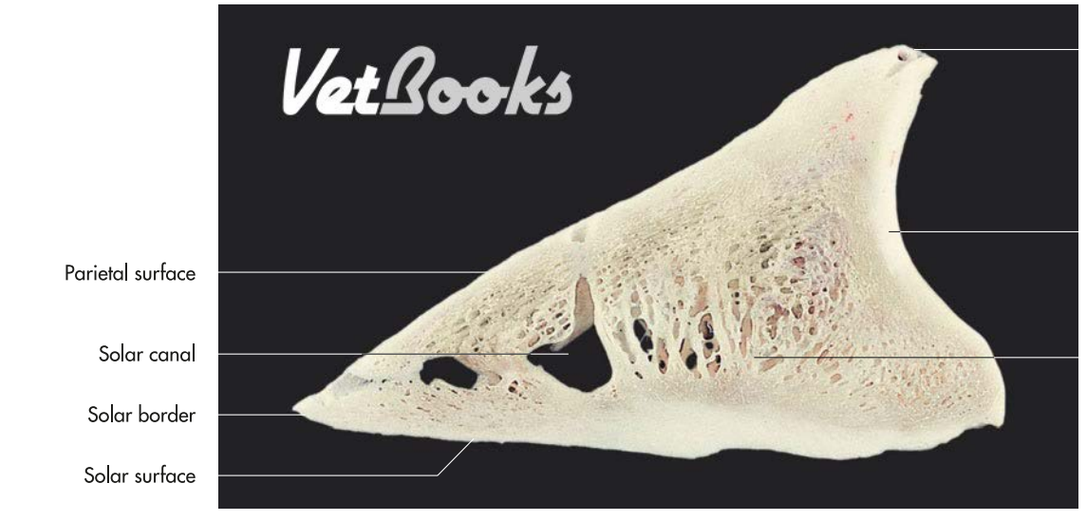


Fig. 4.28 Sagittal section of the distal phalanx of a horse.

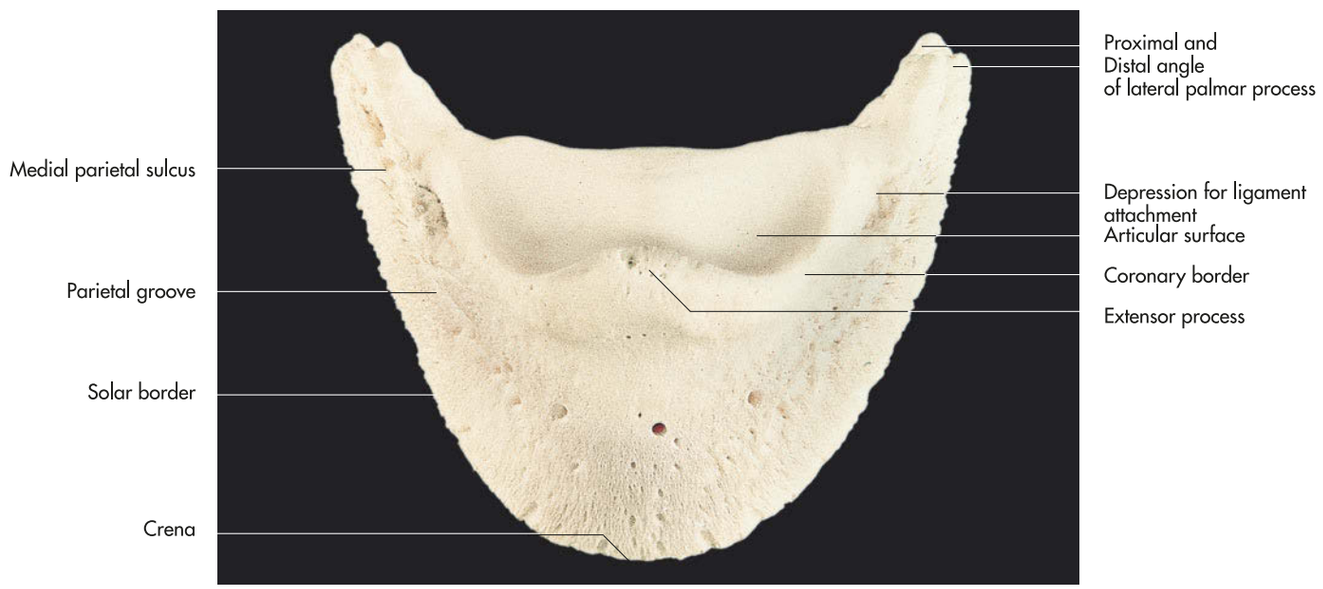


Fig. 4.29 Distal phalanx of a horse (dorsoproximal aspect).

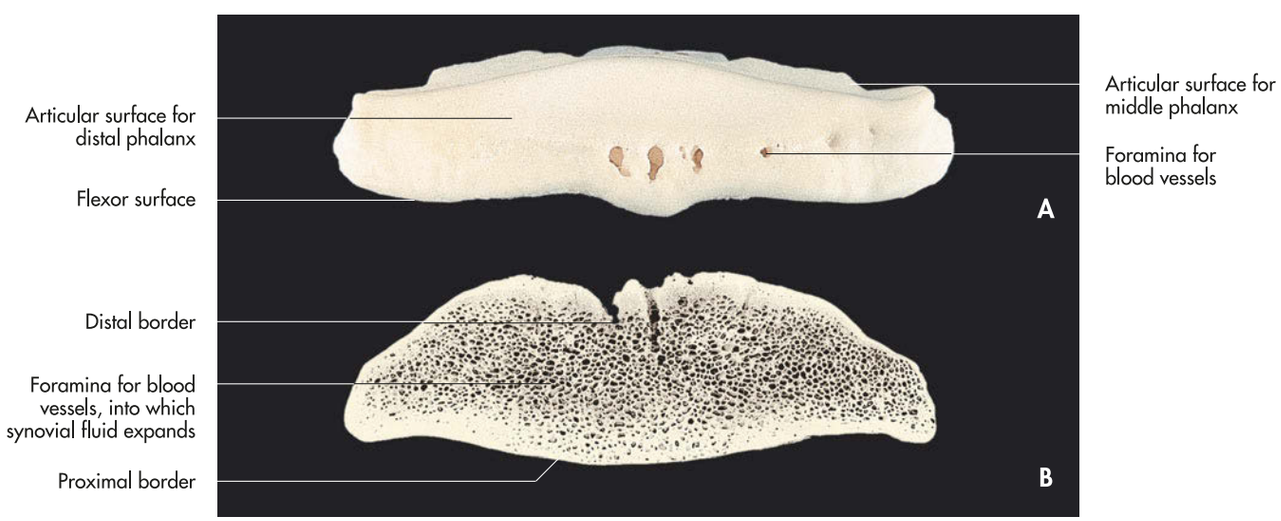


Fig. 4.30 Distal sesamoid bone of a horse: **(A)** distal aspect and **(B)** horizontal section.



Fig. 4.31 Distal (third) phalanx of a horse with the cartilage (left dorsoproximal aspect, right lateropalmar aspect).

surface shows a rough triangular area (trigonum phalangis proximalis), which is bounded by bony ridges.

The proximal extremity (base) bears an articular surface (fovea articularis), which is subdivided into a larger medial cavity and a smaller lateral one by a sagittal groove. The distal trochlea is adapted for articulation with the proximal articular surface of the middle phalanx.

The **middle phalanx** is very similar to the proximal phalanx (▶ Fig. 4.25, ▶ Fig. 4.26 and ▶ Fig. 4.27). The dorsal articular cavity is divided by a sagittal ridge and corresponds to the distal trochlea of the proximal phalanx. Its dorsal border is elevated to form the extensor process (processus extensorius) and the palmar border thickened to a transverse prominence flexor tuberosity (tuberositas flexoria).

The **distal phalanx** is accompanied by the **lateral** and **medial cartilage** on each side (cartilago ungularis medialis et lateralis) and the **distal sesamoid bone** (os sesamoideum distale) (▶ Fig. 4.25).

It presents three surfaces and two borders. The **solar border** (margo solearis) separates the **parietal (dorsal) surface** from the **solar (palmar) surface** and the **coronary (proximal) border** (margo coronalis) separates the articular surface from the parietal surface. The coronary border forms a central eminence, the **extensor process** (processus extensorius) (▶ Fig. 4.28 and ▶ Fig. 4.29). The solar border is notched dorsally (crena marginis solearis).

The palmar aspect of the third phalanx is extended bilaterally by the **medial and lateral palmar processes** (processus palmaris medialis et lateralis). Each process is divided into proximal and distal angles by a notch (incisura processus palmaris) or foramen. The parietal surface is convex from side to side. It is perforated or notched by numerous foramina and grooves for blood vessels and nerves.

Lateral and medial parietal grooves (sulcus parietalis lateralis et medialis) also encompass blood vessels. A rough **semilunar line** (linea semilunaris) separates the solar surface into a dorsal part (planum cutaneum) and a palmar **flexor surface** (facies flexoria) for the insertion of the deep digital flexor tendon (▶ Fig. 4.25). On either side of the flexor surface is a solar groove which leads to the **solar canal** (canalis solearis). The **articular surface** (facies articularis) articulates with the distal end of the second phalanx proximally and the distal sesamoid bone palmarly. Two **sesamoid bones** (ossa sesamoidea proximalia) are located just proximal to the fetlock joint on the palmar aspect. They are shaped like a three-sided pyramid with their apex pointing proximally. They are firmly attached to each other and the first phalanx by strong ligaments (▶ Fig. 4.25). The dorsal surface is concave and articulates with the distal end of the cannon bone. The abaxial surfaces give attachment to part of the suspensory ligament (m. interosseus medius). The palmar surface is marked by a smooth groove covered by a layer of cartilage (scutum proximale) for the flexor tendons.

The **distal sesamoid bone** (navicular bone) is boat-shaped with a straight **proximal border** (margo proximalis) and a convex **distal border** (margo distalis) (▶ Fig. 4.25 and ▶ Fig. 4.30). The distal border is attached to the third phalanx by a strong ligament. The palmar part of the dorsal navicular articular surface complements the distal surface of the third phalanx. The passage of the deep digital flexor tendon over the palmar surface of the navicular bone is facilitated by fibrous cartilage (scutum distale).

The **cartilages of the third phalanx** (cartilago ungulae medialis et lateralis) are fibrocartilagenous plates, which continue the palmar processes bilaterally (▶ Fig. 4.31). The abaxial surface is convex and the axial surface is concave. The distal halves are enclosed in the hoof, but the proximal borders extend to the middle of the pastern.

4.2 Joints of the thoracic limb (articulationes membri thoracici)

4.2.1 Articulations of the thoracic limb to the trunk

The forelimb is joined to the axial skeleton by an arrangement of muscles, tendons and fascia (**synsarcosis**), without forming a conventional joint.

4.2.2 Shoulder or humeral joint (articulatio humeri)

The shoulder joint links the considerably smaller **glenoid cavity** (cavitas glenoidalis) of the scapula to the larger **humeral head** (caput humeri) (▶ Fig. 4.32, ▶ Fig. 4.33, ▶ Fig. 4.34, ▶ Fig. 4.35, ▶ Fig. 4.36, ▶ Fig. 4.66, ▶ Fig. 4.67, ▶ Fig. 4.68, ▶ Fig. 4.69 and ▶ Fig. 4.70). The edge of the glenoid cavity is extended by the fibrocartilagenous **glenoid lip** (labrum glenoidale), which deepens the otherwise shallow glenoid cavity.

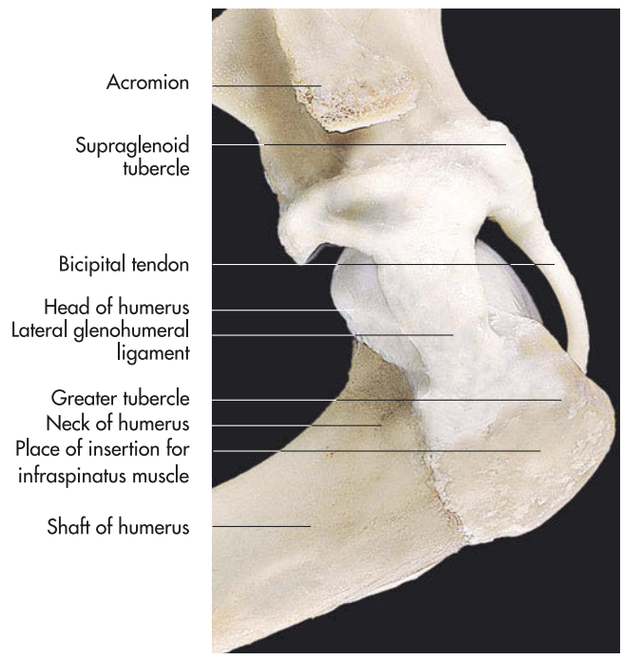


Fig. 4.32 Right shoulder joint of a dog (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

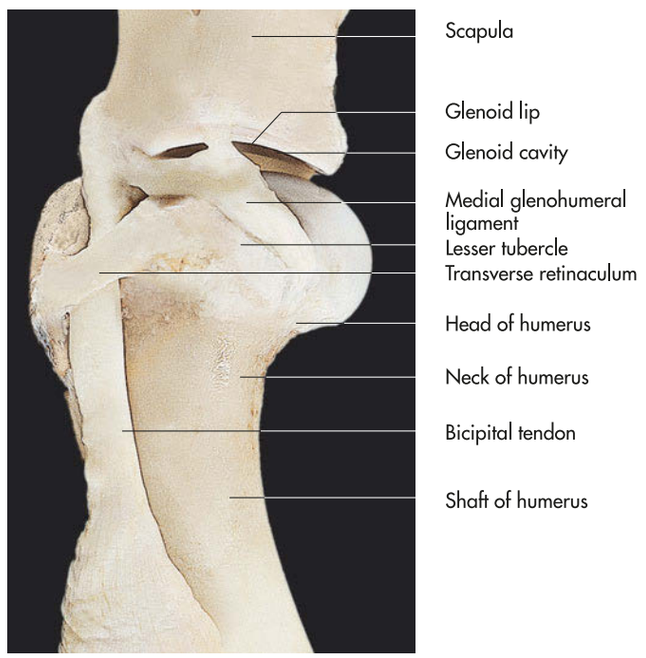


Fig. 4.33 Right shoulder joint of a dog (medial aspect). (source: courtesy of Dr. R. Macher, Vienna)

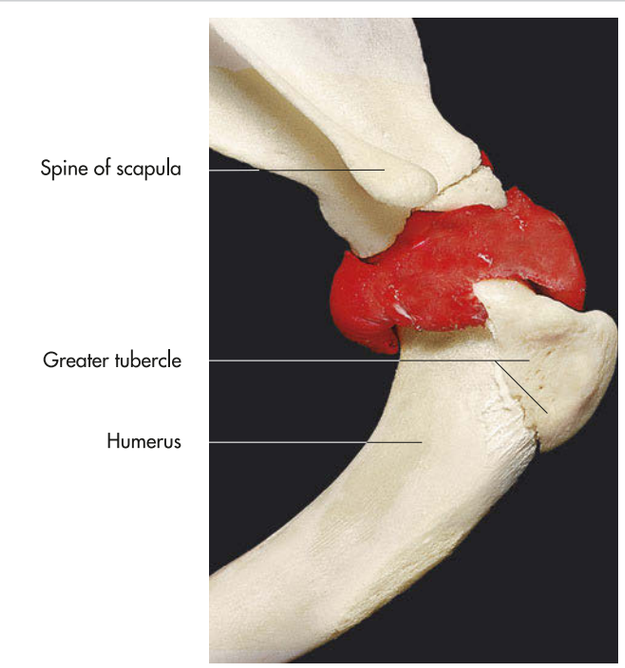


Fig. 4.34 Acrylic cast of the right shoulder joint of a dog (lateral aspect). (source: courtesy of Dr. K. Ganzberger, Vienna)

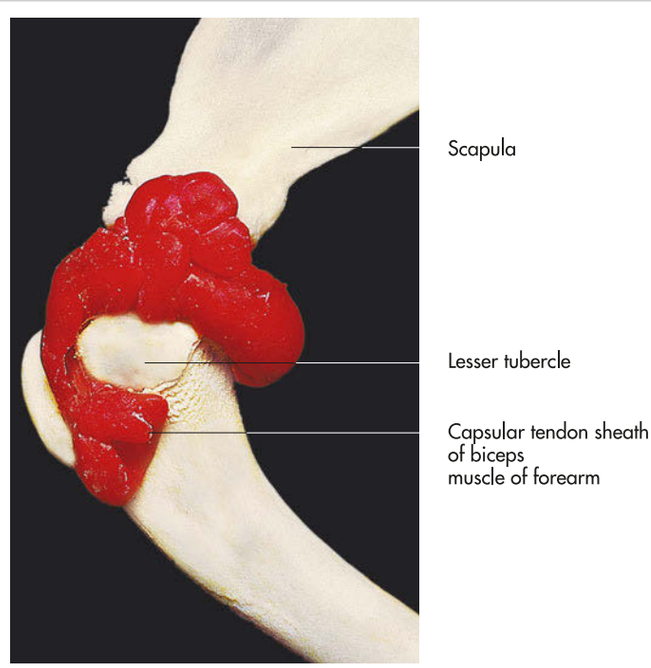


Fig. 4.35 Acrylic cast of the right shoulder joint of a dog (medial aspect). (source: courtesy of Dr. K. Ganzberger, Vienna)

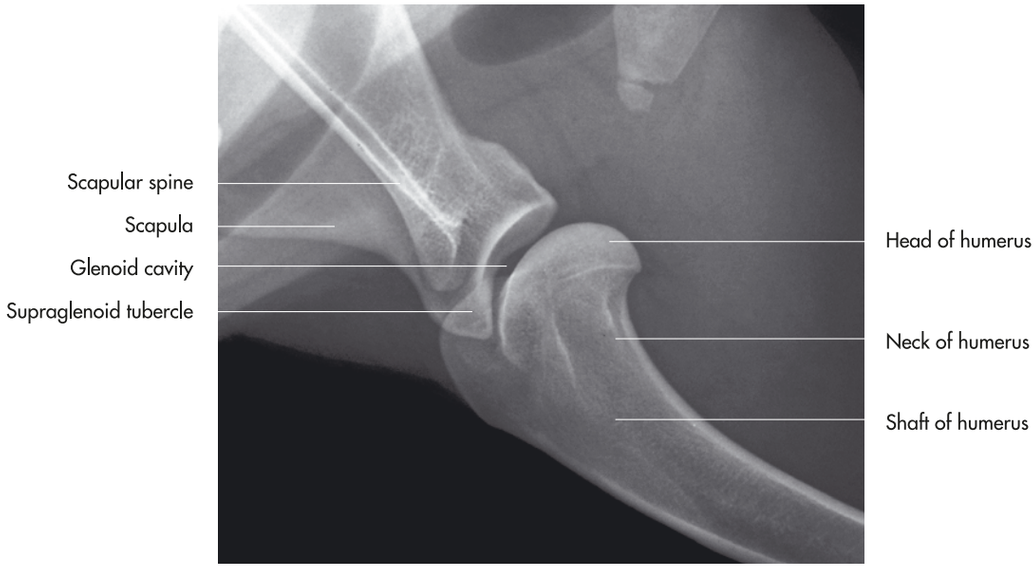


Fig. 4.36 Radiograph of the shoulder joint of a dog (mediolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

While the shoulder joint is a typical **spheroidal joint** (articulatio sphaeroidea) in structure and should theoretically have a considerable versatility of movement, its actual range of movement is limited by the surrounding muscles, and it therefore functions as a **hinge joint** with the primary movements being flexion and extension. Rotation, adduction and abduction are restricted, but possible especially in carnivores, in which abduction of 60°, pronation of 35° and supination of 45° is possible. In the horse, lateral and medial movements are almost impossible due to the cylindrical shape of the humeral head. Due to the absence of collateral ligaments of the shoulder, tendons and muscles act as ligaments and support the joint. The tendon of the subscapular muscle acts as the medial collateral ligament and the tendon of the infraspinatus muscle acts as the lateral collateral ligament.

The **joint capsule** (capsula articularis) is spacious and blends, in some areas, with the tendons of the surrounding muscles, particularly the subscapular muscle. The joint consists of three cranial and two caudolateral pouches in the horse and ox and two cranial pouches and one caudolateral pouch in carnivores.

The joint capsule obtains its strength internally by fibrous and collagenous bands: the **medial** and **lateral glenohumeral ligaments** (ligamenta glenohumerale laterale et mediale) (▶ Fig. 4.29). In ungulates there is an additional band, the **coracohumeral ligament** (ligamentum coracohumerale) incorporated in the joint capsule between the supraglenoid tubercle and the greater tubercle. In carnivores the transverse humeral ligament (ligamentum transversum humeri) bridges the bicipital groove and holds the like-named tendon in place (▶ Fig. 4.30). Part of the joint capsule surrounds the bicipital tendon in the intertubercular groove and forms a synovial sheath (vagina synovialis intertubercularis) in carnivores, the pig and the sheep.

In the horse and ox the tendon sheath is replaced by the **intertubercular bursa** (bursa intertubercularis), which does not communicate with the cavity of the shoulder joint.

Clinical note

Injection sites

- **Cat:** The cat is in lateral recumbency with the joint slightly reflexed; the needle is inserted directly caudal and proximal to the greater tubercle; it is advanced in a horizontal plane in a mediocaudal direction.
- **Dog:** The dog is put in lateral recumbency with the joint slightly flexed; the needle is inserted directly caudal and proximal to the greater tubercle. It is advanced in a horizontal plane in a mediocaudal direction.
- **Pig:** The pig is in lateral recumbency with the joint slightly flexed; the needle is inserted on the cranial border of the tendon of the infraspinatus muscle at the level of the greater tubercle and advanced in a mediocaudal and slightly distal direction.
- **Horse and ox:** A 10 cm needle is inserted into the palpable depression between the cranial and caudal eminence of the greater tubercle of the humerus; the needle is directed in a frontal plane in a caudal and slightly medial direction.

4.2.3 Elbow joint (articulatio cubiti)

The elbow joint (humeroulnar joint, articulatio humeroulnaris) is a **composite joint** (▶ Fig. 4.37, ▶ Fig. 4.38, ▶ Fig. 4.39, ▶ Fig. 4.40, ▶ Fig. 4.41, ▶ Fig. 4.42, ▶ Fig. 4.43, ▶ Fig. 4.44 and ▶ Fig. 4.71), formed by the humeral condyle (condylus humeri) with the trochlear notch of the ulna (incisura trochlearis ulnae) and the radial head (caput radialis).

The elbow joint is a typical **hinge joint** or **ginglymus**, with the range of movements restricted to flexion and extension in a sagittal plane. Prominent ridges and grooves on the trochlear surface and the protrusion of the olecranon into the olecranon fossa of the humerus prevent lateral or rotational movements. In the cat the range of movement in the sagittal plane is limited to 140°. In the dog between 100° and 140° of extension is possible, depend-

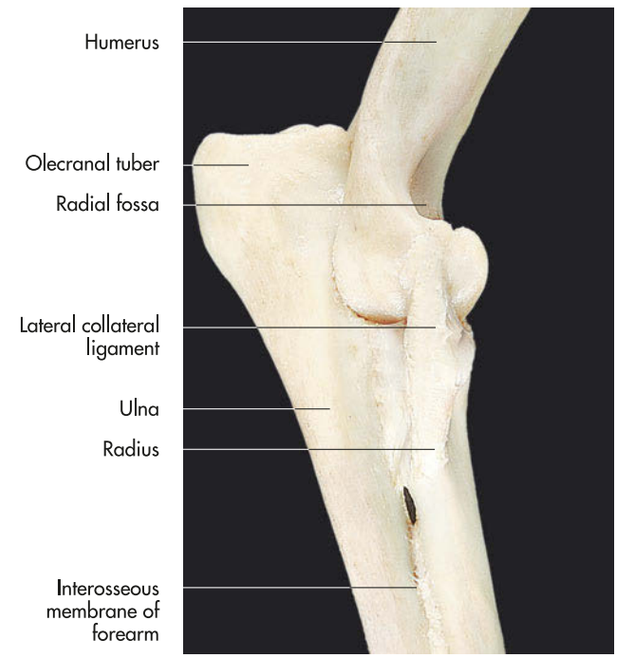


Fig. 4.37 Right elbow joint of a dog (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

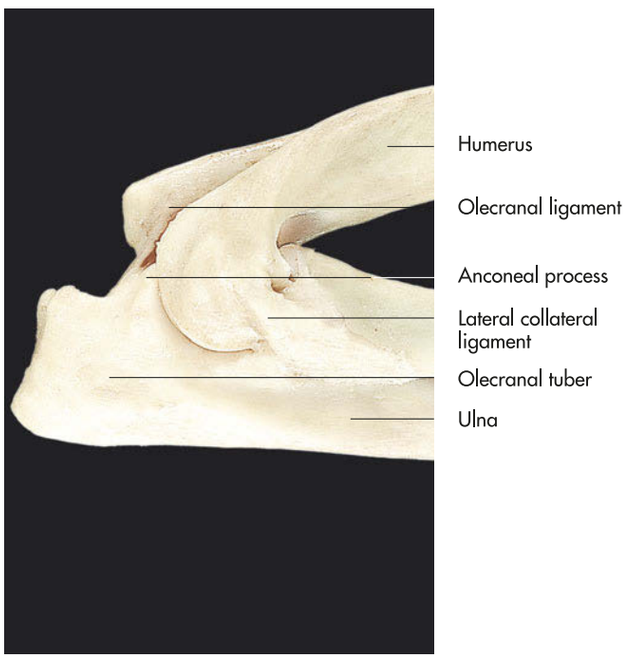


Fig. 4.38 Right elbow joint of a dog, maximally flexed (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

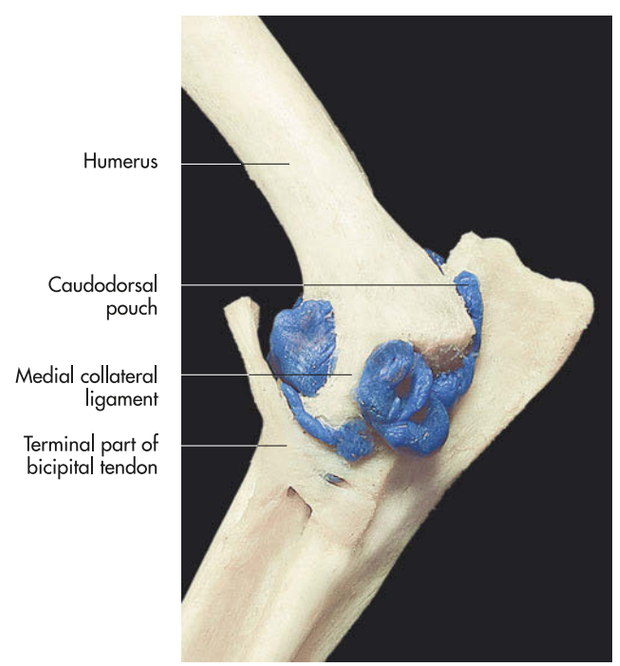


Fig. 4.39 Acrylic cast of the right elbow joint of a dog (medial aspect). (source: courtesy of Dr. R. Macher, Vienna)

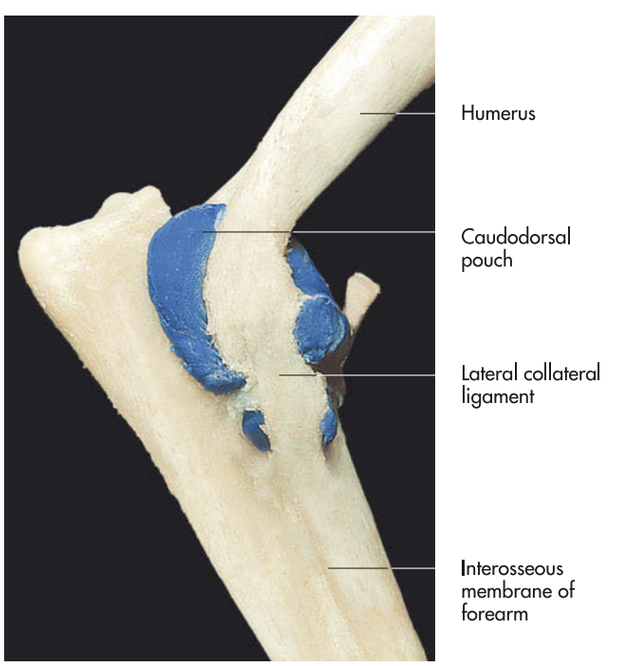


Fig. 4.40 Acrylic cast of the right elbow joint of a dog (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

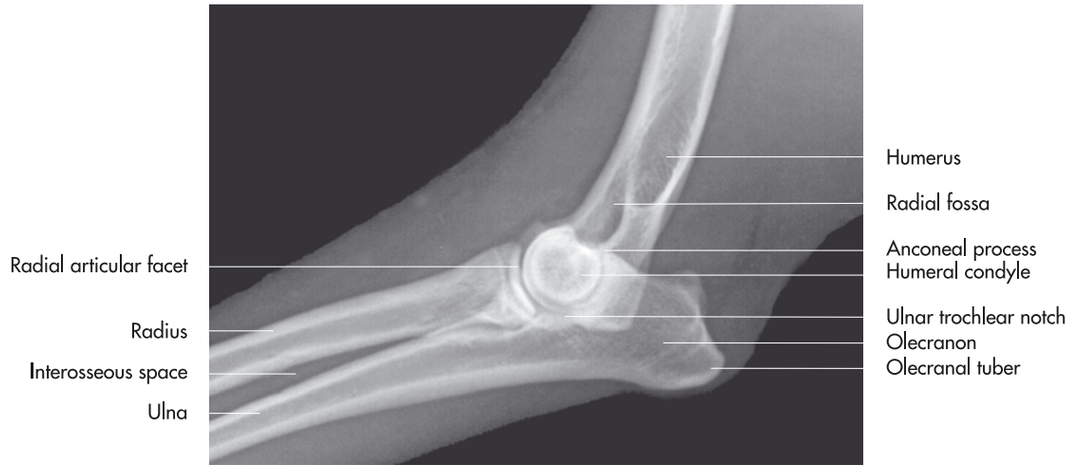


Fig. 4.41 Radiograph of the elbow joint of a dog (mediolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

ing on the breed. In the horse, and to a lesser degree in carnivores and cattle the elbow joint acts as a **snap joint**. This is caused by the eccentric proximal insertion of the collateral ligaments in relation to the axis of movement of the joint.

The humeroulnar, humeroradial and the proximal radioulnar joint (articulatio radioulnaris proximalis) share a common **joint capsule** (capsula articularis) (▶ Fig. 4.39 and ▶ Fig. 4.40). On the caudal aspect, the capsule inserts along the proximal border of the olecranon fossa. On the cranial aspect one pouch extends medially under the biceps muscle and one laterally under the common digital extensor muscle.

Clinical note

Injection sites

- **Dog and cat:** The animal is in lateral recumbency with the joint flexed at 90°; the needle is inserted between the lateral epicondyle and the olecranon and advanced in a craniomedial direction.
- **Pig:** The needle is inserted into the palpable depression just caudal to the lateral epicondyle in a craniomedial direction.
- **Ox:** A 6 cm needle is inserted between the lateral collateral ligament and the tendon of origin of the ulnar extensor muscle of the carpus and advanced horizontally.
- **Horse:** A 4 cm needle is inserted from the lateral side just cranial or caudal to the lateral collateral ligament of the joint and halfway between the lateral humeral epicondyle and the lateral tuberosity of the proximal aspect of the radius; the needle is advanced in a horizontal plane in a slightly proximomedial direction.

Strong collateral ligaments extend from the lateral and medial humeral epicondyle to the radius and ulna (▶ Fig. 4.37, ▶ Fig. 4.38 and ▶ Fig. 4.44):

- **lateral (radial) collateral ligament** (ligamentum collaterale cubiti laterale) is attached proximally to the lateral epicondyle of the humerus and divides further distally into a stronger cranial part, inserting on the radius and a more slender caudal part, inserting on the ulna; the caudal (ulnar) part is absent in the horse;
- **medial (ulnar) collateral ligament** (ligamentum collaterale cubiti mediale) is attached proximally to the medial epicondyle of the humerus and inserts with two parts on the ulna and radius, in horses and cattle the cranial part of this ligament represents the remnant of the pronator teres muscle;
- **olecranon ligament** (ligamentum olecrani) extends between the medial epicondyle of the humerus and the anconeal process and re-enforces the joint capsule on its flexor aspect in the cat and dog (▶ Fig. 4.38).

Radioulnar joints (articulatio radioulnaris proximalis et articulatio radioulnaris distalis)

The capacity of rotational movements of the two forearm bones is lost in large animals and reduced in carnivores caused by the species-specific reduction of the ulna. About 100° of supination is allowed to the cat and 50° to the dog. In the horse and in cattle the proximal parts of the radius and ulna are united by fibrous and elastic tissues which undergo ossification with advancing age (synchondrosis). The radius and ulna of the pig articulate firmly proximally and distally (amphiarthrosis). In carnivores there are **two separate synovial radioulnar articulations**:

- **proximal radioulnar joint** (articulatio radioulnaris proximalis), which is formed by the articular circumference of the radius (circumferentia articularis proximalis radii) and the radial notch of the ulna (incisura radialis ulnae), and
- **distal radioulnar joint** (articulatio radioulnaris distalis), which is formed by the articular circumference of the ulna (circumferentia articularis ulnae) and the ulnar notch of the radius (incisura ulnaris radii).

The proximal radioulnar joint is supported by **several ligaments**:

- **anular ligament of the radius** (ligamentum anulare radii) passes around the radial head on the flexor aspect of the elbow joint, lying under the collateral ligaments, and attaches distally to the radial notch of the ulna,

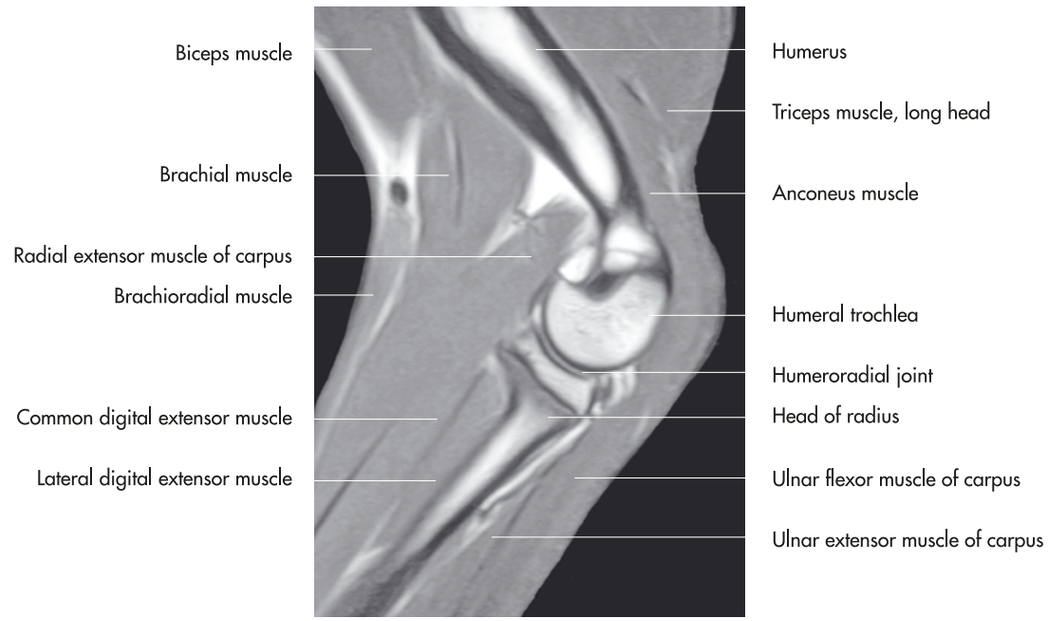


Fig. 4.42 Elbow joint of a dog (magnetic resonance imaging, T1 weighting, 1. sagittal sectional plan). (source: courtesy of Dr. Isa Foltin, Regensburg)

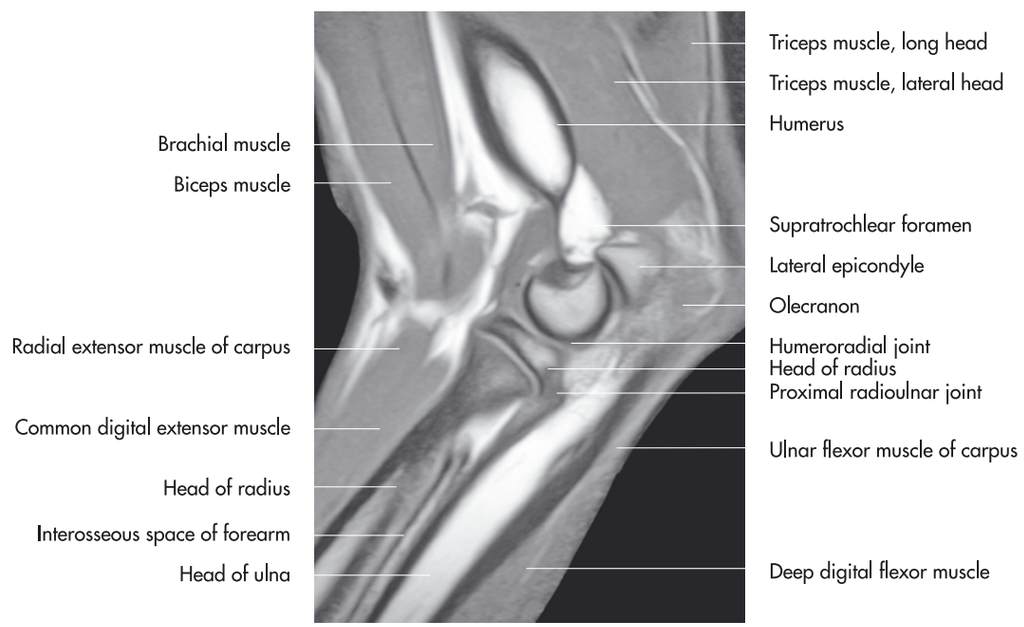


Fig. 4.43 Elbow joint of a dog (magnetic resonance imaging, T1 weighting, 2. sagittal sectional plan). (source: courtesy of Dr. Isa Foltin, Regensburg)

- **interosseous ligament of the antebrachium** (ligamentum interosseum antebrachii) bridges the proximal half of the interosseous space in the dog and strengthens the interosseous membrane laterally and,
- **interosseous membrane of the antebrachium** (membrana interossea antebrachii) is a soft tissue membrane. It joins the radius to the ulna in carnivores and juvenile large animals. This membrane becomes ossified in adult ungulates.

The single ligament of the distal radioulnar joint, the **radioulnar ligament** (ligamentum radioulnare) extends between the radial trochlea and the styloid process of the ulna. It is a distinct ligament in dogs, whereas in cats it consists of fibres embedded in the joint capsule. The proximal radioulnar joint communicates freely with the main elbow joint; the distal radioulnar joint is a proximal extension of the antebrachiocarpal joint in carnivores and in the pig.

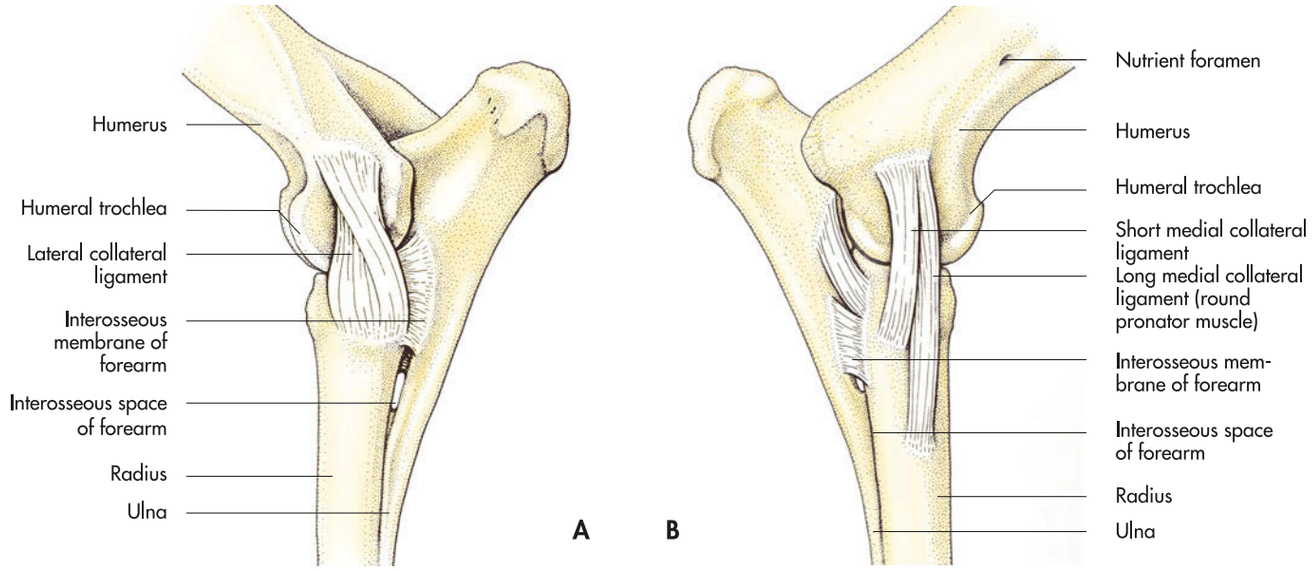


Fig. 4.44 Left elbow joint of the horse (schematic): **(A)** lateral and **(B)** medial aspect.

4.2.4 Articulations of the manus (articulationes manus)

Carpal joints (articulationes carpeae)

The carpal joints are **composite articulations** that include the following joints (▶ Fig. 4.45, ▶ Fig. 4.46, ▶ Fig. 4.47, ▶ Fig. 4.48, ▶ Fig. 4.49 and ▶ Fig. 4.50):

- **ulnocarpal and radiocarpal joint** (articulationes antebrachiocarpeae), between the radius and ulna and the proximal carpal bones,
- **middle carpal joint** (articulationes metacarpeae), between the proximal and distal carpal bones,
- **intercarpal joint** (articulationes intercarpeae), between the individual carpal bones of each row, and
- **carpometacarpal joints** (articulationes carpometacarpeae), between the distal carpal bones and the metacarpal bones.

Although the three levels of articulation share a common fibrous capsule, the synovial compartments are separate except for a communication between the middle and the distal joints. The joint capsule is loose at the level of the proximal joints and becomes narrower distally.

While the carpus as a whole acts as a **hinge joint**, the single joint surfaces allow different ranges of movement. Most movement occurs at the proximal articulation, considerable movement is possible at the middle articulation, but virtually no movement takes place at the distal articulation.

The **antebrachiocarpal joint** consists of the **radiocarpal joint** (articulatio radiocarpea) (-and the **ulnocarpal joint** (articulatio ulnocarpea). This joint can be regarded as a hinge joint in the horse, a cochlear joint in ruminants and a ellipsoidal joint in carnivores, where, in addition to the hinge movement, abduction and adduction are possible.

Less movement takes place in the **middle carpal joint**, which is also a **complex hinge joint**. It is formed between the proximal (ulnar, intermediate and radial carpal bone) and distal row (carpal bones I to IV) of the carpal bones. It also includes the accessory carpal joints. The intercarpal joints are firm articulations formed by the adjacent articulating surfaces of the same row and have a very limited range of movement.

The **carpometacarpal joints**, located between the distal carpal bones and the metacarpal bones, are **plane joints**, which do not allow any significant movement. Many distinct **ligaments** and several **fibrous bands** of the joint capsule support the carpus. The ligaments can be divided into two major groups (▶ Fig. 4.45, ▶ Fig. 4.46 and ▶ Fig. 4.49):

- **long lateral and medial carpal collateral ligaments** (ligamenta collateralia carpi), extending between the forearm and the metacarpus, and
- **short ligaments**, joining neighbouring bones of the same row or adjacent rows.

The **lateral collateral ligament** (ligamentum collaterale carpi laterale) attaches proximally to the lateral styloid process of the radius and divides into a superficial branch, which inserts at the proximal extremity of the lateral metacarpal bone and two deep branches, which insert at the ulnar carpal bone and the fourth carpal bone.

The **medial carpal collateral ligament** (ligamentum collaterale carpi mediale) extends between the medial styloid process of the radius and the proximal extremity of the medial metacarpal bone. A deep branch is detached to the second carpal bone.

In carnivores, the long continuous collateral ligaments are absent, and only the antebrachiocarpal joint is bridged by medial and lateral collateral ligaments. The anatomy of the short carpal ligaments is rather complex and will not be described in detail (▶ Fig. 4.45, ▶ Fig. 4.46, ▶ Fig. 4.49 and ▶ Fig. 4.50).

The **short ligaments** can be subdivided into three groups:

- **vertical ligaments** bridging the chief joints,
- **horizontal ligaments**, which join the neighbouring bones of the same row, and
- **short ligaments** connecting the accessory carpal, bone to the ulna, the ulnar carpal bone, the fourth carpal bone and the fourth and fifth metacarpal bones.

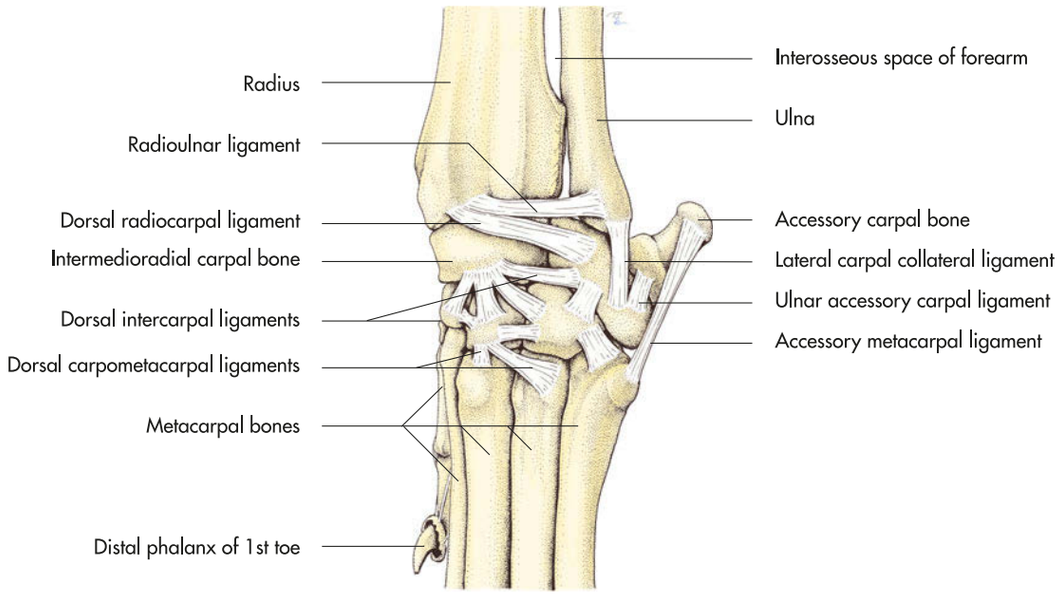


Fig. 4.45 Ligaments of the left carpus of the dog (schematic, lateral aspect); fig. based on data from Ghetie, 1954.

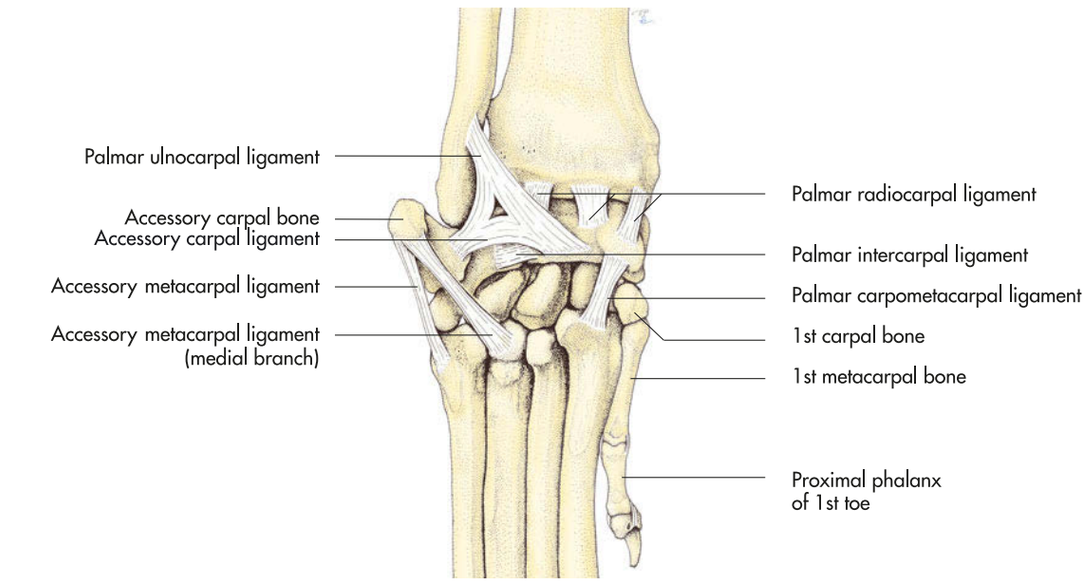


Fig. 4.46 Ligaments of the left carpus of the dog (schematic, palmar aspect); fig. based on data from Ghetie, 1954.

The fibrous layer of the joint capsule is strengthened dorsally by the **extensor retinaculum** (retinaculum extensorum), which surrounds the extensor tendons. The **flexor retinaculum** (retinaculum flexorum) enforces the carpus on the palmar aspect (▶ Fig. 4.85, ▶ Fig. 4.88, ▶ Fig. 4.90, ▶ Fig. 4.91, ▶ Fig. 4.92 and ▶ Fig. 4.93). It attaches to the base of the accessory bone and passes medially to become part of the metacarpal fascia.

The carpal canal is formed superficially by the flexor retinaculum and deeply by the joint capsule of the carpus. It contains the flexor tendons, arteries, veins and nerves.

Due to the complex anatomy of the carpal skeleton complemented by the numerous ligaments of the carpus, the primary movements of the carpal joints are flexion and extension. Whilst in full extension the carpus forms a single axis with the metacarpus and in full flexion the carpus enables the digits to touch the forearm. Slight lateral and medial movements are possible, particularly in carnivores (up to 30°). In addition the whole joint acts as a **shock absorber**.

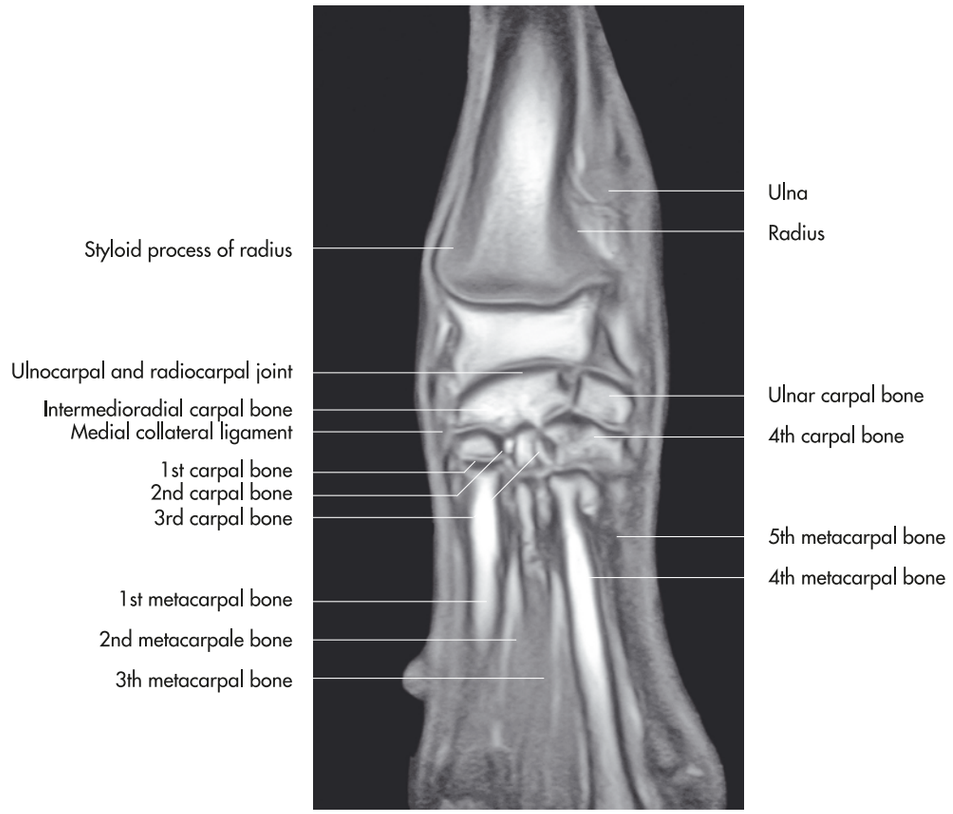


Fig. 4.47 Carpal joint of a dog (magnetic resonance imaging, T1 weighting, coronal sectional plan). (source: courtesy of Dr. Isa Foltin, Regensburg)

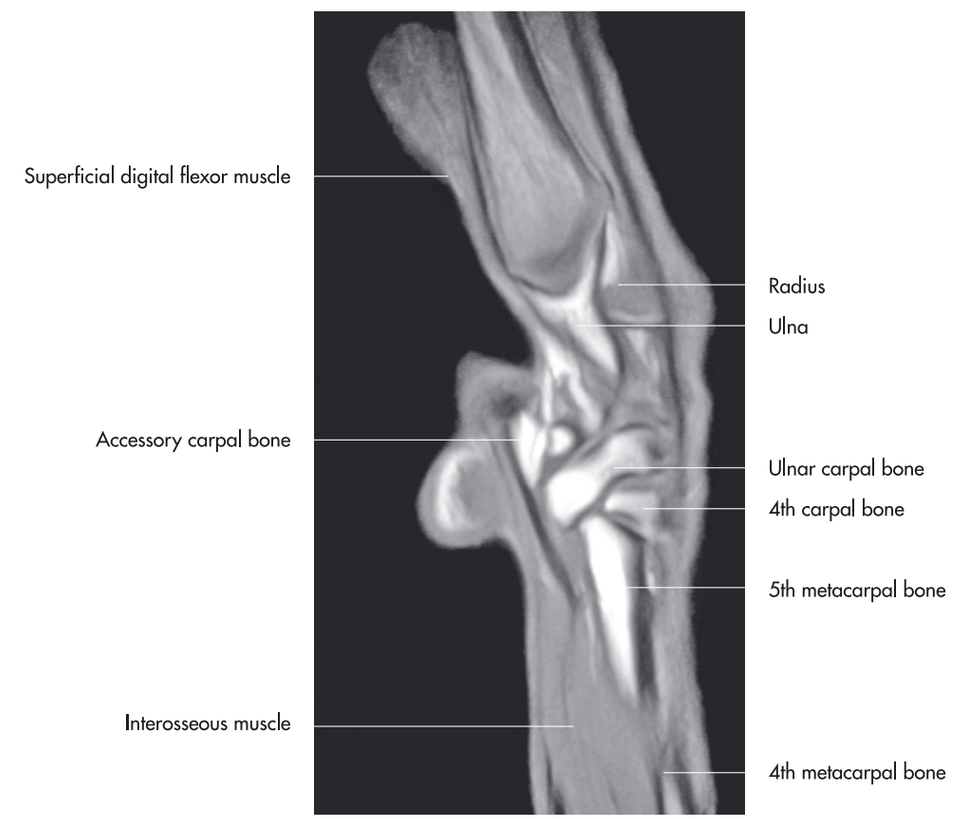


Fig. 4.48 Carpal joint of a dog (magnetic resonance imaging, T1 weighting, sagittal sectional plan). (source: courtesy of Dr. Isa Foltin, Regensburg)

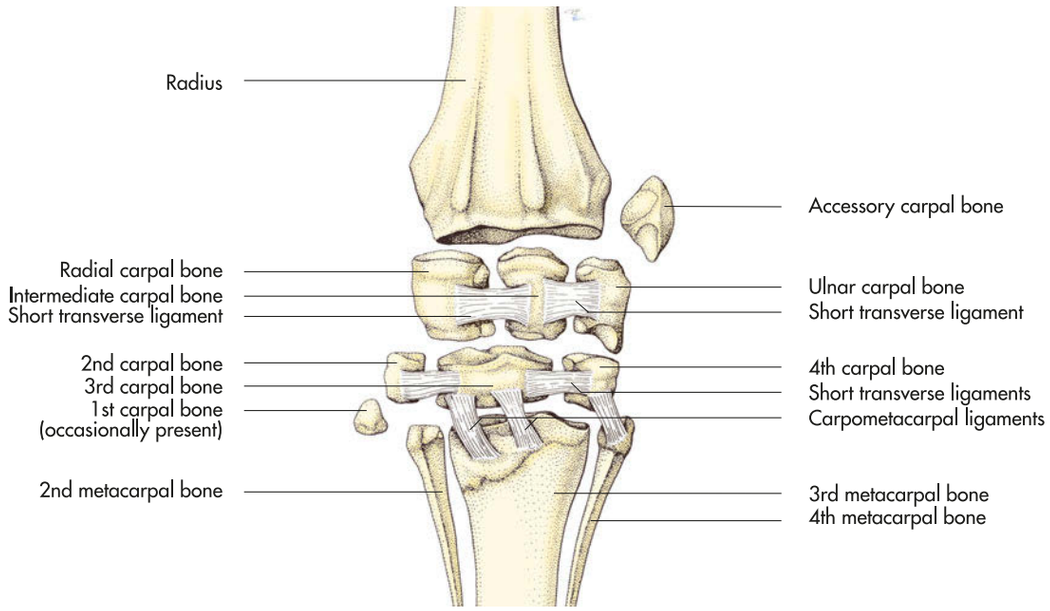


Fig. 4.49 Short ligaments of the left carpus of the horse, with the joint spaces extended (schematic, dorsal aspect); fig. based on data from Dr. S. Wagner, Vienna, 1996.

Clinical note

Injection sites

- **Dog and cat:** Antebrachiocarpal joint and midcarpal joint: the animal is in lateral recumbency, the joint flexed in a 90° angle; the needle is inserted from the dorsolateral side in the proximal pouch between the common digital extensor tendon and the radial extensor muscle at the level of the joints; separate injection of the carpometacarpa joint is unnecessary due to its communication with the midcarpal joint.
- **Pig:** The pig is put in lateral recumbency and the joint flexed; for the injection of the antebrachiocarpal joint the needle is inserted into the dorsal pouch of the joint capsule lateral to the radial extensor muscle in a horizontal plane and palmar direction, the midcarpal and carpometacarpal joint is injected just dorsal to the medial collateral ligament into the palpable joint space.
- **Ox:** A 4 cm needle is inserted on the dorsolateral aspect between the lateral collateral ligament and the radial extensor muscle with the carpus flexed, the needle is advanced horizontally.
- **Horse:** Antebrachiocarpal joint and midcarpal joint: the carpus is flexed and the joint is entered horizontally with a 3 cm needle in the palpable depressions between the radial extensor muscle and the common digital extensor tendons on the dorsal aspect of the joint at the level of the articulation; separate injection of the carpometacarpal joint is unnecessary due to its communication with the midcarpal joint.

4.2.5 Intermetacarpal joints (articulationes intermetacarpeae)

The **metacarpal bones** articulate with each other at their proximal ends in carnivores and in the pig. In ruminants the remaining third and fourth metacarpal bones are fused and no movement is possible. Although there are small joints between the proximal ends of the splint bones and the cannon bone in the horse, movement is very limited, due to the interosseous ligament between the shaft of the metacarpal bones, which undergoes ossification.

4.2.6 Phalangeal joints

Each digit has **three articulations** (▶ Fig. 4.55, ▶ Fig. 4.56, ▶ Fig. 4.59, ▶ Fig. 4.60, ▶ Fig. 4.61, ▶ Fig. 4.62, ▶ Fig. 4.63, ▶ Fig. 4.64 and ▶ Fig. 4.65):

- **metacarpophalangeal joints** or **fetlock joint** (articulationes metacarpophalangeae),
- **proximal interphalangeal joints** or **pastern joint** (articulationes interphalangeae proximales manus) and
- **distal interphalangeal joints** or **coffin joint** (articulationes interphalangeae distales manus).

The **metacarpophalangeal joints** are hinge joints between the distal end of the metacarpal bones and the proximal ends of the first phalanges and the proximal sesamoid bones. The joint capsules form **dorsal** and **palmar pouches** (recessus dorsales et recessus palmares). Ligaments exist in the form of collateral ligaments, sesamoid ligaments and interdigital ligaments in animals with more than one ray. The sesamoid ligaments can be subdivided into proximal, middle and distal ligaments. The proximal ligament is replaced by the interosseous muscles or in the case of ruminants and horses by the suspensory ligament, the tendinous remnant of the medial interosseous muscle.

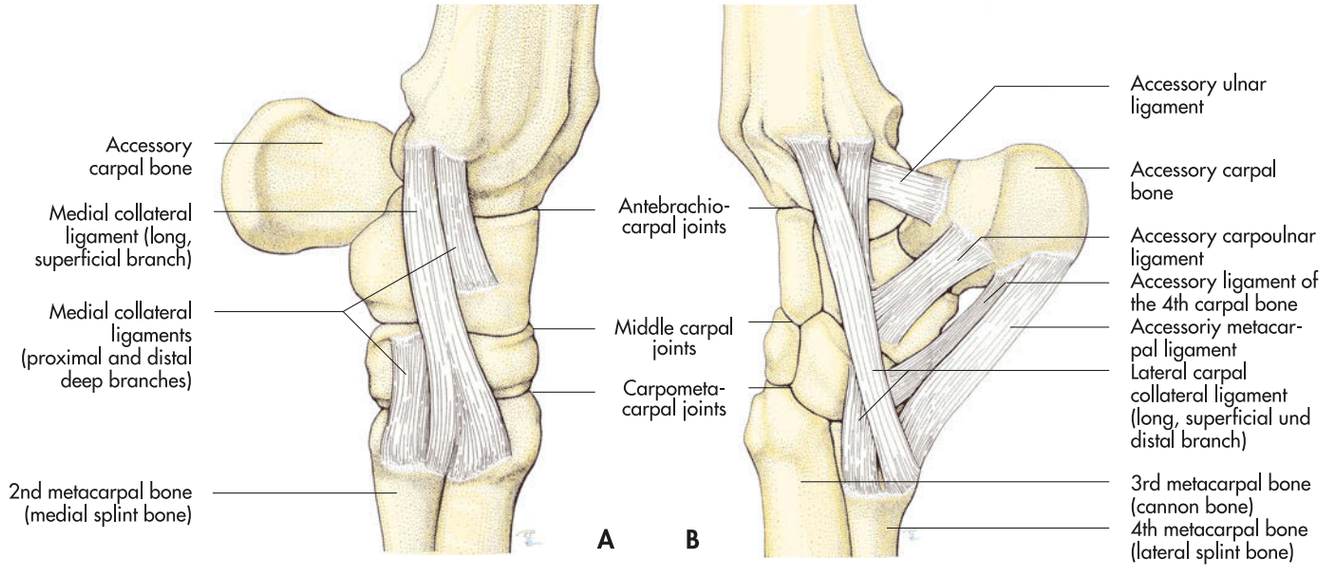


Fig. 4.50 Long collateral ligaments and ligaments of the accessory carpal bone of the left carpus of the horse (schematic): **(A)** medial and **(B)** lateral aspect; fig. based on data from Dr. S. Wagner, Vienna, 1996.

The **proximal interphalangeal joints** are formed by the distal ends of the first phalanges and the proximal ends of the middle phalanges. They are classified as saddle joints due to the concavo-convex shape of the joint surfaces and act as hinge joints, allowing a limited range of lateral movements (▶ Fig. 4.51). Each joint has a capsule with dorsal and palmar pouches, collateral ligaments (horse) or palmar ligaments (pig and ruminants) or both (carnivores).

The **distal interphalangeal joints** are very similar to the proximal interphalangeal joints.

Phalangeal joints of the carnivores

Metacarpophalangeal joints

Carnivores have five **metacarpophalangeal** joints corresponding to the number of digits. They are formed by the distal trochlea of the metacarpal bones I to V and the proximal articular surface of the first phalanges together with two proximal sesamoid bones for each joint. In addition to flexion and extension, these joints allow a considerable degree of abduction and adduction. Each joint has a spacious **joint capsule** with a dorsal and palmar pouch. The dorsal pouches are thickened by a band of cartilage. The proximal sesamoid bones are interspersed in the palmar part of the joint capsule.

The **ligaments** can be divided into:

- **collateral ligaments** (ligamenta collateralia mediale et laterale) between the distal ends of the metacarpal bones and the first phalanges, and
- **ligaments of the proximal sesamoid bones** with:
  - **proximal ligaments**: replaced by the interosseous muscle,
  - **middle ligaments**: intersesamoid ligaments, uniting the palmar surfaces of the paired sesamoid bones of one digit and the lateral and medial sesamoid ligaments between the sesamoid bones and the metacarpal bones and the proximal phalanges, and
  - **distal ligaments**: the short distal sesamoid ligament and the cruciate ligaments of the sesamoid bones between the proximal sesamoid bones and the proximal phalanges.

Proximal interphalangeal joints

The proximal interphalangeal joints are formed by the distal ends of the proximal phalanges and the proximal articular fossae of the middle phalanges II to V. The first digit does not have a proximal interphalangeal joint. These are **saddle joints** with a maximal extension of 90° and a maximal flexion of 60°. The **joint capsules** are similar to the ones of metacarpophalangeal joints with dorsal and palmar pouches and a cartilagenous enforcement dorsally. Collateral ligaments (ligamentum collaterale laterale et mediale) are the only ligaments bridging the joint vertically on the lateral and medial aspects.

Distal interphalangeal joints

The distal interphalangeal joints are **saddle joints**, formed by the distal trochlea of the medial phalanges and the articulating fossae of the distal phalanges.

The **joint capsules** extend dorsal and palmar pouches (recessus dorsales et palmares) The palmar pouches are enforced by sesamoid cartilage. Each joint has a medial and a lateral collateral ligament and elastic ligaments dorsally. The dog has two long elastic cord-like ligaments (ligamenta dorsalia longa) extending from the second phalanx to the lateral aspect of the third phalanx. In the cat, in addition to the two long dorsal ligaments, there is a short single dorsal ligament (ligamentum dorsale breve), which extends from the side of the second phalanx to the extensor process of the third phalanx. This anatomical location allows the

flexion of the distal interphalangeal joint and therefore the protrusion of the claw by simultaneous contraction of the deep digital flexor tendon and relaxation of the elastic dorsal ligaments.

Unlike the dog, the cat can fully retract its claws into the fur of the paw. While the claws are contracted the claw is under maximal dorsal flexion and in contact with the corresponding metacarpal bone.

Interdigital ligaments

Anular ligaments (ligamenta anularia palmaria) brace the superficial and deep digital flexor tendons at the level of the proximal sesamoid bones of the metacarpophalangeal joints of the second to fifth digits. These palmar anular ligaments furnish insertion to the deep interdigital ligaments, which hold the digits together and support the carpal and digital pads.

A superficial interdigital ligament runs transversely from the palmar surface of the distal end of the second metacarpal bone to the same location on the fifth metacarpal bone.

Phalangeal joints of the ruminants

Metacarpophalangeal joints or fetlock joints

The two metacarpophalangeal joints are **hinge joints** formed by the trochlea, which consists of the separate distal ends of the third and fourth metacarpal bones, the articular surface of the first phalanx and two proximal sesamoid bones on the palmar aspect (▶ Fig. 4.42 and ▶ Fig. 4.43). Each joint has its own joint capsule with a dorsal and a palmar pouch each.

The **dorsal pouch** (recessus dorsalis). extends proximally between. the metacarpal bones and the tendons of the common and lateral digital extensor muscles. The dorsal joint capsules are thickened by fibrocartilage. The tendons are each surrounded by a synovial sheath and subtendinous bursae, which facilitates their passage over the dorsal joint pouch.

The **palmar pouch** (recessus palmaris) extends proximally between the metacarpal bones, the interosseous muscle and the deep and superficial digital flexor tendons. The flexor tendons share a common synovial sheath at this level.

The axial part of the joint capsules are fused. Their palmar pouches communicate with each other proximal to the interdigital branch of the interosseous muscle.

Clinical note

Injection sites

Both **fetlock joints** can be reached with one injection, the needle is inserted into the dorsal pouch at the border of the lateral or medial extensor tendon and advanced horizontally.

Ligaments of the fetlock joint (▶ Fig. 4.52, ▶ Fig. 4.53 and ▶ Fig. 4.54) can be divided into:

- **proximal interdigital ligament** (ligamentum interdigitale proximale), which joins the proximal phalanges of the weightbearing digits to their axial sesamoid bones,
- **axial** and **abaxial collateral ligaments**, which bridge each fetlock joint, and
- **proximal**, **middle** and **distal sesamoid ligaments**.

The tendinous **middle interosseous muscle** (m. interosseus medius) or suspensory ligament supports the fetlock proximally.

It originates from the distal carpal bones, extends distally on the palmar surface of the metacarpal bones and divides into four branches at the distal third of the metacarpus. The four branches are divided into:

- **middle part**, which subdivides further into two branches for the axial proximal sesamoid bones and one interdigital branch for each digit; the interdigital branch for the third digit joins the medial tendon of the common digital extensor tendon and the interdigital branch to the fourth digit the lateral digital extensor tendon,
- **lateral and medial branch**, which insert with a deep branch on the abaxial proximal sesamoid bones and extend a superficial branch to the extensor tendons, and
- **strong branch**, which subdivides into a medial and a lateral branch; both branches unite more distally with the superficial digital flexor tendon, thus forming a sheath around the deep digital flexor tendon.

The **middle ligaments of the fetlock** (▶ Fig. 4.53 and ▶ Fig. 4.54) comprise:

- **medial** and **lateral palmar ligaments** (ligamenta palmaria mediale et laterale), which join the proximal sesamoid bones of the third digit to the ones of the fourth digit,
- **interdigital intersesamoid ligament** between the two axial sesamoid bones, and
- **collateral sesamoid ligaments** (ligamenta sesamoidea collateralia), which connect the abaxial proximal sesamoids with the first phalanx.

The **distal support of the fetlock** is provided by (▶ Fig. 4.52, ▶ Fig. 4.53 and ▶ Fig. 4.54):

- **cruciate sesamoid ligaments** (ligamenta sesamoidea cruciata), which extend from the base of each proximal sesamoid to the lateral aspect of the corresponding first phalanx,
- **oblique sesamoid ligaments** (ligamenta sesamoidea obliqua), which connect the abaxial proximal sesamoids to the first phalanx, and
- **interdigital phalangosesamoid ligaments** (ligamenta phalangosesamoidea interdigitales), which connect the axial proximal sesamoids with the proximal end of the opposite first phalanx.

Proximal interphalangeal joints or pastern joints

The pastern joints are **saddle joints**, formed by the distal trochlea of the first phalanx and the proximal articular surface of the second phalanx. The two joints have separate capsules. Each forms dorsal and palmar pouches (recessus dorsales et palmares).

The **dorsal pouch** (recessus dorsalis) is indented by the extensor tendons and extends distally and proximally on the axial and abaxial aspect.

The **palmar pouch** (recessus palmaris) is smaller and covered by the flexor tendons.

Each joint is supported by axial and abaxial collateral ligaments (ligamenta collateralia). An additional axial ligament bridges both the pastern and the coffin joint dorsally. Three **palmar ligaments**, a central, an axial and an abaxial palmar ligament provide further support to each pastern joint (▶ Fig. 4.54). Additional bands arise

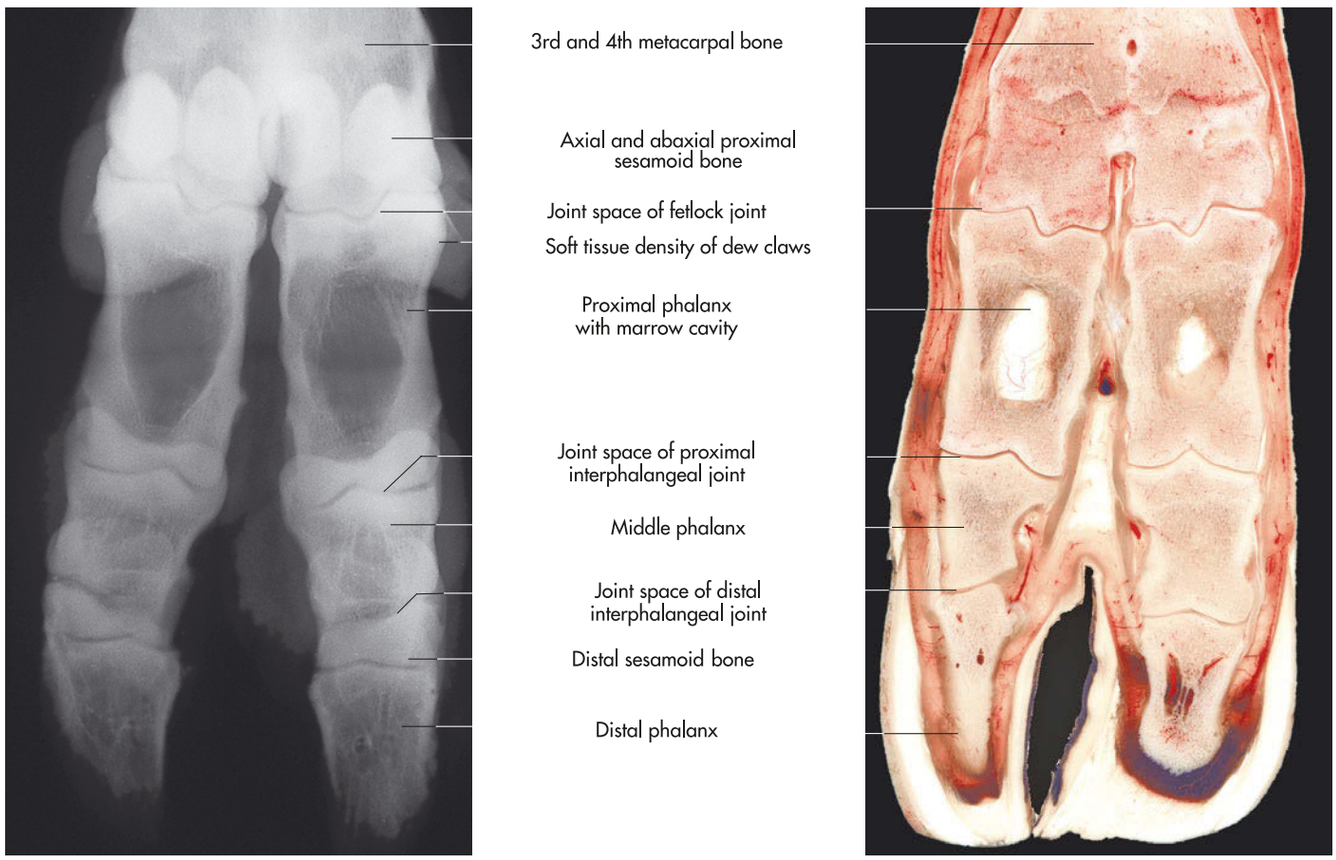


Fig. 4.51 Foot of an ox: radiograph (dorsopalmar projection) (left) and E-12 slice plastinate (right). (source: courtesy of Prof. Dr. Sabine Breit, Vienna (left), and H. Obermayer, Munich (right))

from the digital fascia and insert on to the first phalanges. These support the flexor tendons on the palmar aspect (▶ Fig. 4.52, ▶ Fig. 4.53 and ▶ Fig. 4.54):

- palmar anular ligament (ligamentum anulare palmare),
- proximal and distal anular digital ligament (ligamentum anulare digiti), and
- distal interdigital ligament (ligamentum interdigitale distale).

Distal interphalangeal joints or coffin joints

The **coffin joints** are **saddle joints** formed by the distal trochlea of the second phalanges, the articular surfaces of the third phalanges and the distal sesamoid or navicular bone on the palmar aspect.

The **joint capsules** are completely separated and have dorsal and palmar pouches (recessus dorsales et palmares):

- **dorsal pouches** (recessus dorsales) reach about 1 cm beyond the coronet under the extensor tendons, and
- **palmar pouches** (recessus palmares) extend proximally up to the middle of the second phalanges and are covered by the deep digital flexor tendons.

Each joint is supported by the following ligaments (▶ Fig. 4.52 and ▶ Fig. 4.54):

- **distal interdigital ligaments** (ligamentum interdigitale distale), which are two cruciate ligaments between the main digits,
- **dorsal ligament of the coffin joints** (ligamentum dorsale), which is an elastic band extending from the distal end of the second phalanx axially to the extensor process of the third phalanx,
- **axial** and **abaxial collateral ligaments** (ligamenta collateralia) and
- **ligaments of the distal sesamoid bone**, which can be divided into elastic axial and abaxial ligaments connecting the distal sesamoid to the second phalanx and collateral ligaments connecting the sesamoid to the third phalanx.

Support of the dewclaws

The second and fifth digits are joined to the cannon bone proximally and to the main digits distally by fasciae, which form distal, proximal and transverse bands.

Phalangeal joints of the horse

Metacarpophalangeal joint or fetlock joint

The fetlock joint is a **composite joint** formed by the trochlea of the cannon bone, the proximal articular surface of the first phalanx and the proximal sesamoid bones (▶ Fig. 4.55 and ▶ Fig. 4.56). It acts as a hinge joint with the major movements being flexion and extension allowing only limited lateral movement. In the standing position the joint is in partial flexion.

The **joint capsule** has a dorsal and a palmar pouch:

- **dorsal pouch** (recessus dorsalis), which extends about 2 cm proximally between the cannon bone and the extensor tendon;

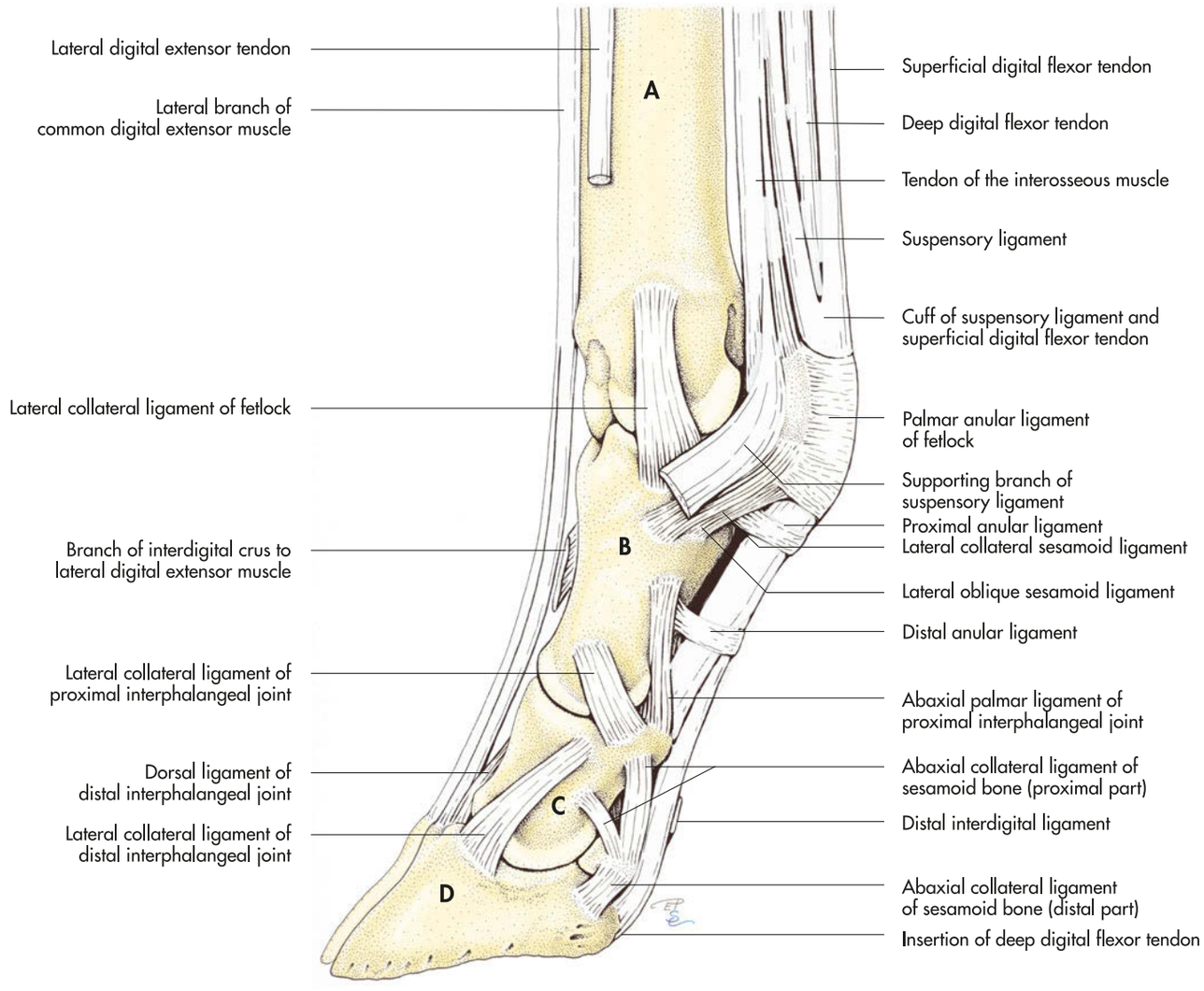


Fig. 4.52 Ligaments and tendons of the left front foot of the ox (lateral aspect): **(A)** metacarpus, **(B)** proximal phalanx, **(C)** middle phalanx and **(D)** distal phalanx (schematic); fig. based on data from Ellenberger and Baum, 1943.

a bursa is interposed between the joint capsule and the extensor tendon, and
- **palmar pouch** (recessus palmaris), which lies between the cannon bone and the suspensory ligament (▶ Fig. 4.59 and ▶ Fig. 4.60).

The **ligamentous support of the fetlock** consists of:
- **collateral ligaments** (ligamenta collateralia), which arise from each side of the distal end of the cannon bone and insert on the eminences on each side of the proximal end of the first phalanx, and
- **proximal**, **middle** and **distal ligaments** of the proximal sesamoid bones (▶ Fig. 4.57 and ▶ Fig. 4.58).

The tendinous interosseous muscle or suspensory ligament provides the **proximal support for the proximal sesamoid bones** (▶ Fig. 4.57 and ▶ Fig. 4.58). It is attached proximally to the distal row of the carpal bones and to the proximal part of the cannon bone. It passes between the lateral and medial splint bone in the metacarpal groove on the palmar surface of the cannon bone. Above the fetlock it divides into two diverging branches, which insert on the proximal sesamoid bones. The **metacarpointersesamoid ligament** (ligamentum metacarpointersesamoideum) extends between the distal end of the metacarpus and the palmar ligament. It provides additional support to the fetlock on the palmar aspect.

The **middle ligaments of the proximal sesamoid bones** comprise:
- **palmar ligament** (ligamentum palmare): a broad fibrocartilaginous ligament, which unites the two proximal sesamoids and enables, together with the sesamoid bones, the frictionless movement of the flexor tendons over the fetlock joint (scutum proximale), and
- **medial** and **lateral collateral ligaments** (ligamenta collateralia), which connect the proximal sesamoids to the metacarpal bone proximally and to the first phalanx distally (▶ Fig. 4.57 and ▶ Fig. 4.58).

There are **distal sesamoid ligaments** (▶ Fig. 4.57 and ▶ Fig. 4.58):

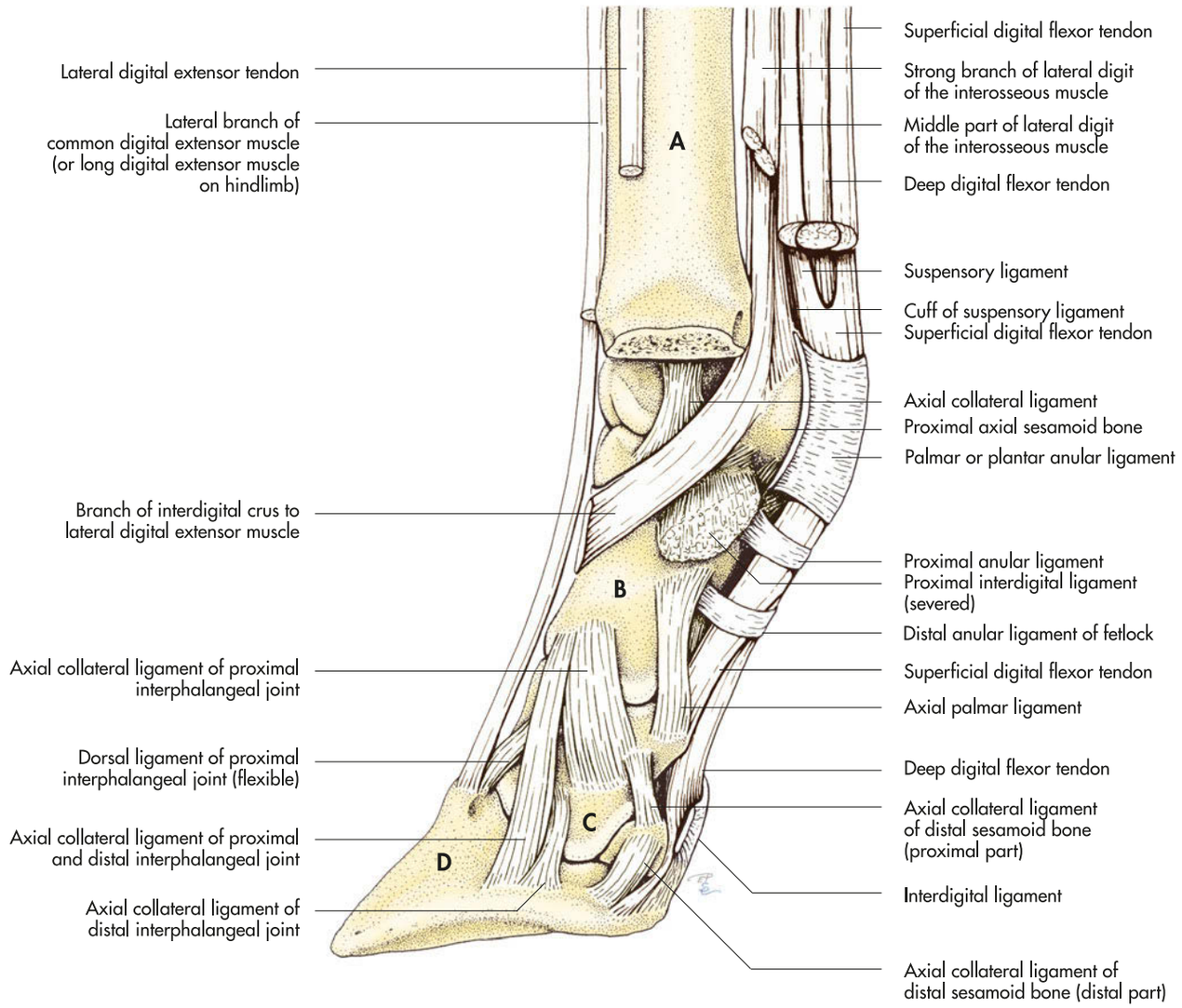


Fig. 4.53 Ligaments and tendons of the left medial front foot of the ox (axial aspect): **(A)** metacarpus, **(B)** first phalanx, **(C)** second phalanx and **(D)** third phalanx (schematic); fig. based on data from Ellenberger and Baum, 1943.

- **straight sesamoid ligament** (ligamentum sesamoideum rectum) originates proximal to the base of the sesamoid bones and inserts with two branches; a strong branch on the second phalanx and a weaker branch on the first phalanx,
- **oblique sesamoid ligaments** (ligamenta sesamoidea obliqua) accompany the straight one on each side and insert on the palmar surface of the first phalanx,
- **cruciate sesamoid ligaments** (ligamenta sesamoidea cruciata) run deep to the other distal sesamoid ligaments; they arise on the base of the sesamoid bones, cross each other and insert on the opposite side of the first phalanx,
- **short sesamoid ligaments** (ligamenta sesamoidea brevia) extend from the base of the sesamoids to the palmar margin of the first phalanx, and
- **suspensory ligament** extends a medial and a lateral branch dorsally and distally, where they join the common digital extensor tendon, these branches give additional support to the sesamoids; the suspensory ligament, the palmar ligament and the straight and oblique sesamoid ligaments, together with the sesamoids themselves, form the **stay apparatus**, which supports the fetlock.

Clinical note

Injection sites

The **fetlock joint** is injected in the weightbearing horse into the dorsoproximal pouch of the joint, the joint space is palpated and a 2 cm needle inserted medial to the common extensor tendon and directed distomedially.

Proximal interphalangeal joint or pastern joint

The **pastern joint** is formed by the junction of the trochlea of the first phalanx and the proximal end of the second phalanx. It is a **saddle joint** with a limited range of movement. There are two collateral and several palmar ligaments (▶ Fig. 4.57 and ▶ Fig. 4.58):

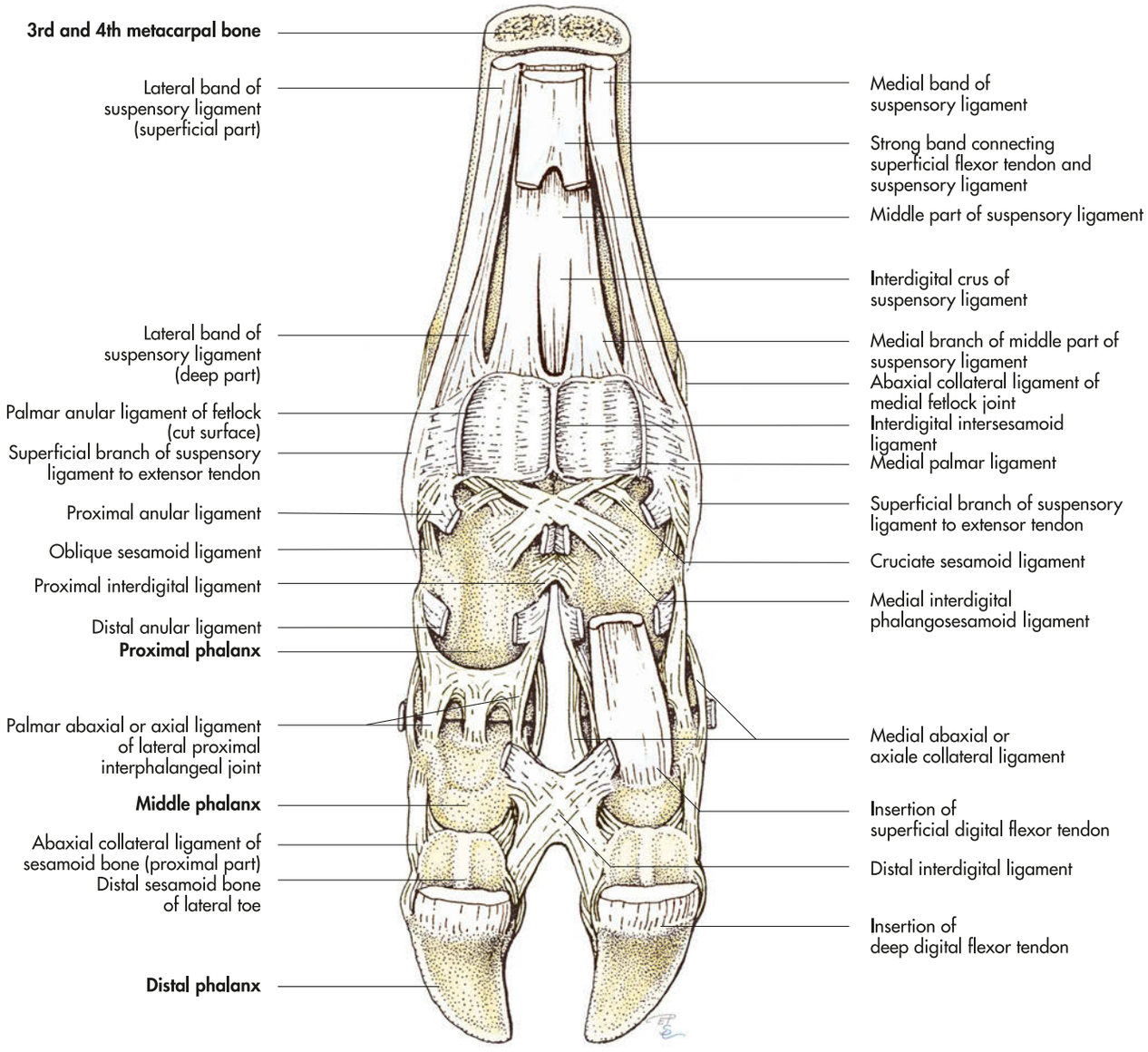


Fig. 4.54 Ligaments and tendons of the left front foot of the ox (schematic, palmar aspect); fig. based on data from Ellenberger and Baum, 1943.

- **collateral ligaments** (ligamenta collateralia) extend between the first and second phalanx and
- **palmar ligaments** (ligamenta palmaria) consist of a central pair, the axial and abaxial ligaments, which run parallel to the straight sesamoid ligament, and the lateral and medial palmar ligaments.

The ligaments form, together with the straight sesamoid ligament and the second phalanx, the **medial scutum** over which the deep digital flexor tendon runs. Additional **lateral palmar ligaments** extend between the second and third phalanges. The **joint capsule** blends with the common digital extensor tendon dorsally, the collateral ligaments on the lateral and medial side and the straight sesamoid ligament palmarly. A small dorsal recess pouches proximally.

Distal interphalangeal joint or coffin joint

The **coffin joint** is a **composite joint** of the trochlea of formed by the distal trochlea of the second phalanx, the third phalanx and the **distal sesamoid bone** (**navicular bone**). It is a **saddle joint** with the chief movements being flexion and extension and a very limited range of lateral and rotational movements. The joint capsule extends a small dorsal and a more spacious palmar pouch (▶ Fig. 4.61):

- **dorsal pouch** (recessus dorsalis), which extends under the common extensor tendon about 1 cm proximal to the coronet, and
- **palmar pouch** (recessus palmaris), which extends under the deep digital flexor tendon up to the middle of the second phalanx.

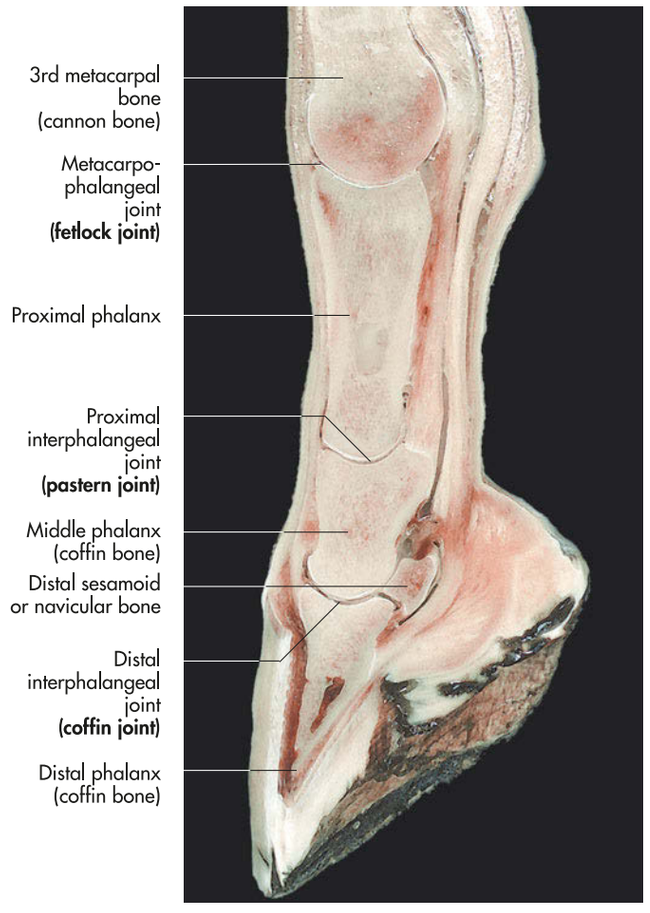


Fig. 4.55 Sagittal section of the digit of a horse (S 10 plastinate). (source: courtesy of L. Hnilitza, Vienna)

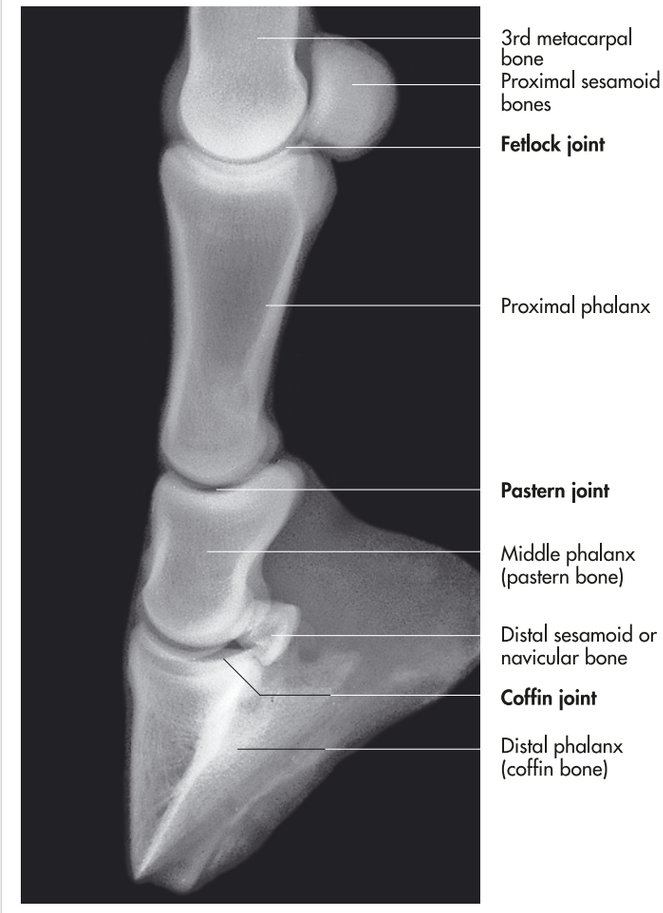


Fig. 4.56 Radiograph of the digit of a horse (lateromedial projection). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

Clinical note

Injection sites

Coffin joint: the injection is performed in the weightbearing horse with a 2 cm needle, the needle is inserted into the dorsoproximal pouch 1 cm proximal to the coronary band and 1 cm medial or lateral to the midline, the needle is directed distal and toward midline.

The palmar aspect of the navicular bone is covered by a layer of cartilage (scutum distale), which facilitates passage of the deep digital flexor tendon over the navicular bone.

A **synovial bursa** (podotrochlear bursa, bursa podotrochlearis) is interposed between the navicular bone and the deep digital flexor tendon (▶ Fig. 4.63, ▶ Fig. 4.64 and ▶ Fig. 4.65).

The **ligaments of the coffin joint** can be divided into:

- **medial** and **lateral collateral ligaments** (ligamenta collateralia) between the second and third phalanx; they blend with the lateral and medial part of the joint capsule and send fibres to the cartilages and to the ligaments between the second phalanx and the cartilages.

The **ligaments of the distal sesamoid bone** can be divided into:

- **impar distal sesamoid ligament** (ligamentum sesamoideum distale impar), which extends from the distal rim of the navicular bone to the palmar border of the articular surface of the coffin bone (▶ Fig. 4.58 and ▶ Fig. 4.107), and
- **collateral sesamoid ligaments** (ligamenta collateralia sesamoidea) are elastic bands which are attached proximal to the depressions on each side of the distal end of the first phalanx and are directed palmarodistally; they insert on the coffin bone, the cartilages and the navicular bone.

Ligaments of the cartilages of the distal phalanx

The ligaments of these cartilages (▶ Fig. 4.57) can be divided into:

- **chondroungulocompedal ligaments** (ligamenta chondroungulocompedalia) extend between the distal end of the first phalanx and the proximopalmar aspect of the coffin bone and the cartilages,
- **lateral** and **medial chondrocoronal ligaments** (ligamenta chondrocoronalia mediale et laterale) connect the dorsal extremity of the cartilages to the second phalanx and the collateral ligaments of the coffin joint,
- **lateral** and **medial chondroungular collateral ligaments** (ligamenta chondroungularia collaterale mediale et laterale) extend between the distal part of the cartilage and the angle of the distal phalanx,

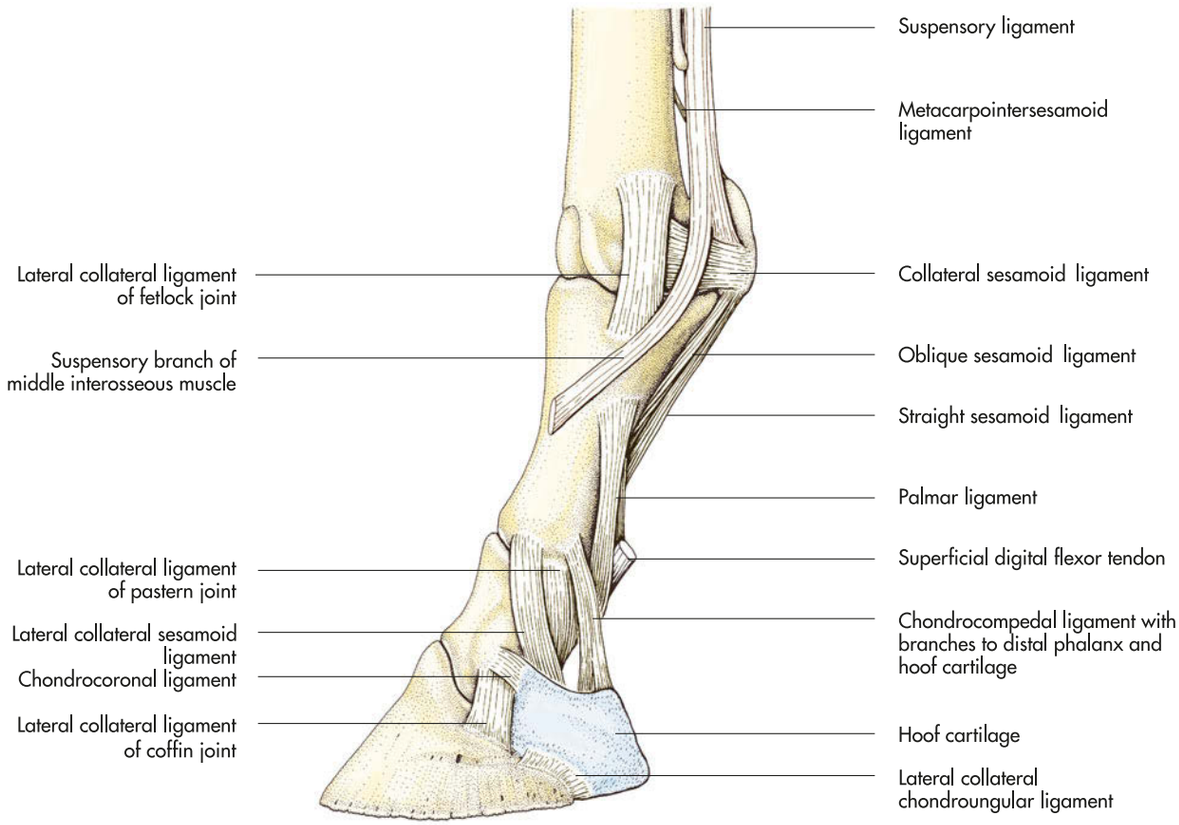


Fig. 4.57 Phalangeal joints of the left digit of the horse (schematic, lateral aspect); fig. based on data from Ghetie, 1954.

Clinical note

Shoulder joint

Abnormal findings in the **shoulder joint of horses** include dissecting lesions of the cartilage and bone, and cyst-like defects in the subchondral bone. These lesions are most commonly found in the middle to caudal thirds of the **glenoid cavity** (cavitas glenoidalis) **of the scapula**.

Detached cartilage fragments (osteochondrosis dissecans, OCD) are also a relatively common cause of lameness in dogs. Lesions associated with OCD can be difficult to identify using radiography. In some cases, arthrotomy (opening of the joint) is needed to establish a diagnosis.

The shoulder joint of dogs may also become **luxated**, usually in the form of medial displacement of the **head of the humerus** (caput humeri). A predisposition to shoulder luxation in certain breeds is thought to have a genetic basis.

Elbow joint

Non-union of the processus anconaeus (ununited anconeal process) is a common cause of lameness in young German Shepherd Dogs (GSDs). Ununited anconeal process and fragmentation of the **processus coronoideus medialis of the ulna** (fragmented coronoid process) are complex elbow dysplasias seen most commonly in large breed dogs.

Diagnosis is established using radiography, computed tomography (CT) and magnetic resonance imaging (MRI).

Traumatic injury can result in lateral **luxation** of the elbow joint in dogs, with complete rupture of the lateral ligaments. To achieve reduction, the joint must be in flexion to avoid obstruction by the anconeal process.

Radiocarpal joint

Chip fractures involving the radiocarpal joint are seen particularly in performance horses. Fractures occur most commonly at the proximal aspect of the third carpal bone (os carpale III) or the distal end of the radial carpal bone (os carpi radiale), i.e. at locations that experience the greatest mechanical load.

Of considerable clinical significance in the horse is the articulation of the **distal row of carpal bones**, specifically carpal bones II and III (os carpale II and os carpale III), with the **head of the second metacarpal bone** and the third metacarpal bone. Buttressing of both carpal bones II and III against the second metacarpal bone may result in excessive tension on the ligaments between metacarpal bones II and III. This can lead to the formation of painful **exostoses** on both bones, which may contribute to further lesions and inappropriate loading of the distal limb.

In dogs, **fractures of the accessory carpal bone** (os carpi accessorium) and the **intermedioradial bone** (os carpi intermedioradiale) are common.

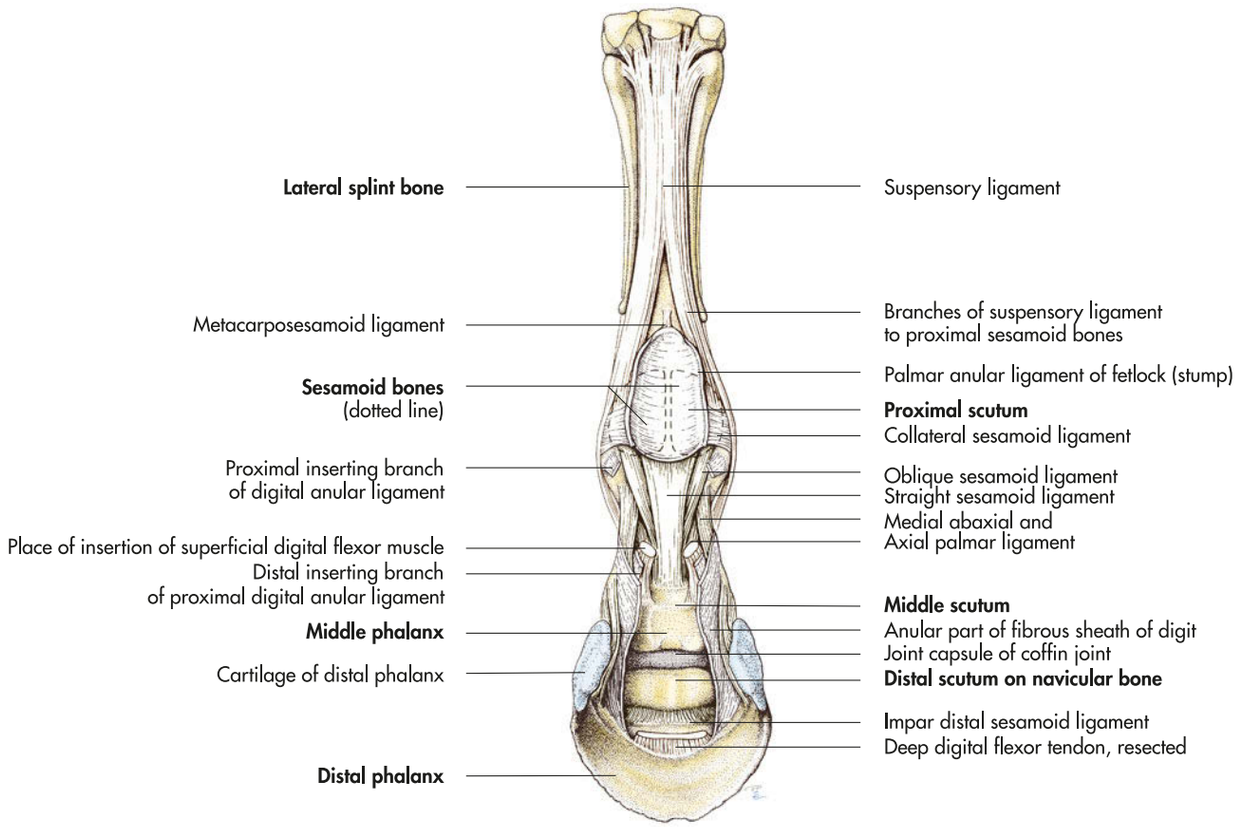


Fig. 4.58 Ligaments of the phalangeal joints of the horse (schematic, palmar aspect); fig. based on data from Ellenberger and Baum, 1943.

Fetlock joint

Injuries of the fetlock joint occur frequently in performance horses. They may result from **osteochondrosis lesions** of the articular cartilage, particularly at the dorsal aspect of the sagittal crest of metacarpal III.

Chronic proliferative synovitis is a form of inflammation of the fetlock joint in which the synovial fold at the dorsoproximal attachment of the joint capsule becomes enlarged. This is a consequence of hyperextension of the fetlock joint during high-speed locomotion.

Fractures of the proximal phalanx are common in racehorses. The fracture line often extends distally from the sagittal crest of the trochlea of the third metacarpal bone. Referred to as **midsagittal fractures**, they may extend as far as the pastern joint.

Pastern joint

Arthritis of the pastern joint is a common cause of lameness, particularly in performance horses. Arthritic changes include the development of radiographically detectable **exostoses** at the proximal end of the middle phalanx and the distal end of the proximal phalanx.

Fractures of the middle phalanx occur when this bone is subjected to pressure from both the proximal and distal phalanges in the presence of torsion forces.

Coffin joint

Due to the substantial biomechanical load placed on the **coffin joint**, especially in performance horses, this joint is frequently a site of lesions resulting in **lameness**. Inflammation of the coffin joint may result in bony proliferation that can be seen and palpated proximal to the coronary band. The lesion is usually located at the centre of the proximal portion of the distal phalanx.

Abnormalities of the distal extremities of the limbs include diseases of the **podotrochlear apparatus**, in which the distal sesamoid impar ligament (ligamentum sesamoideum distale impar) and the collateral sesamoid ligaments (ligamenta sesamoidea collateralia) are of particular clinical significance.

Fractures of the distal phalanx occur in racehorses, particularly in the thoracic limb. Most commonly these are **oblique fractures** with involvement of the coffin joint.

Navicular bone

Fractures of the navicular bone occur more frequently in the thoracic limb, usually as a result of trauma. The fractures are **parasagittal** with little displacement of the bone fragments.

Finally, with respect to the equine foot, it is important to note that derangements of the suspensory apparatus of the distal phalanx, particularly the lamellae of the dorsal wall, result in rotation of the navicular bone and hoof capsule in horses with **chronic laminitis**.

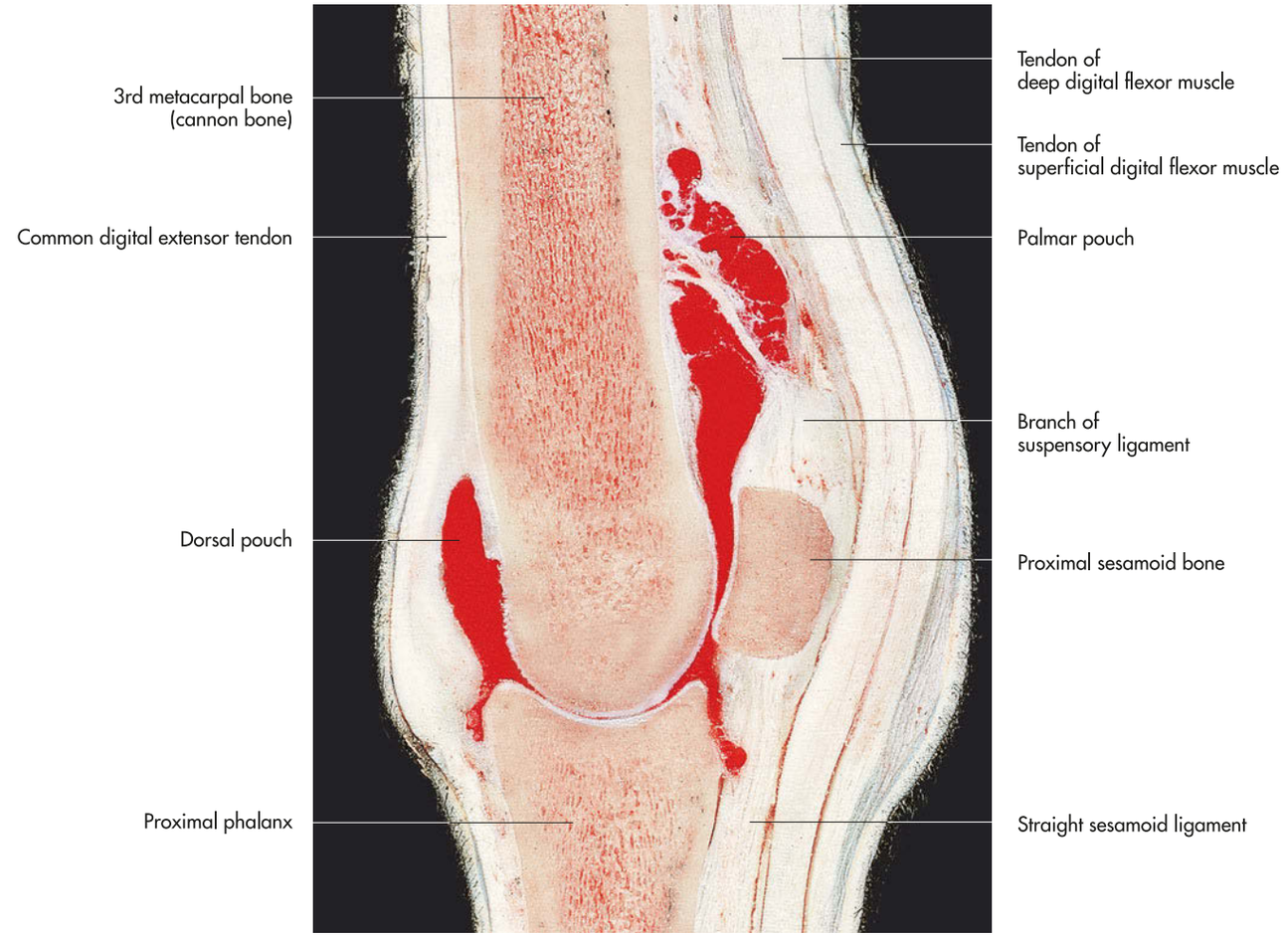


Fig. 4.59 Acrylic cast of the fetlock joint of a horse (paramedian section). (source: courtesy of Dr. Astrid Stiglhuber, Vienna)

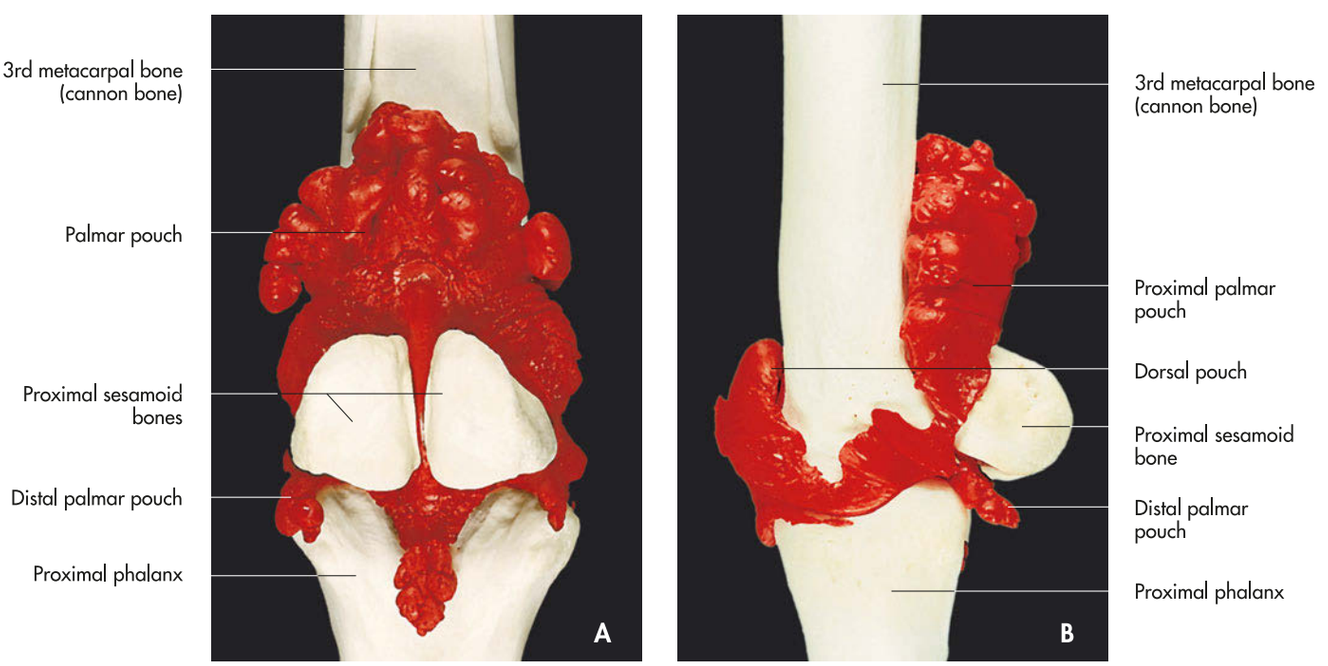


Fig. 4.60 Acrylic cast of the fetlock joint of a horse: **(A)** palmar and **(B)** lateral aspect. (source: courtesy of Dr. Astrid Stiglhuber, Vienna)

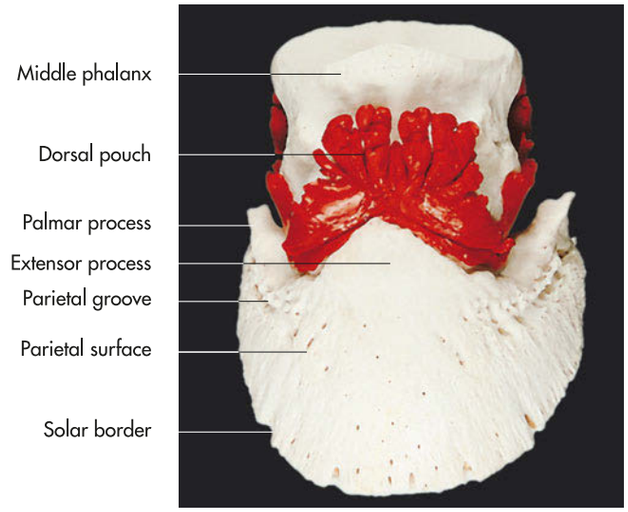


Fig. 4.61 Acrylic cast of the coffin joint of a horse (dorsal aspect). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

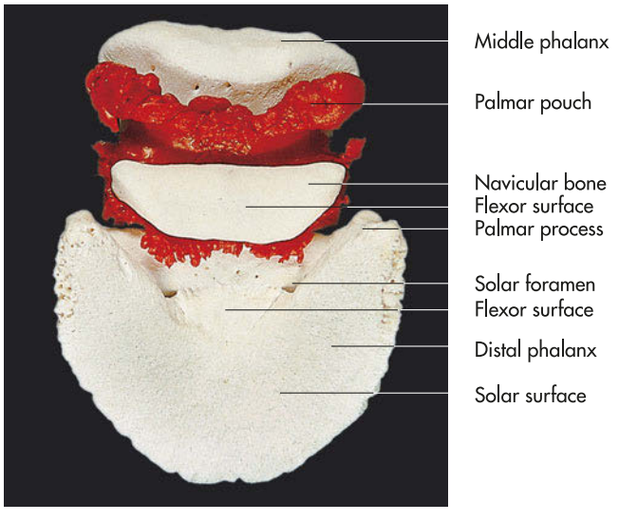


Fig. 4.62 Acrylic cast of the coffin joint of a horse (palmar aspect). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

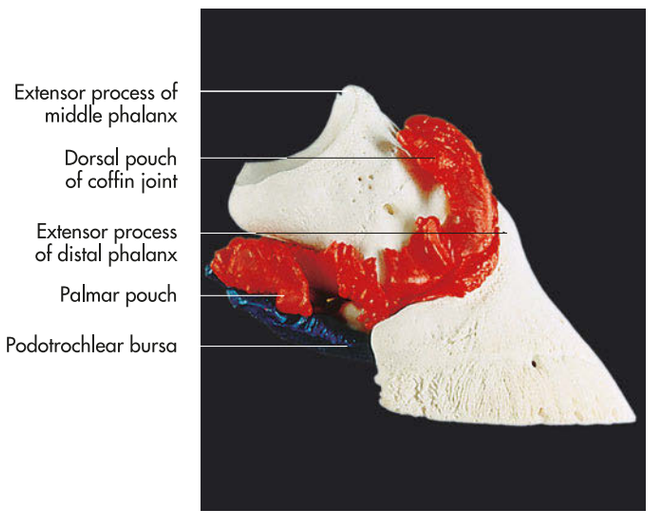


Fig. 4.63 Acrylic cast of the coffin joint (red) and the navicular bursa (blue) of a horse (lateral aspect). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

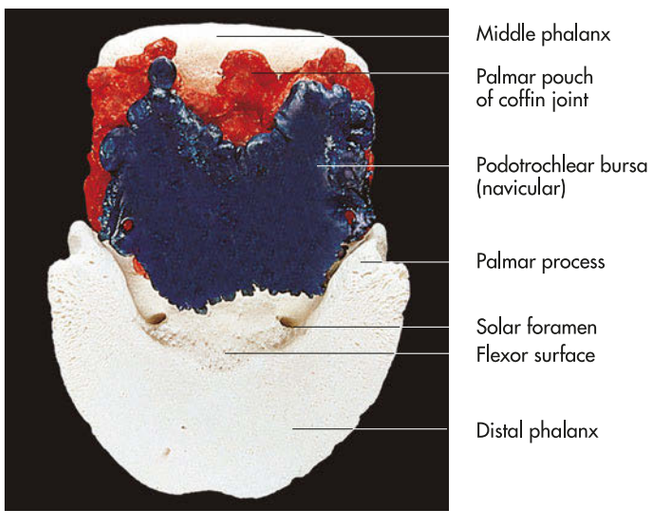


Fig. 4.64 Acrylic cast of the coffin joint (red) and the navicular bursa (blue) of a horse (palmar aspect). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)



Fig. 4.65 Acrylic cast of the coffin joint (red) and the navicular bursa (blue) of a horse (paramedian section). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

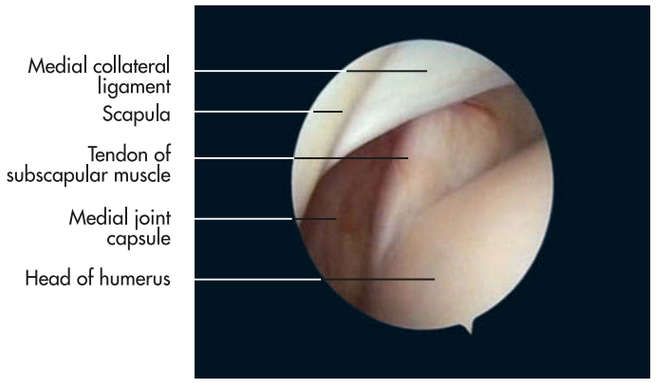


Fig. 4.66 Left shoulder joint of a dog (arthroscopic view). (source: courtesy of Dr. Friedrich Diethelm Hartmann, Stephanskirchen)

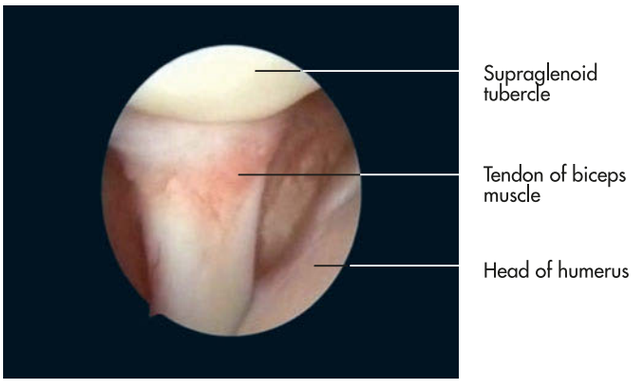


Fig. 4.67 Left shoulder joint of a dog (arthroscopic view). (source: courtesy of Dr. Friedrich Diethelm Hartmann, Stephanskirchen)

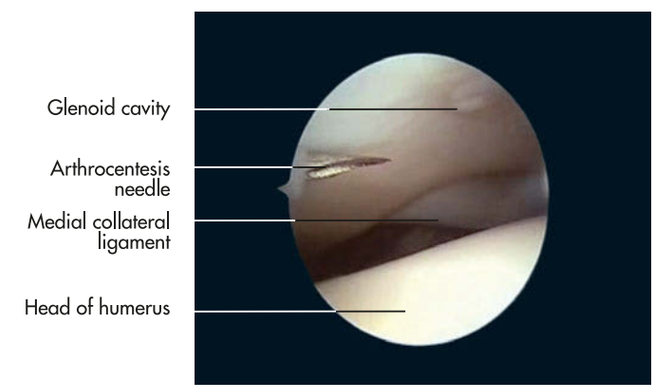


Fig. 4.68 Left shoulder joint of a dog (arthroscopic view). (source: courtesy of Dr. Friedrich Diethelm Hartmann, Stephanskirchen)

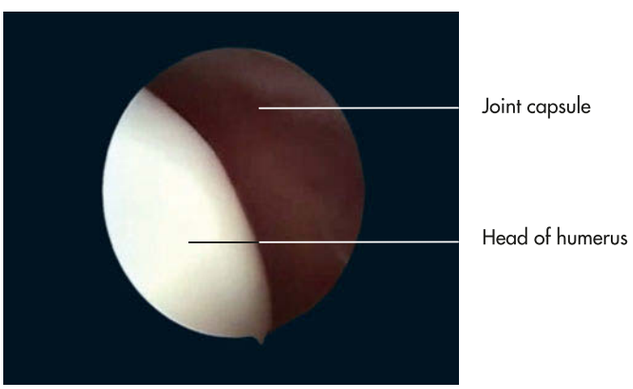


Fig. 4.69 Left shoulder joint of a dog (arthroscopic view). (source: courtesy of Dr. Friedrich Diethelm Hartmann, Stephanskirchen)

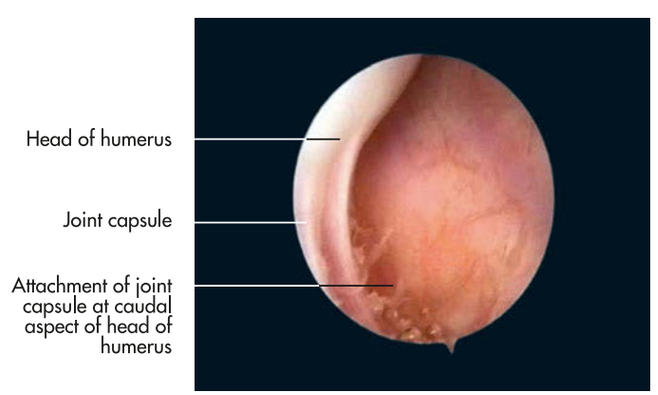


Fig. 4.70 Left shoulder joint of a dog (arthroscopic view). (source: courtesy of Dr. Friedrich Diethelm Hartmann, Stephanskirchen)

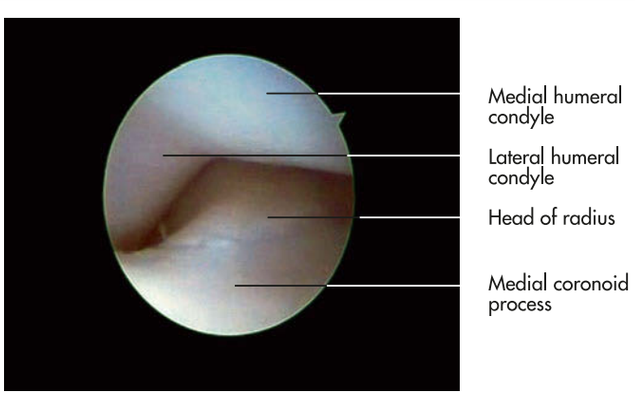


Fig. 4.71 Left elbow joint of a dog (arthroscopic view). (source: courtesy of Dr. Friedrich Diethelm Hartmann, Stephanskirchen)

- **lateral** and **medial chondrosesamoid ligaments** (ligamenta chondrosesamoidea mediale et laterale) extend between the cartilages and the corresponding side of the navicular bone,
- **cruciate chondroungular ligaments** (ligamenta chondroungularia cruciata) extend between the axial aspect of the cartilages to the palmar end of the opposite angle of the distal phalanx and
- **chondropulvinal ligament** (ligamentum chondropulvinale) consists of fibres between the axial aspect of the cartilages and the digital cushion.

4.3 Muscles of the thoracic limb (musculi membri thoracici)

The reduction of the rays of the limb and the functional specialisation of the locomotor system in the different species are reflected in the musculature. Parts of the body which are essential for fast forward movement are heavily muscled, such as the gluteal area, whereas other regions of the limbs, which are submitted to stress and strain, are strengthened by tendinous structures.

The muscles of the thoracic limb comprise the **girdle** or **extrinsic musculature**, between the forelimb and the trunk and the **intrinsic musculature of the limb**, which bridges one or more joints of the same limb.

The strong girdle muscles join the limb to the trunk (**synsarcosis**) without forming a conventional articular joint. They form a dynamic sling which suspends the body between the forelimbs in the standing animal and controls the swing of the limb during progression.

4.3.1 Deep fasciae of the thoracic limb

As in other parts of the body the musculature of the forelimb is supported by fasciae. The **deep fascia of the neck** (fascia cervicalis profunda) and the **deep fascia of the trunk** (fascia trunci profunda) extend onto the leg to form the deep fasciae of the thoracic limb. The fasciae ensheath the muscles of the thoracic limbs and are named after their position.

The deep fascia on the medial surface of the shoulder is called the **axillary fascia** (fascia axillaris). It runs over the medial musculature of the shoulder and under the broadest muscle of the back. It continues distally as the **brachial fascia** (fascia brachii) on the lateral surface of the brachium surrounding the deltoid, brachial, triceps and the biceps muscles. It extends intermuscular septa between those muscles and attaches to the scapula and the humerus.

The strong **antebrachial fascia** (fascia antebrachii) covers the extensor and flexor muscles of the elbow and digit in the forearm region. It is firmly fused to the periostium of the humerus and the olecranon and also to the collateral ligaments of the elbow joint and the accessory ligament of the deep digital flexor tendon. At the level of the carpus it becomes the fascia of the manus, which is divisible into a dorsal and palmar part.

The **dorsal deep fascia** (fascia dorsalis manus) contributes to the extensor retinaculum, which supports the extensor tendons. The **palmar deep fascia** (fascia palmaris manus) does the same for the flexor retinaculum, which bridges the flexor tendons on the palmar aspect of the carpus. In the horse the palmar deep fascia forms the anular ligament of the fetlock and other supportive structures of the fetlock.

4.3.2 Girdle or extrinsic musculature of the thoracic limb

The muscles of the shoulder girdle (▶ Table 4.3) originate on the neck, back and thoracic regions and attach to the scapula or humerus. They lie superficial to the intrinsic muscles of the cranial trunk and can be divided into a **superficial** and a **deep layer**.

Superficial layer of the extrinsic musculature of the thoracic limb

The superficial layer of the girdle musculature joins the forelimb to the trunk and is responsible for coordinating the movements of the limb, trunk, head and neck (▶ Fig. 4.72, ▶ Fig. 4.73, ▶ Fig. 4.74, ▶ Fig. 4.75, ▶ Fig. 4.76; ▶ Table 4.1 and ▶ Table 4.2). The superficial layer consists of the following muscles:

- trapezius muscle (m. trapezius),
- sternocleidomastoid muscle (m. sternocleidomastoideus) with:
  - sternocephalic muscle (m. sternocephalicus) and
  - brachiocephalic muscle (m. brachiocephalicus),
- omotransverse muscle (m. omotransversarius),
- broadest muscle of the back (m. lastissimus dorsi) and
- superficial pectoral muscle (m. pectoralis superficialis).

The **trapezius muscle** is a broad, thin triangular muscle. It lies superficially and consists of a **cervical** (pars cervicalis) and a **thoracic portion** (pars thoracica), divided by a tendinous band. The cervical portion arises on the mid-dorsal raphe of the neck and the thoracic portion on the supraspinous ligament and the dorsal spinous processes, extending from the third cervical vertebra to the ninth thoracic vertebra. Both portions end on the spine of the scapula; the thoracic part unites with the thoracolumbar fascia and the cervical part with the omotransverse muscle.

The **sternocleidomastoid muscle** (▶ Fig. 4.72; ▶ Table 4.1 and ▶ Table 4.2) can be divided into two parts, the **sternocephalic muscle**, which extends between the sternum and the head, and the **brachiocephalic muscle** between the humerus and the head. The latter can be further subdivided into the distal **cleidobrachial muscle** between the vestigial clavicle and the humerus and the proximal **cleidocephalic muscle** between the clavicular intersection and the head. The attachment of the separate parts of this muscle varies among species, and the different units are named accordingly.

In carnivores the sternocephalic muscle has two portions, the **sternomastoid** and the **sterno-occipital muscle** (m. sternomastoideus and m. sterno-occipitalis). Both arise from the manubrium of the sternum together with the like-named muscles of the contralateral limb and insert on the mastoid process of the temporal bone and the nuchal crest of the occipital bone, respectively (▶ Fig. 4.72).

In the ox and goat the sternocephalic muscle has also two parts, the **sternomastoid** and the **sternomandibular muscle** (m. sternomastoideus and m. sternomandibularis). The sternomastoid muscle shows the same attachment as in carnivores. The sternomandibular muscle arises from the manubrium of the sternum and the first rib, extends cranially ventral to the jugular groove and attaches to the mandible by means of an aponeurosis.

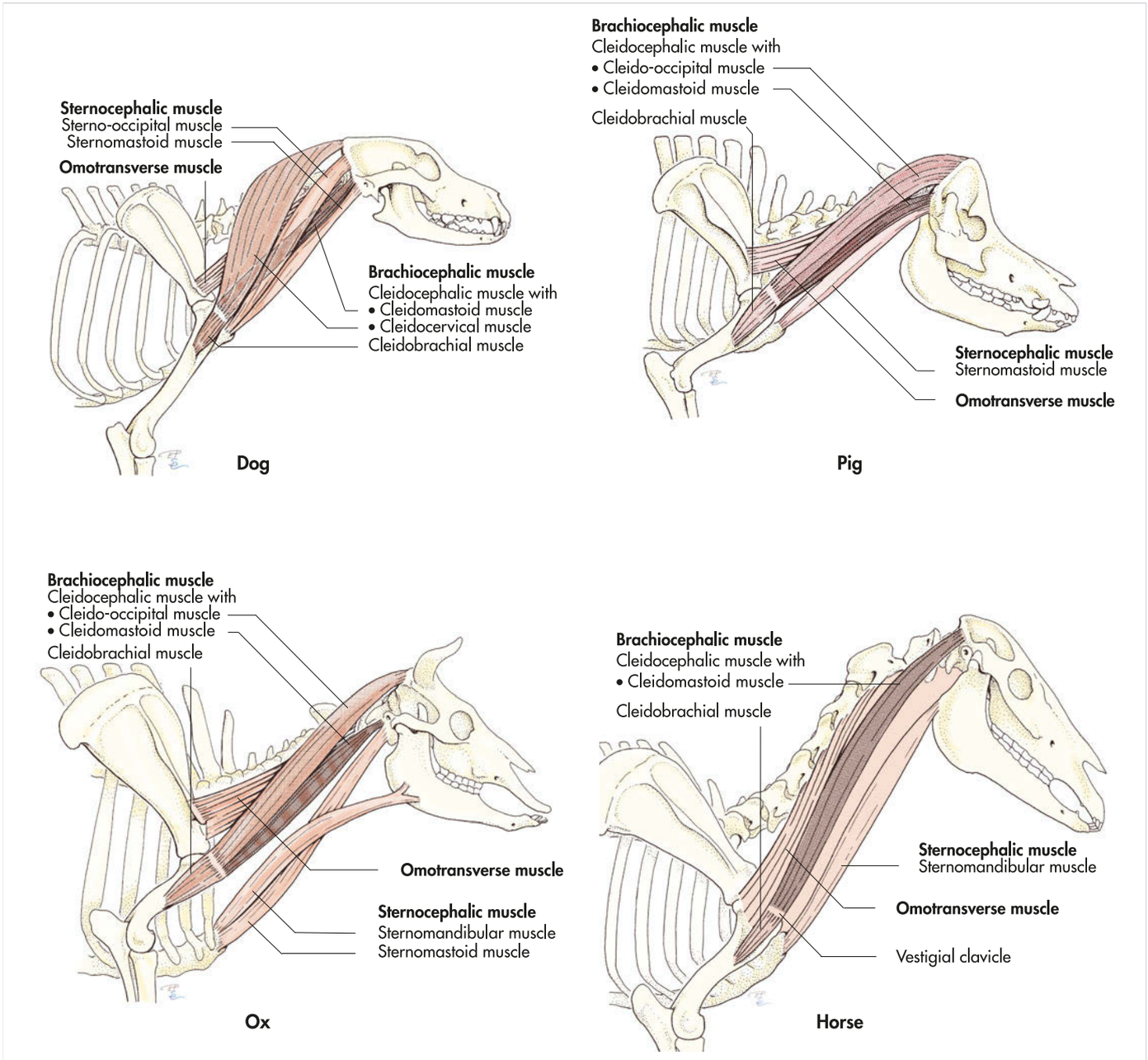


Fig. 4.72 Sternocleidomastoid muscle of the domestic mammals (schematic); fig. based on data from Ellenberger and Baum, 1943.

In the pig the sternocephalic muscle is a single muscle named **sterno-occipital muscle** (m. sterno-occipitalis) and is similar to the same muscle in carnivores.

In the horse, the **sternomandibular muscle** (m. sternomandibularis) originates from the manubrium of the sternum, borders the trachea and the jugular groove ventrally and laterally and inserts with a thin tendon to the mandible (▶ Fig. 4.72).

The proximal portion of the **brachiocephalic muscle**, the **cleidocephalic muscle**, passes from the clavicular intersection to several attachments on the head and neck. The **cleidomastoid muscle** exists in all domestic mammals; carnivores show an additional **cleidocervical muscle** (m. cleidocervicalis) and ruminants and the pig, a **cleido-occipital muscle** (m. cleido-occipitalis).

The **cleidocervical muscle** is a superficial muscle which originates from the midline of the neck and unites with the cleidobrachial muscle (▶ Fig. 4.78). The **cleidomastoid muscle** of the horse extends between the temporal bone and unites also with the cleidobrachial muscle. It is fused to the splenius and long muscle of the head and omotransverse muscles. It forms the dorsal border of the jugular groove and covers the craniolateral aspect of the shoulder joint.

The **cleidobrachial muscle** (m. cleidobrachialis) extends between the vestigial clavicle and the humeral crest, bridging the shoulder joint (▶ Fig. 4.80).

The **omotransverse muscle** is a strong cord-like muscle between the wing of the atlas, the transverse process of the axis and the fascia covering the lateral aspect of the shoulder joint and the spine of the scapula (▶ Fig. 4.72). Its ventral border is fused to the cervical part of the trapezius muscle and in the horse it unites with the cleidomastoid muscle (▶ Fig. 4.72).

Table 4.1 Brachiocephalic muscle, innervation by accessory nerve, cervical nerves and axillary nerve.

Species	Name	Origin	Insertion	Function
Horse	**Cleidomastoid muscle**	Mastoid process of the temporal bone and nuchal crest	On the deltoid tuberosity, humeral crest and shoulder fascia as **cleidobrachial muscle**	Draws neck and head down and backwards, when acting bilaterally, and when the shoulder is fixed; draws head, upper arm fascia and neck to one side
Ox	**Cleido-occipital muscle**	Occipital bone, nuchal ligament	On the humeral crest as **cleidobrachial muscle**	
	Cleidomastoid muscle	Mastoid process, mandible	On the clavicular intersection and humerus as **cleidobrachial muscle**	
Dog	**Cleidocervical muscle**	Median line of nuchal ligament and occipital bone	On the clavicular intersection as **cleidobrachial muscle**	
	Cleidomastoid muscle	Mastoid process of the temporal bone	On the clavicular intersection and humerus as **cleidobrachial muscle**	

Table 4.2 Sternocephalic muscle, innervation by ventral branch of accessory nerve.

Species	Name	Origin	Insertion	Function
Horse	**Sternomandibular muscle**	Manubrium	Neck-facing border of the mandible	Flexor of head and neck, when acting bilaterally, draws head and neck to the side, when acting unilaterally; fixes the head during swallowing
Ox	**Sternomandibular muscle**	Manubrium and 1st rib	Rostral border of the masseter muscle, buccal fascia	
	Sternomastoid muscle	Manubrium	Temporal bone	
Dog	**Sterno-occipital muscle**	Manubrium	Nuchal crest	
	Sternomastoid muscle	Manubrium	Mastoid process	

The flat, extended **broadest muscle of the back** has a broad origin from the thoracolumbar fascia and lies caudal to the scapula on the lateral aspect of the thorax and trunk (▶ Fig. 4.73). Its fibres are orientated in a cranioventral direction and converge towards its insertion on the major teres tubercle of the humerus.

In carnivores the broadest muscle of the back has additional attachments on the last thoracic vertebrae, the lumbar vertebrae and the ribs. Its cranioventral fibres pass under the triceps muscle of the forearm and end with an aponeurosis, which partly blends with the tendon of the teres major muscle to insert on the teres major tuberosity. Since it gives off a branch to the deep pectoral muscle it also attaches to the crest of the greater tubercle.

In the horse the broadest muscle of the back is a very strong muscle, which originates from the supraspinous ligament of the thoracic and lumbar vertebrae and from the thoracolumbar fascia. Its cranial border covers the caudal angle and the cartilage of the scapula. Its tendon inserts with the tensor muscle of the antibrachial fascia and the teres major muscle on the medial aspect of the proximal humerus.

The **superficial pectoral muscles** occupy the space between the ventral part of the thoracic wall and the proximal part of the thoracic limb, forming the ventral aspect of the axilla (▶ Fig. 4.77, ▶ Fig. 4.78, ▶ Fig. 4.79 and ▶ Fig. 4.80). They comprise two muscles, the **descending** (m. pectoralis descendens) and **transverse pectoral muscle** (m. pectoralis transversus). The **descending pectoral muscle** originates from the manubrium of the sternum and terminates on the crest of the greater tubercle of the humerus. The transverse muscle arises caudal to the descending pectoral muscle from the ventral aspect of the sternum and blends with the fascia of the forearm.

In carnivores the narrow, band-shaped descending pectoral muscle is hardly discernable from the thicker transverse pectoral muscle. Both cover the biceps muscle of the forearm and end together on the crest of the greater tubercle of the humerus.

In the horse the descending pectoral muscle forms a distinct prominence cranial to the sternum, which is visible under the skin in the living animal. It extends between the manubrium of the sternum and the humeral crest. The **transverse pectoral muscle** originates from the first six costal cartilages and the sternum and blends with the fascia of the forearm on the medial aspect of the elbow.

Deep layer of the extrinsic musculature of the thoracic limb

The deep layer of the girdle musculature of the thoracic limb provides the muscular suspension of the thorax between the limbs and plays a major role in the movement of the neck and limbs. It comprises:

- deep pectoral muscle (m. pectoralis profundus),
- subclavian muscle (m. subclavius),
- rhomboid muscle (m. rhomboideus) and
- ventral serrate muscle (m. serratus ventralis).

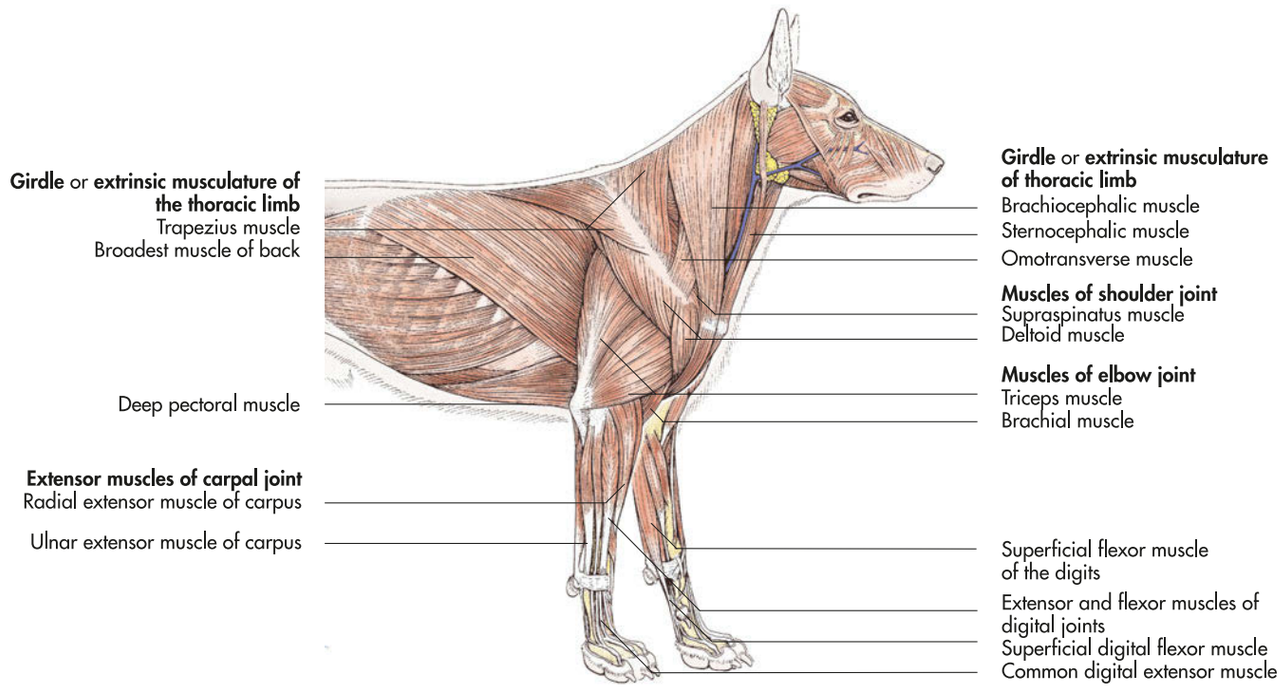


Fig. 4.73 Superficial layers of the extrinsic and intrinsic musculature of the thoracic limb of the dog (schematic).

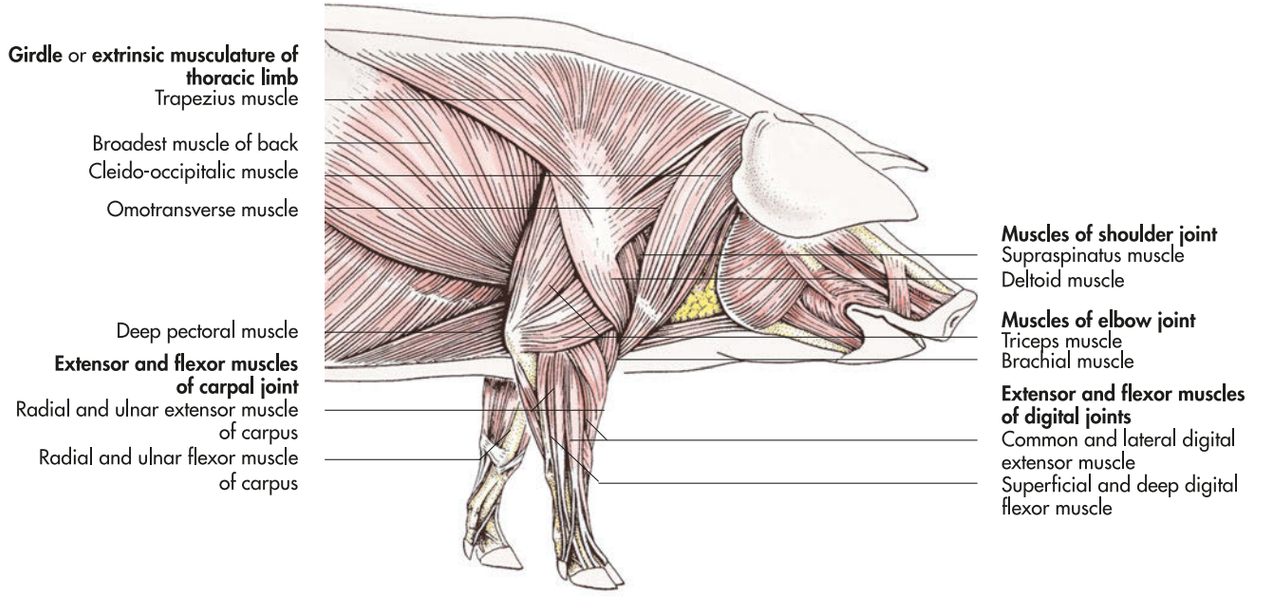


Fig. 4.74 Superficial layers of the extrinsic and intrinsic musculature of the thoracic limb of the pig (schematic).

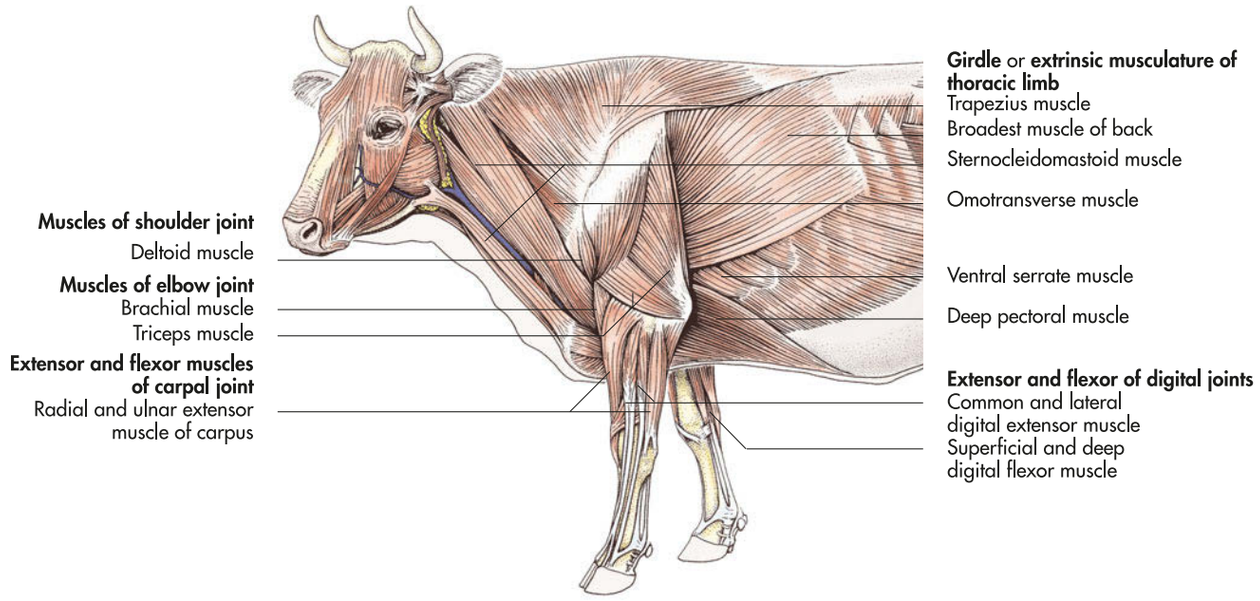


Fig. 4.75 Superficial layers of the extrinsic and intrinsic musculature of the thoracic limb of the ox (schematic).

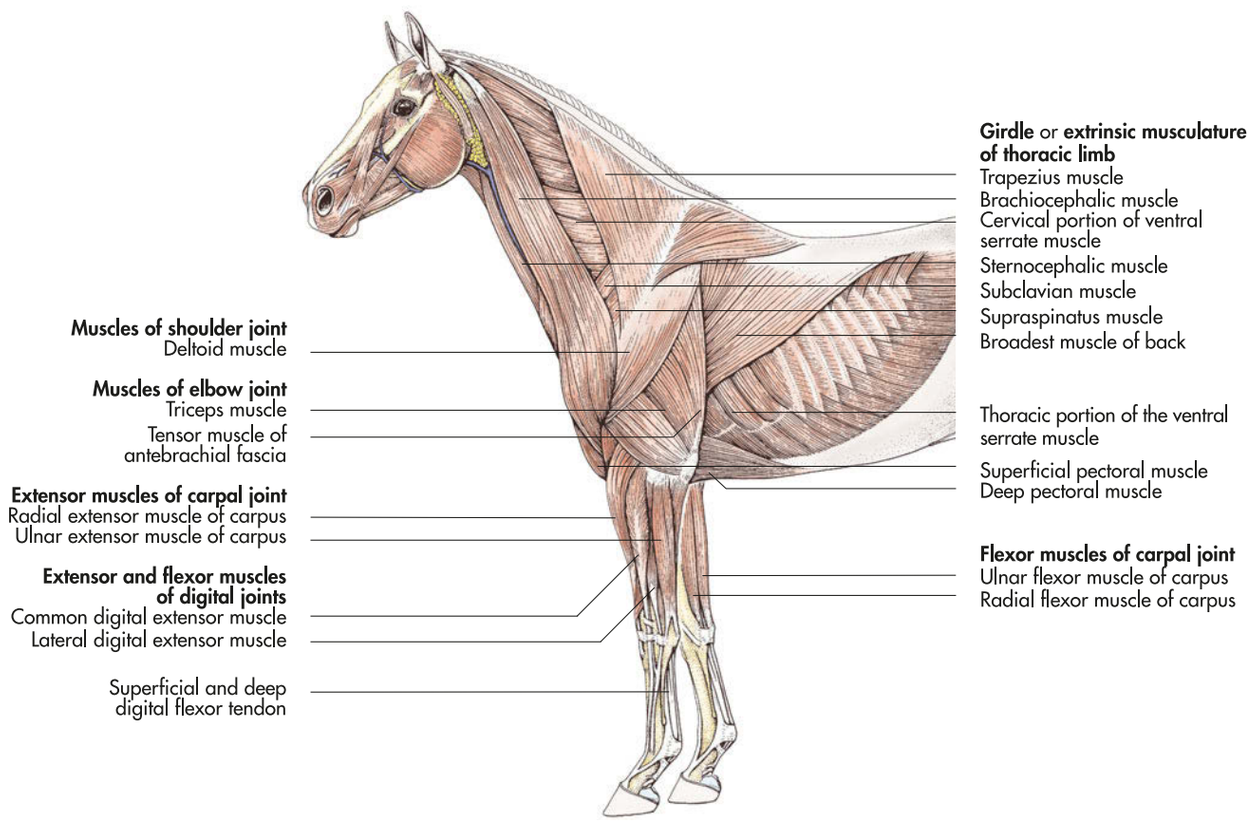


Fig. 4.76 Superficial layers of the extrinsic and intrinsic musculature of the thoracic limb of the horse (schematic).

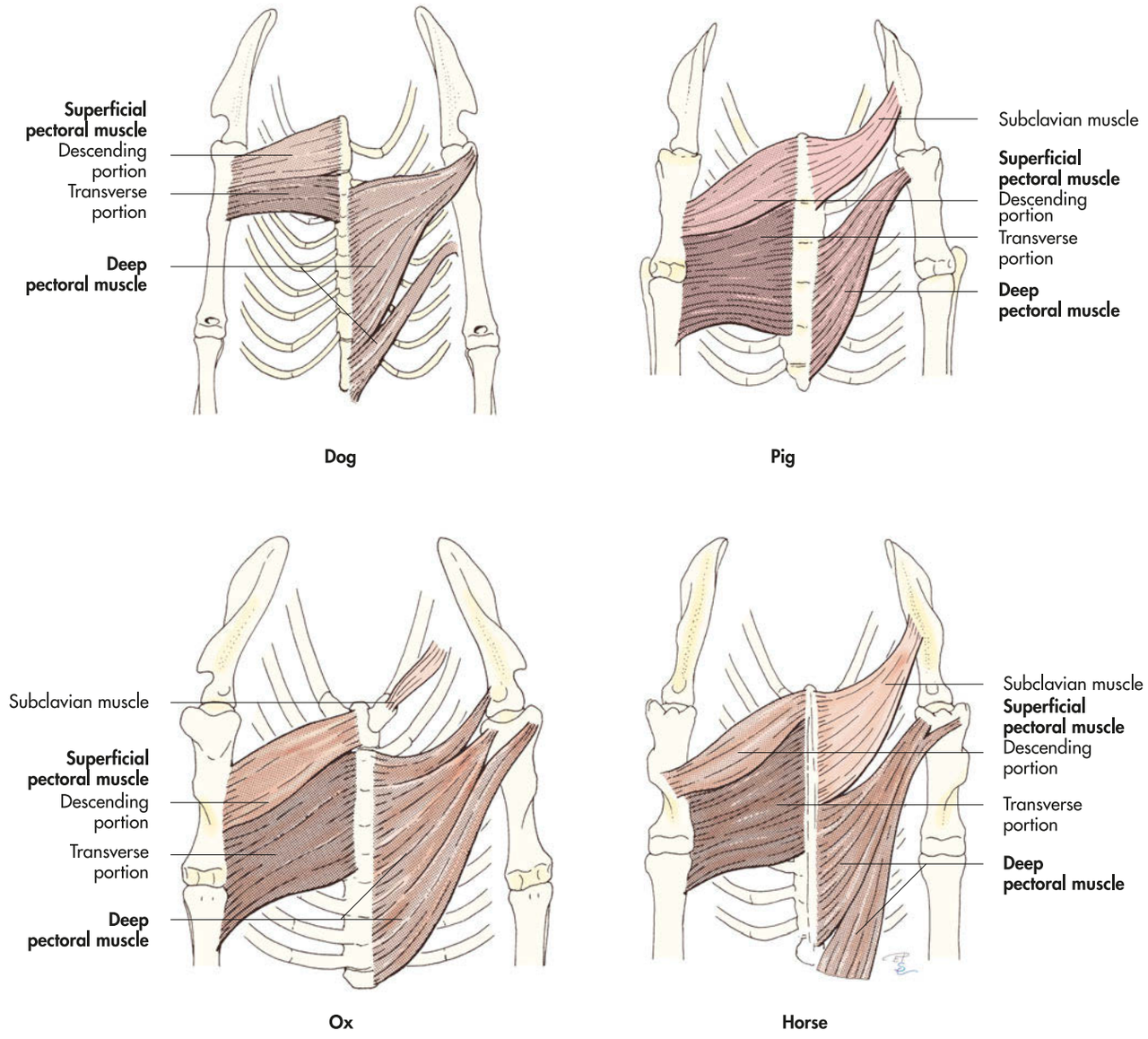


Fig. 4.77 Pectoral muscles of the domestic mammals (schematic); fig. based on data from Ellenberger and Baum, 1943.

The **deep pectoral muscle** is a strong muscle which originates from the sternum, the xiphoid cartilage and the costal cartilages and inserts on the medial or lateral aspect of the proximal humerus (▶ Fig. 4.77) in the different species.

In carnivores, it can be divided into a major deep portion and a minor superficial portion. Both portions arise from the sternum and the deep fascia of the trunk. Its fibres run craniolaterally and terminate on the minor tubercle on the medial side of the humerus deep to the transverse pectoral muscle. A lateral detachment joins the aponeurosis of the biceps muscle of the forearm to insert on the major tubercle. The superficial portion radiates into the medial fascia of the arm.

The deep pectoral muscle is the largest pectoral muscle in the horse and arises from the abdominal tunic, the lateral aspect of the sternum, the costal cartilages and the ribs. It inserts with two branches to the lesser and greater tubercles of the humerus and the supraglenoid tubercle of the scapula.

In ruminants the **subclavian muscle** is a narrow band which takes origin from the first costal cartilage and blends with the tendon of insertion of the **brachiocephalic muscle**. In the pig and horse it arises from the second to fourth costal cartilage, passes over the shoulder joint and unites with the aponeurosis of the supraspinatus muscle. The subclavian muscle is not present in carnivores.

The **rhomboid muscle** lies deep to the trapezius muscle and inserts on the medial aspect of the dorsal part of the scapula. It has two parts, a **cervical part** (m. rhomboideus cervicis), which originates from the spinous processes of the cervical vertebrae, and a **thoracic part** (m. rhomboideus thoracis), which originates from the spinous processes of the cranial thoracic vertebrae.

In carnivores a third part exists, the capital part (m. rhomboideus capitis), arising from the tendinous raphe of the neck. In the horse, the cervical part of the rhomboid muscle takes its origin from the nuchal ligament at the level of the axis and unites with the trapezius muscle to insert on the medial aspect of the dorsal cartilage of the scapula (▶ Fig. 3.12). The rhomboid muscles forms the withers region of the animal.

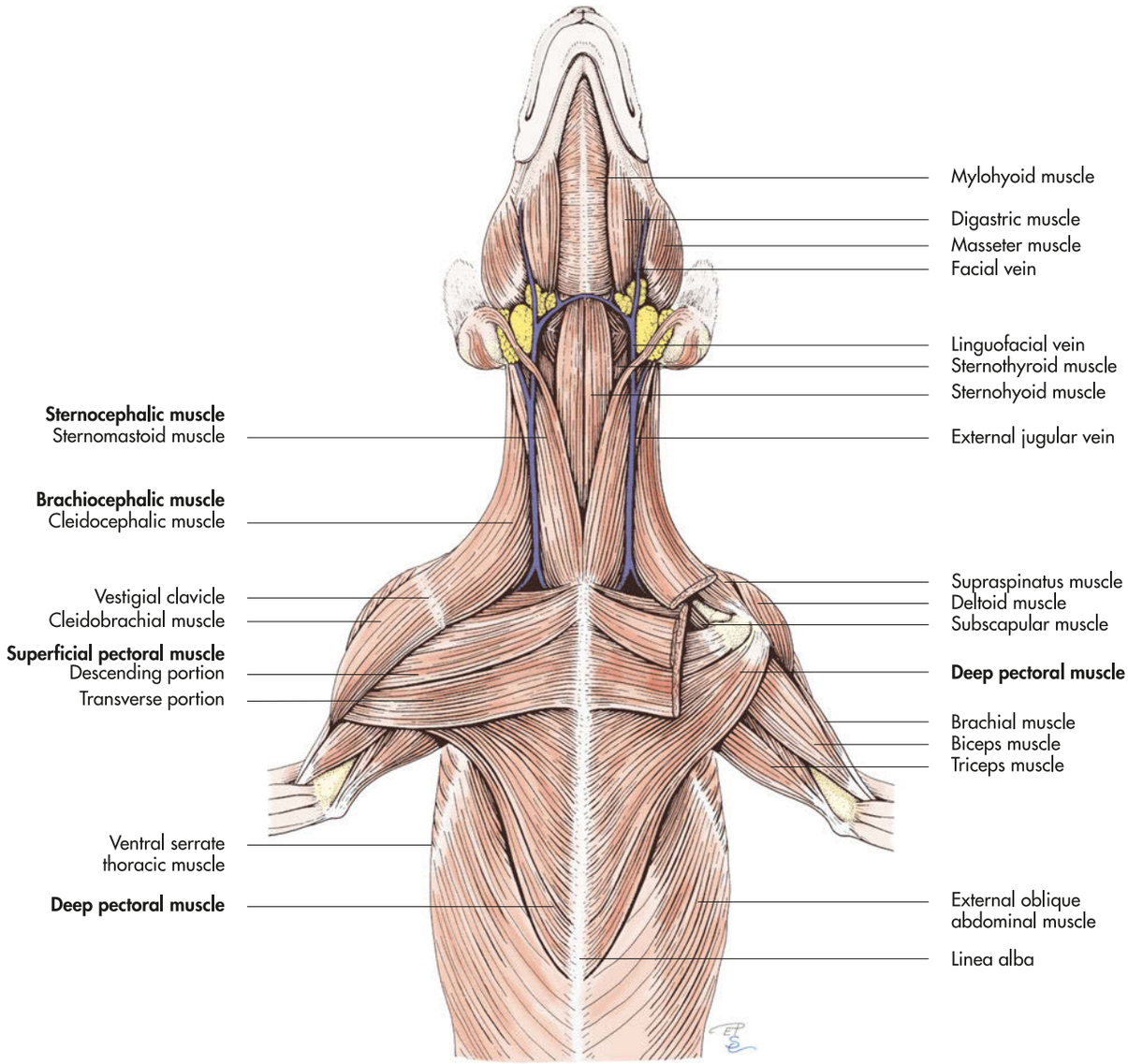


Fig. 4.78 Pectoral and ventral cervical muscles of the dog (schematic, ventral aspect); fig. based on data from Anderson and Anderson, 1994.

The **ventral serrate muscle** constitutes the most important part of the muscular suspension of the thorax between the forelimbs. It is a large fan-shaped muscle and can be divided into a cranial **cervical part** (m. serratus ventralis cervicis) and a caudal **thoracic part** (m. serratus ventralis thoracis). The cervical part takes an extensive origin from the transverse processes of the cervical vertebrae and the thoracic portion from the first seven ribs. The muscle bellies are very strong and have numerous tendinous intersections. The muscle fibres converge to insert on the medial aspect of the scapula (facies serrata) and the scapular cartilage (▶ Fig. 3.12).

4.3.3 Intrinsic musculature of the thoracic limb

The intrinsic muscles of the forelimb are responsible for the movements of the separate parts of the limb, together with the joints and ligaments. Their major function is extension and flexion of the joints, but abduction, adduction and rotation are also possible, depending on the structure of the joint which they influence. They can be divided into:

- muscles of the shoulder joint,
- muscles of the elbow joint,
- muscles of the radioulnar joints,
- muscles of the carpal joints and
- muscles of the digits.

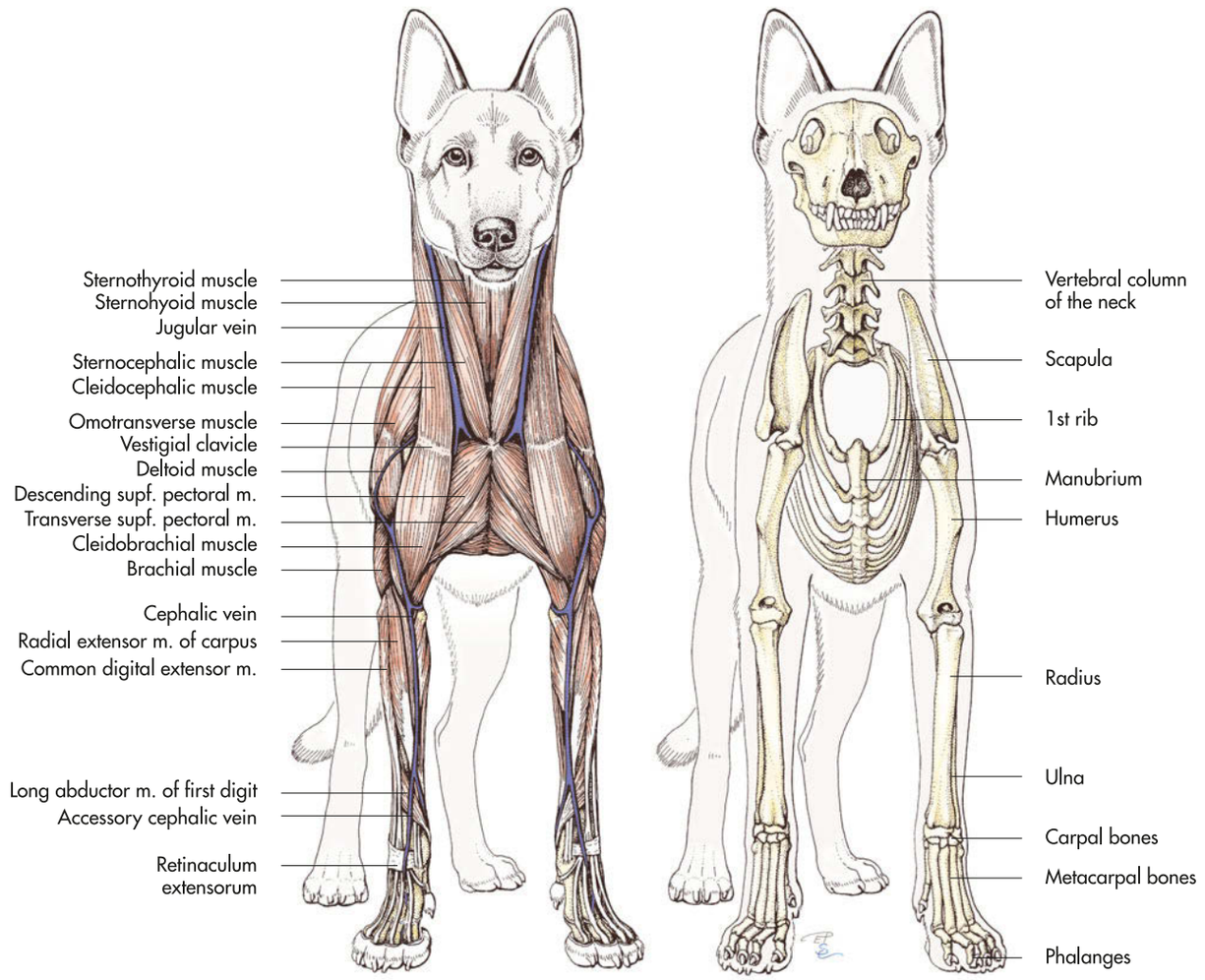


Fig. 4.79 Superficial cervical, thoracic and intrinsic musculature of the shoulder and skeleton of the dog (schematic, cranial aspect).

Muscles of the shoulder joint

The muscles of the shoulder joint take their origin from the scapula and end on the humerus. They either flex or extend or act as ligaments to brace this hinge joint (▶ Table 4.4). The muscles can be grouped by their location.

Lateral shoulder muscles

One distinguishes the following lateral shoulder muscles:
- supraspinatus muscle (m. supraspinatus),
- infraspinatus muscle (m. infraspinatus),
- deltoid muscle (m. deltoideus) and
- minor teres muscle (m. teres minor).

The **supraspinatus muscle** arises from and fills the supraspinous fossa of the scapula, beyond which it extends cranially (▶ Fig. 4.81, ▶ Fig. 4.86 and ▶ Fig. 4.88). Distally it curves over the extensor side of the shoulder joint and terminates with one strong tendon on the greater tubercle of the humerus in carnivores and with two tendons on the lesser and greater tubercles in the other domestic mammals. Between the two tendons runs the tendon of origin of the biceps muscle of the forearm in the intertubercular groove. The muscle partly blends with the joint capsule of the shoulder joint. The supraspinatus muscle extends and stabilizes the shoulder joint.

The **infraspinatus muscle** lies in the infraspinous fossa and extends caudally beyond it. It arises from the fossa and the scapular spine and passes over the lateral aspect of the shoulder joint, where it becomes a strong tendon (▶ Fig. 4.81 and ▶ Fig. 4.86). In carnivores it terminates with one tendon on the greater tubercle, where a **synovial bursa** is interposed between the tendon of insertion and the bone (bursa subtendinea musculi infraspinati). In ruminants and the horse the infraspinous tendon splits into a deep part, which inserts on the greater tubercle of the humerus, and a stronger superficial part, which inserts distal to the greater tubercle on the lateral aspect of the humerus. In ruminants both tendons of insertion pass over a synovial bursa, while in the horse only the superficial tendon has one. In the horse the infraspinatus muscle is a strong, tendinous muscle covered by the aponeurosis of the deltoid muscle. The bursa interposed between

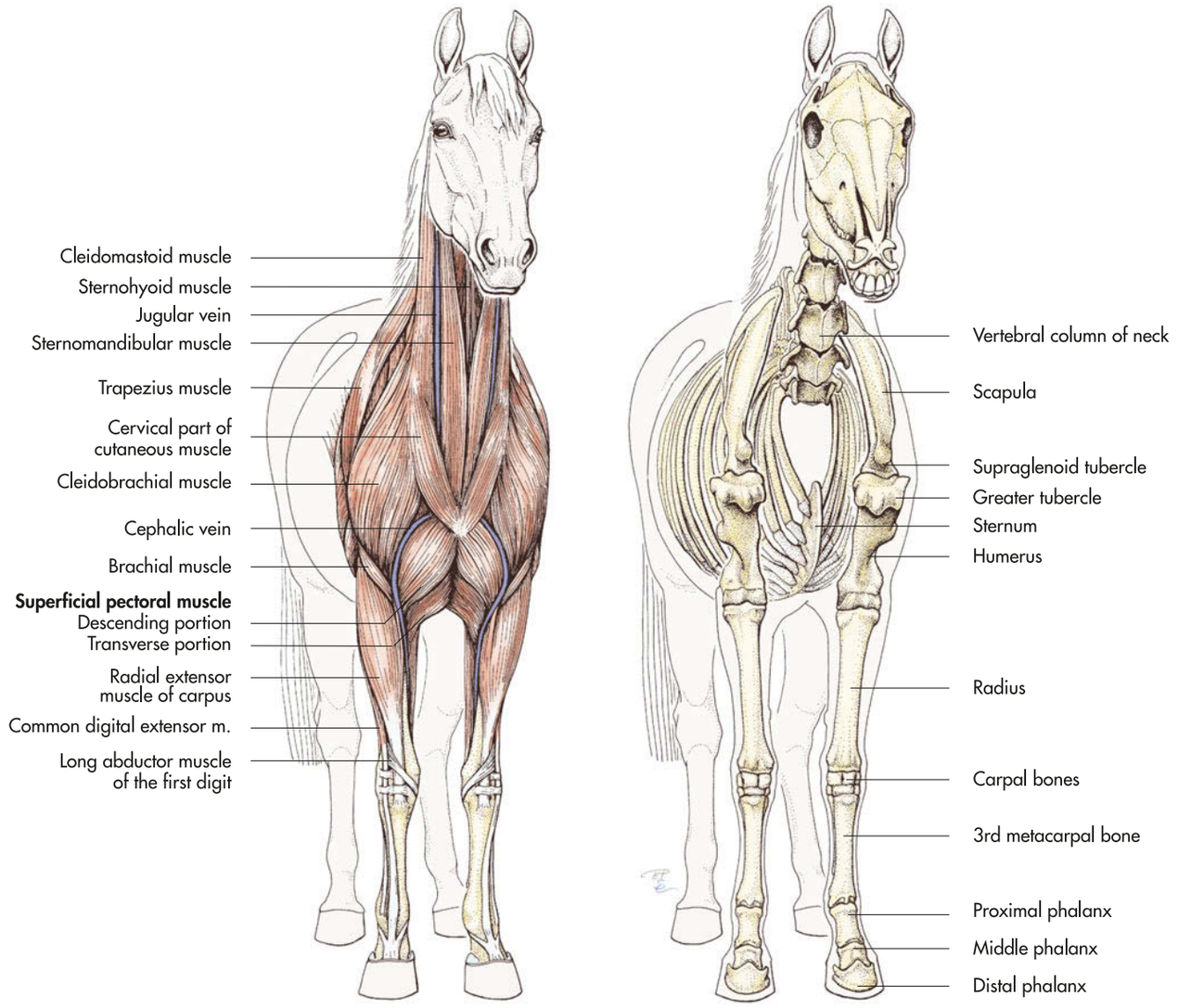


Fig. 4.80 Superficial cervical, thoracic and intrinsic musculature of the shoulder and skeleton of the horse (schematic, cranial aspect).

the superficial part of the tendon of insertion and the bone can be injected on the cranial border of this tendon.

The infraspinatus muscle functions as a lateral collateral ligament of the shoulder joint and supports either flexion or extension of the joint depending on the position of the joint. It also acts as an outward rotator and abductor of the shoulder joint, especially in carnivores.

The **deltoid muscle** is a flat muscle, which lies directly under the skin (▶ Fig. 4.81 and ▶ Fig. 4.86) and extends between the scapula and the deltoid tuberosity of the humerus.

It has one head of origin in the horse and pig, arising from the spine of the scapula by means of an aponeurosis. In ruminants and carnivores, there are two heads, arising from the spine of the scapula with an aponeurosis (pars scapularis) and from the acromion (pars acromialis). Both insert on the deltoid tuberosity of the humerus after passing over the caudolateral aspect of the shoulder joint.

In the horse the aponeurosis of the deltoid muscle is partly fused to the infraspinatus muscle. The deltoid muscle is a flexor of the shoulder joint and supports abduction and rotation, especially in carnivores.

The **minor teres muscle** is a round muscle in carnivores and triangular-shaped in the other domestic mammals. It lies deep to the deltoid muscle on the caudolateral aspect of the shoulder (▶ Fig. 4.81 and ▶ Fig. 4.83). It originates from the distal third of the caudal margin of the scapula and crosses over the flexor side of the shoulder joint to insert on the teres minor tuberosity. In the cat it is covered by the infraspinatus muscle and the triceps muscle of the forearm and takes its origin from the caudal margin of the scapula and the infraglenoid tubercle. The teres minor muscle flexes the shoulder joint.

Table 4.3 Girdle or extrinsic musculature of the thoracic limb.

Name Innervation	Origin	Insertion	Function
Superficial layer of shoulder musculature			
Trapezius muscle Dorsal branch of accessory nerve	Nuchal ligament, supraspinous ligament	Spine of scapula	Fixes the shoulder; lifts, abducts and draws limb forward
Omotransverse muscle Accessory nerve	Wing of atlas or transverse process of 2nd cervical vertebra	Distal end of spine of scapula	Draws neck downward and sideward; draws scapula forward
Broadest muscle of the back Thoracodorsal nerve	Thoracolumbar fascia	Major teres tuberosity of the humerus	Draws limb backward; antagonist to the brachiocephalic muscle
Superficial pectoral muscle:			Draws limb forward and backward; draws trunk sideward
• **Transverse superficial pectoral muscle** Cranial and caudal thoracic nerves	Sternum from 1st–6th rib cartilage	Lower arm fascia	
• **Descending superficial pectoral muscle** Cranial and caudal thoracic nerves	Manubrium sterni	Humeral crest	
Deep layer of shoulder musculature			
Deep pectoral muscle Cranial and caudal pectoral nerves	Sternum from 4th rib cartilage	Lesser tubercle of humerus	Draws limb backward, supports the trunk and moves trunk cranially over advanced limb; extensor of the shoulder joint
Subclavian muscle Cranial thoracic nerves	1st–4th rib cartilage	Epimysium of supraspinatus muscle	Fixes the scapula
Rhomboid muscle Dorsal and ventral branches of cervical and thoracic nerves	Nuchal ligament from 2nd–6th cervical to the 7th thoracic vertebra	Medial surface of the base of scapula and shoulderblade cartilage	Draws limb forward and fixes scapula against the trunk; elevates limb and neck
Ventral serrate muscle Dorsal and ventral branches of cervical nerves, long thoracic nerve	1st–7th rib and transverse processes of cervical vertebrae	Serrate muscle surface	Supports the trunk; carries scapula and trunk backward and forward

Medial shoulder muscles

One distinguishes the following medial shoulder muscles (▶ Fig. 4.86, ▶ Fig. 4.88):
- major teres muscle (m. teres major),
- articular muscle of the shoulder joint (m. articularis humeri),
- subscapular muscle (m. subscapularis) and
- coracobrachial muscle (m. coracobrachialis).

The **major teres muscle** is a long, flat muscle which arises from the caudal angle and margin of the scapula, passes over the flexor side of the shoulder joint and terminates on the teres major tuberosity (▶ Fig. 4.81, ▶ Fig. 4.82 and ▶ Fig. 4.88). In the cat it is relatively stronger than in the dog, due to its fusion with the tendon of insertion of the broadest muscle of the back. It is a flexor of the shoulder joint and supports adduction of the limb.

The **articular muscle of the shoulder joint** is a small muscle which is present in the horse, inconsistantly present in the pig and lacking in the rest of the domestic mammals. It lies on the flexor surface of the shoulder joint directly adjacent to the joint capsule. It extends between the distal scapula and the proximal humerus. The articular muscle of the shoulder joint tenses the joint capsule.

The **subscapular muscle** is a flat extensive muscle which occupies the like-named fossa, beyond which it extends cranially and caudally (▶ Fig. 4.81 and ▶ Fig. 4.88). It arises from the fossa, crosses the shoulder joint on the medial aspect and inserts, deep to the coracobrachial muscle, on the lesser tubercle of the humerus. It is divided into several portions by tendinous bands. It functions as a medial collateral ligament of the shoulder joint. It primarily acts as an extensor of the joint, but it can also contribute to maintaining flexion.

The **coracobrachial muscle** is a flat muscle which arises on the coracoid process of the scapula (▶ Fig. 4.81 and ▶ Fig. 4.82). Its tendon of origin emerges between the supraspinous and the subscapular muscles, where it is protected by a synovial bursa. It extends caudodistally over the medial aspect of the shoulder joint and ends on the teres major tuberosity of the humerus as well as further distal on the medial aspect of the humeral shaft. It adducts the arm and rotates the shoulder joint outward.

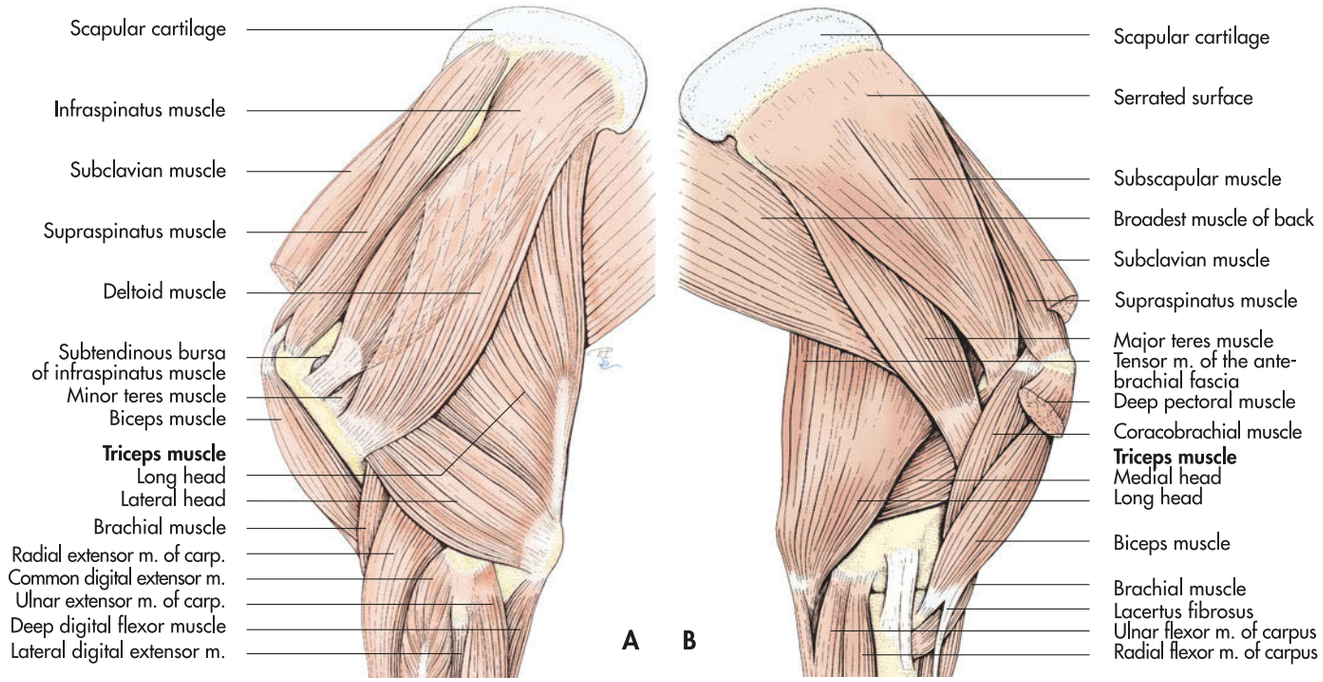


Fig. 4.81 Muscles of the left shoulder and elbow joint of the horse: **(A)** lateral and **(B)** medial aspect (schematic).

Table 4.4 Muscles of the shoulder joint.

Name Innervation	Origin	Insertion	Function
Lateral shoulder musculature			
Supraspinatus muscle Suprascapular nerve	Supraspinous fossa	Greater and lesser tubercle	Extensor of shoulder joint
Infraspinatus muscle Suprascapular nerve	Infraspinous fossa	Proximal on humerus	Flexor of shoulder joint; its tendon functions as a lateral collateral ligament
Deltoid muscle Axillary nerve	Spine of scapula and caudal border of scapula	Deltoid tuberosity	Flexor of shoulder joint; abductor of the upper arm
Minor teres muscle Axillary nerve	Caudal border of scapula	Minor teres tuberosity	Flexor of shoulder joint
Medial shoulder musculature			
Major teres muscle Axillary nerve	Caudal border of scapula	Major teres tuberosity	Flexor of shoulder joint
Articular muscle of the shoulder joint Axillary nerve	Rim of glenoid cavity	Neck of humerus	Tensor of the joint capsule of the shoulder joint
Subscapular muscle Subscapular nerves	Subscapular fossa	Lesser tubercle	Extensor or flexor of shoulder joint; its tendon functions as a medial collateral ligament
Coracobrachial muscle Musculocutaneous nerve	Coracoid process	Medial surface of humerus	Draws the upper arm inward and outward

Muscles of the elbow joint

The muscles of this group arise either from the scapula or the humerus and insert on the proximal part of the ulna or radius. They either bridge both the shoulder and the elbow joint, or only the elbow joint.

They are primarily responsible for flexion or extension of the elbow joint, but also stabilise the limb during the stance phase of locomotion. The muscles of the elbow joint (▶ Table 4.5) comprise:

- brachial muscle (m. brachialis),
- biceps muscle of the forearm (m. biceps brachii),
- triceps muscle of the forearm (m. triceps brachii),
- anconeus muscle (m. anconeus) and
- tensor muscle of the antebrachial fascia (m. tensor fasciae antebrachii).

Originating on the caudal surface of the proximal humerus, just distal to the humeral neck the **brachial muscle** winds over the lateral surface in the spiral groove of the humerus, finally reaching the medial side, where it inserts on the radial and ulnar tuberosities (▶ Fig. 4.81). In the horse the brachial muscle ends with one tendon on the medial aspect of the radius, just distal to the biceps muscle of the forearm and one branch passes under the medial collateral ligament to insert on the interosseous membrane of the elbow joint. The brachial muscle acts as a flexor of the elbow joint.

The **biceps muscle of the forearm** is a strong biarticular muscle bridging the shoulder and the elbow joint. In contrast to humans it only possesses one tendon of origin in domestic mammals, with which it begins on the supraglenoid tubercle of the scapula (▶ Fig. 4.81). It passes over the extensor side of the shoulder joint through the intertubercular groove and runs distally along the craniomedial aspect of the humerus.

At the level of the elbow joint the muscle splits into two parts. The stronger of the two inserts on the radial tuberosity and the other on the proximal ulna. Some fibres (**lacertus fibrosus**) extend further distally to radiate into the extensor carpi radialis and the fascia of the forearm (▶ Fig. 4.81, ▶ Fig. 4.98 and ▶ Fig. 4.99).

In carnivores the biceps muscle of the forearm invaginates the capsule of the shoulder joint cranially, thus forming a synovial sheath in the region of the intertubercular groove. A **transverse band** (ligamentum transversum humeri) between the lesser and greater humeral tubercles holds the muscle in place (▶ Fig. 4.33 and ▶ Fig. 4.82). In the dog, one tendon inserts at the medial coronoid process of the ulna, and the other tendon, which is weaker, inserts on the radial tuberosity.

In ruminants an **intertubercular bursa** (bursa intertubercularis) is interposed between the tendon of origin of the biceps muscle and the intertubercular groove. Its two tendons of insertion terminate on the radial tuberosity, the medial collateral ligament and the cranial aspect of the proximal radius.

In the horse it is a strong muscle with several tendinous intersections. Its passage through the intertuberal groove is faciliated by the large **bicipital bursa** (bursa intertubercularis). This bursa is about 10 cm long and extends beyond the borders of the biceps muscles. It is flanked by the supraspinous and the deep pectoral muscle. Synoviocentesis can be performed by inserting a needle at the level of the deltoid tuberosity at the border of the biceps tendon in a proximal direction.

The muscle is divided distally in a lateral and medial portion. The medial portion terminates on the radial tuberosity; the lateral portion inserts on the proximal end of the radius and ulna. It also detaches fibres (**lacertus fibrosus**) to the fascia of the forearm and the radial extensor muscle of the carpus (▶ Fig. 4.98 and ▶ Fig. 4.99). A synovial bursa can be present on the proximal part of the radius, below the lateral tendon of insertion. The biceps muscle of the forearm flexes the elbow joint and extends the shoulder joint. It also stabilises the shoulder joint during standing or the stance phase of locomotion, which is especially important in the horse.

The **triceps muscle of the forearm** fills the triangle between the caudal border of the scapula, the humerus and the olecranon (▶ Fig. 4.81, ▶ Fig. 4.86 and ▶ Fig. 4.88). Its caudal border (margo tricipitalis) extends from the olecranon into the direction of the withers and is clearly visible under the skin in the live animal.

The triceps muscle of the forearm possesses three heads of origin, a long, a lateral and a medial head, and in the dog, an additional accessory head. The **long head** (caput longum) arises from the caudal margin of the scapula, the **lateral head** (caput laterale) from the lateral aspect of the shaft of the humerus and the **medial head** (caput mediale) from the medial aspect of the shaft of the humerus. In the dog the **accessory head** (caput accessorius) takes its origin from the caudal part of the neck of the humerus and blends with the long and lateral heads. The triceps muscle is a powerful muscle with the long head being the largest and longest of the three heads, the medial head much the smallest. The lateral head is a strong quadrilateral muscle, which originates from the deltoid tuberosity of the humerus, the fascia of the arm and the tricipital line, which extends from the deltoid tuberosity to the neck of the humerus. It blends with the long head and inserts on the lateral surface of the olecranon. The medial head arises close to the teres tuberosity and ends on the medial aspect of the olecranon. In the dog all heads terminate with a common tendon of insertion on the olecranon. A **synovial bursa** (bursa subtendinea m. tricipitis brachii) is interposed between the tendon of insertion and the olecranon.

The triceps brachii flexes and stabilises the elbow joint. Since the long head of the triceps brachii muscle spans two joints it acts as a flexor of the shoulder joint during the swing phase of locomotion and as an extensor of the elbow joint.

The **anconeus muscle** is a short, but strong muscle, situated deep to the triceps muscle of the forearm on the caudal aspect of the distal end of the humerus (▶ Fig. 4.83). It arises from the distal surfaces of the humerus and the humeral epicondyles, bridges the olecranon fossa and inserts on the lateral aspect of the olecranon. It blends with the lateral head of the triceps muscle in the horse and ox, but remains a separate muscle in the rest of the domestic mammals. The anconeus muscle extends the elbow joint.

The **tensor muscle of the antebrachial fascia** is a flat muscle, which lies on the medial surface of the triceps muscle (▶ Fig. 4.76). The origin consists of a broad aponeurosis from the broadest muscle of the back (carnivores) and the caudal border of the scapula (ruminants and horse) and radiates into the fascia of the forearm. It is the chief tensor of this fascia and acts as an extensor of the elbow joint.

Table 4.5 Muscles of the elbow joint.

Name Innervation	Origin	Insertion	Function
Brachial muscle Musculocutaneous nerve, Radial nerve	Caudal on neck of humerus	Medial on radius and ulna	Flexor of elbow joint
Biceps muscle of the forearm Musculocutaneous nerve	Supraglenoid tubercule	Radial tuberosity	Flexor of elbow joint; extensor of shoulder joint; stabiliser of the shoulder and carpal joint
Triceps muscle of the forearm: Radial nerve			Stabiliser of the elbow joint; extensor of shoulder joint, when limb is elevated
• **Long head**	Caudal border of scapula	Olecranon	Extensor of elbow and flexor of shoulder joint
• **Lateral head**	Lateral on humerus	Olecranon	Extensor of elbow joint
• **Medial head**	Medial on humerus	Olecranon	Extensor of elbow joint
Anconeus muscle Radial nerve	Distal on humerus, olecranal fossa	Lateral on olecranon	Extensor of elbow joint
Tensor muscle of the antebrachial fascia Radial nerve	Caudal border of scapula	Antebrachial fascia	Tensor of antebrachial fascia; extensor of elbow joint

Muscles of the radioulnar joints

The primary function of the muscles of the radioulnar joints are supination and pronation. They are well developed and functional only in carnivores. In other domestic animals they are vestigial or missing due to the reduced or lost capability for these movements (▶ Fig. 4.84 and ▶ Fig. 4.85). In carnivores they can be divided into:

Supinators of the forearm:
- brachioradial muscle (m. brachioradialis) and
- supinator muscle (m. supinator).

Pronators of the forearm:
- round pronator muscle (m. pronator teres) and
- quadrate pronator muscle (m. pronator quadratus).

The **brachioradial muscle** is a thin, flat muscle which extends from the lateral supracondylar crest over the flexor side of the elbow joint, superficial to the radial extensor muscle of the carpus to the radial styloid process (▶ Fig. 4.90 and ▶ Fig. 4.91).

The **supinator muscle** (▶ Fig. 4.84) is present in carnivores and the pig. It is a flat muscle which lies on the flexor side of the elbow joint directly on the joint capsule, covered by the radial extensor muscle of the carpus and the common digital extensor muscle. It arises from the lateral epicondyle of the humerus, spirals mediodistally and inserts on the medial aspect of the radius.

The **round pronator muscle** is consistently present in carnivores (▶ Fig. 4.84, ▶ Fig. 4.85 and ▶ Fig. 4.92), but inconsistant in ruminants and the pig. In the horse it is reduced to a small band. It extends between the medial epicondyle of the humerus and the craniomedial side of the radius.

The **quadrate pronator muscle** is found only in carnivores. It bridges the medial aspect of the interosseous space of the forearm. Its fibres pass from the caudal and medial aspect of the shaft of the radius to the medial aspect of the ulna (▶ Fig. 4.85).

Muscles of the carpal joint

The muscles of the carpal joint have long extended muscle bellies and cover the antebrachial skeleton. They are biarticular, arising proximal to the elbow joint from the humerus and attaching distal to the carpal joint to the carpus or metacarpus. Due to the reduced range of movement of the carpal joints in the domestic mammals, these muscle act as either flexors or extensors.

The **extensor muscles of the carpal joint and digits** are located on the cranio(dorso)lateral side, whereas the **flexors** are situated on the caudal (palmar) side (▶ Fig. 4.90). They are covered by the antebrachial fascia. The extensors of the carpus and digits arise from the lateral epicondyle of the humerus, the flexors from the medial epicondyle.

The **muscles of the carpus** (▶ Fig. 4.87 and ▶ Fig. 4.89; ▶ Table 4.6) comprise the:
- radial extensor muscle of the carpus (m. extensor carpi radialis),
- ulnar extensor muscle of the carpus (m. extensor carpi ulnaris),
- radial flexor muscle of the carpus (m. flexor carpi radialis) and
- ulnar flexor muscle of the carpus (m. flexor carpi ulnaris).

The **radial extensor muscle of the carpus** is the largest of the extensor muscles of the carpal joints. It arises from the lateral humeral epicondyle and the lateral epicondylar crest and is situated directly cranial to the subcutaneous border of the radius. It inserts on the proximal extremity of the second and third metacarpal bones.

In the cat, the muscle splits into two muscle bellies, a long and a short portion, which form two flat tendons at the middle of the radius. The long portion (m. extensor carpi radialis longus) attaches to the proximal end of the second metacarpal bone; the short portion (m. extensor carpi radialis brevis) lies lateral to the long portion and attaches to the third metacarpal bone. In the dog, the muscle belly of the radial extensor muscle runs distally medial to the common digital extensor muscle, where it splits into two tendons of insertion at the distal third of the radius. Both

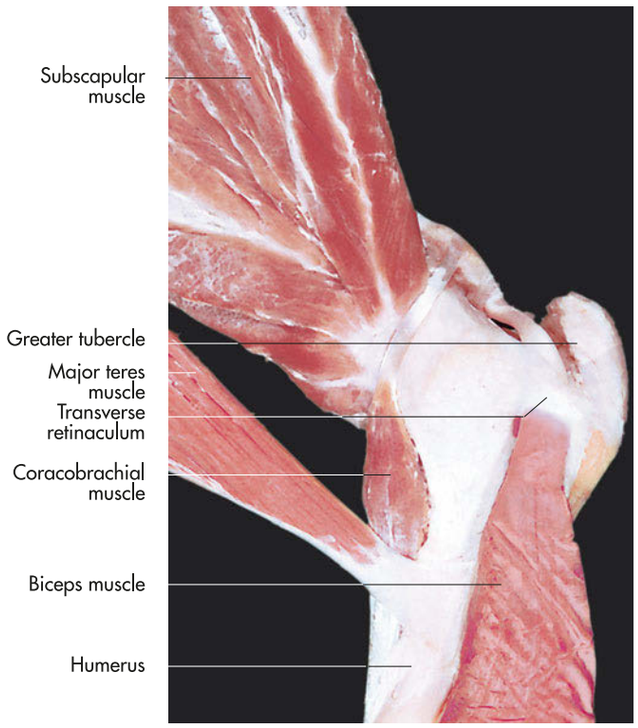


Fig. 4.82 Muscles of the left shoulder joint of a dog (medial aspect).

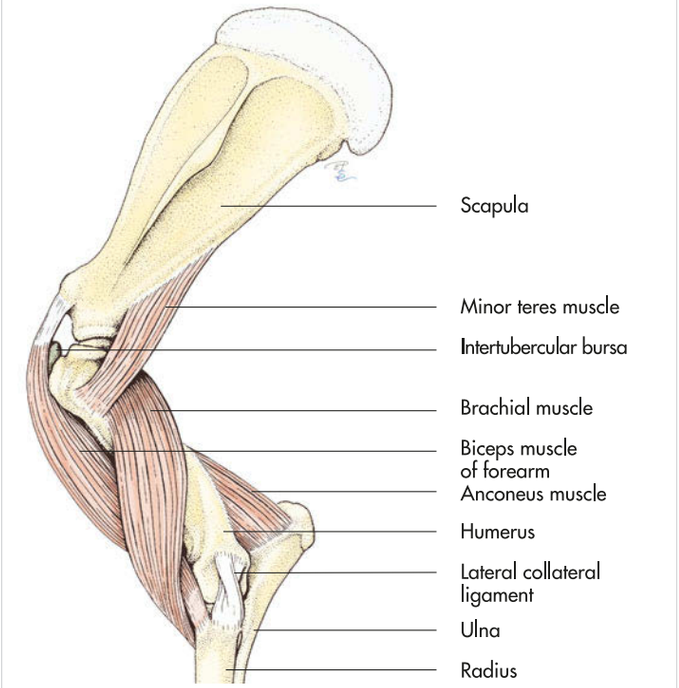


Fig. 4.83 Muscles of the shoulder and elbow joint of the horse, deep layer (schematic, left lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

tendons cross the middle groove of the radius and the extensor side of the carpus to insert separately on the second and third metacarpal bones (▶ Fig. 4.90).

The tendon of insertion is enclosed by a synovial sheath extending from the middle of the radius to the carpal joints and to the point of insertion on the distal carpal bones or on the proximal end of the metacarpal bone(s). In the horse the tendon is joined by the **lacertus fibrosus**, a detachment of the biceps muscle of the forearm (▶ Fig. 4.98 and ▶ Fig. 4.99). It passes through the middle groove of the carpus, adherent to the joint capsule, and inserts on the proximal tuberosity of the third metacarpal bone, where a synovial bursa is interposed. The radial extensor muscle of the carpus extends and fixes the carpal joint and flexes the elbow joint.

The **ulnar extensor muscle of the carpus** lies on the caudolateral side of the forearm. It extends between the lateral epicondyle of the humerus and the lateral carpal and metacarpal bones, depending on the species (▶ Fig. 4.87 and ▶ Fig. 4.90).

In carnivores it arises caudal to the lateral collateral ligament of the elbow from the lateral humeral epicondyle, passes laterally over the carpus and ends on the proximal end of the fifth metacarpal bone. By means of fibres from the antebrachial fascia arising from the accessory carpal bone, the tendon of insertion takes over the function of the missing lateral collateral ligament of the carpus. Two weak bands are detached to blend with the extensor and the flexor retinaculum.

In ruminants and in the horse the terminal tendon is split into a main portion, which attaches to the accessory carpal bone, and a weaker portion for the fifth metacarpal bone in ruminants and for the lateral splint bone in the horse (▶ Fig. 4.97).

In carnivores the ulnar extensor muscle flexes the carpus, when it is already in a flexed position and supports extension, when already in an extended position due to the anatomical insertion, which is close to the axis of the joint. It also abducts the forearm. In the other domestic mammals it acts as a flexor of the carpal joints, since the insertion is shifted caudal to the axis of the carpus onto the accessory carpal bone.

The **radial flexor muscle of the carpus** lies on the medial side of the forearm, caudal to the border of the radius, directly under the skin (▶ Fig. 4.89). It arises from the medial epicondyle of the humerus, passes over the flexor side of the carpus, where it is enclosed in a synovial sheath, and inserts on the palmar aspect of the second and third metacarpal bones in carnivores, on the third metacarpal bone in the pig and in ruminants and on the second metacarpal bone in the horse (▶ Fig. 4.95). It is a flexor of the carpal joints.

The **ulnar flexor muscle of the carpus** lies on the mediocaudal side of the forearm, superficial to the flexor muscles of the digit. It is marked by several tendinous intersections. It arises by two heads, with the stronger **humeral head** (caput humerale) from the medial epicondyle of the humerus and with the smaller **ulnar head** (caput ulnare) from the olecranon (▶ Fig. 4.90). Both portions end with a common tendon of insertion on the accessory carpal bone. In the horse a synovial bursa can be found under the humeral head, which communicates with the elbow joint and extends under the deep digital flexor tendon. The flexor carpi ulnaris is a flexor of the carpus and in carnivores it is a supinator of the limb (▶ Fig. 4.95 and ▶ Fig. 4.99).

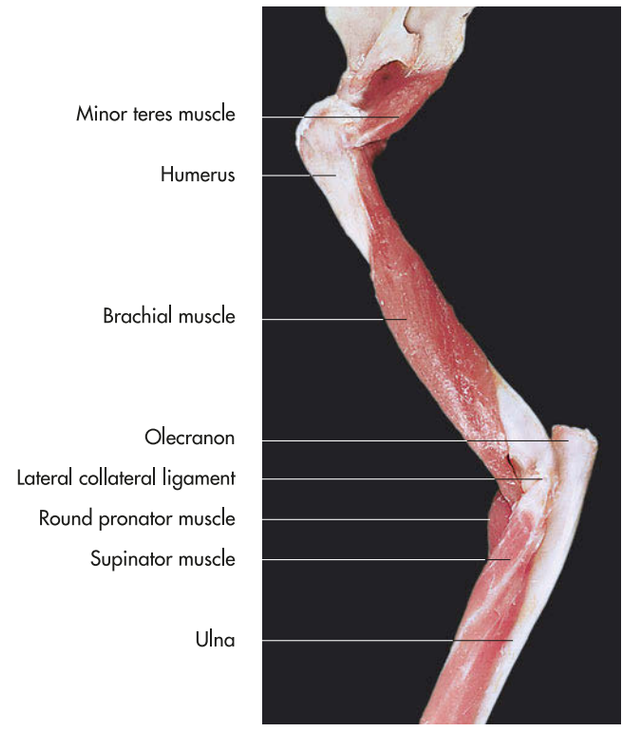


Fig. 4.84 Muscles of the shoulder and elbow joint of a cat (deep layer, lateral aspect). (source: courtesy Dr. R. Macher, Vienna)

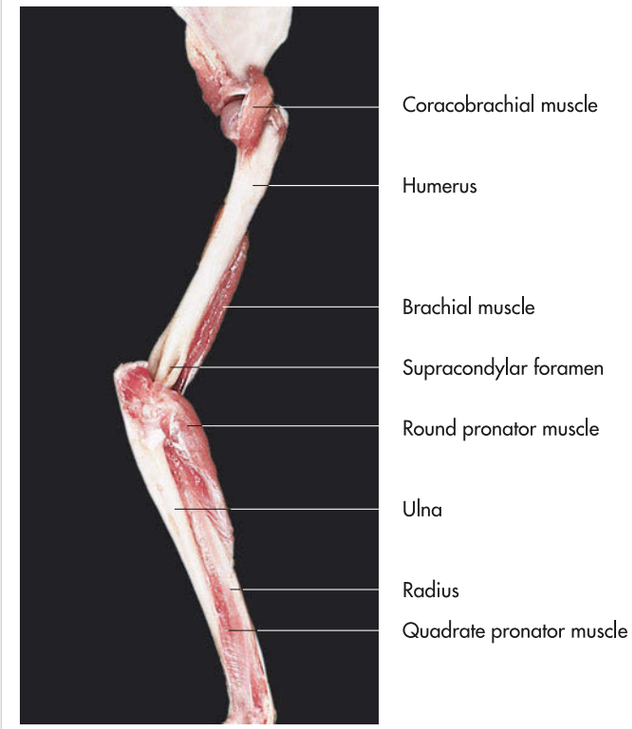


Fig. 4.85 Muscles of the shoulder and elbow joint of a cat (deep layer, medial aspect). (source: courtesy Dr. R. Macher, Vienna)

Table 4.6 Muscles of the carpal joint.

Name Innervation	Origin	Insertion	Function
Radial extensor muscle of the carpus Radial nerve	Lateral epicondyle of humerus	Proximal on 3rd metacarpal bone	Extensor and fixator of carpal joint
Ulnar extensor muscle of the carpus Radial nerve	Lateral epicondyle of humerus	5th and 4th metacarpal bones; accessory carpal bone	Flexor of carpal joint
Radial flexor muscle of the carpus Median nerve	Medial epicondyle of humerus	2nd and 3rd metacarpal bones	Flexor of carpal joint
Ulnar flexor muscle of the carpus: Ulnar nerve			
• **Humeral head**	Medial epicondyle of humerus	Accessory carpal bone	Flexor of carpal joint
• **Ulnar head**	Olecranon	Accessory carpal bone	Flexor of carpal joint

Muscles of the digits

The muscles of the digits are strong tendinous muscles, which cover the antebrachial skeleton and span several joints. They arise proximal to the elbow joint from the humerus or the forearm and run with long tendons over the carpus to insert on different parts of the digits.

The species-specific evolution of the limbs resulted in a limited range of movement of the phalanges. In the domestic mammals most of the phalangeal joints are uniaxial hinge joints, a few are biaxial saddle joints, with the major movement being extension and flexion and allowing a very limited degree of abduction and adduction. The **extensor muscles** of the digits are located on the **cranio(dorso)lateral** side of the antebrachium, whereas the **flexor muscles** are found on the **caudal (palmar)** side, covered by the antebrachial fascia. The **extensors** arise from the **lateral epicondyle** of the humerus, the **flexors** from the **medial epicondyle** (▶ Fig. 4.91, ▶ Fig. 4.92, ▶ Fig. 4.93 and ▶ Fig. 4.94; ▶ Table 4.7).

As **extensors** can be named:

- common digital extensor muscle (m. extensor digitorum communis),
- lateral digital extensor muscle (m. extensor digitorum lateralis),
- long abductor muscle of the first digit (m. abductor pollicis longus) and
- extensor muscle of the first and second digit (m. extensor digiti I et II).



Fig. 4.86 Muscles of the antebrachium (lateral aspect, proximal portion). (source: courtesy of Andrea Köllensperger, Munich)

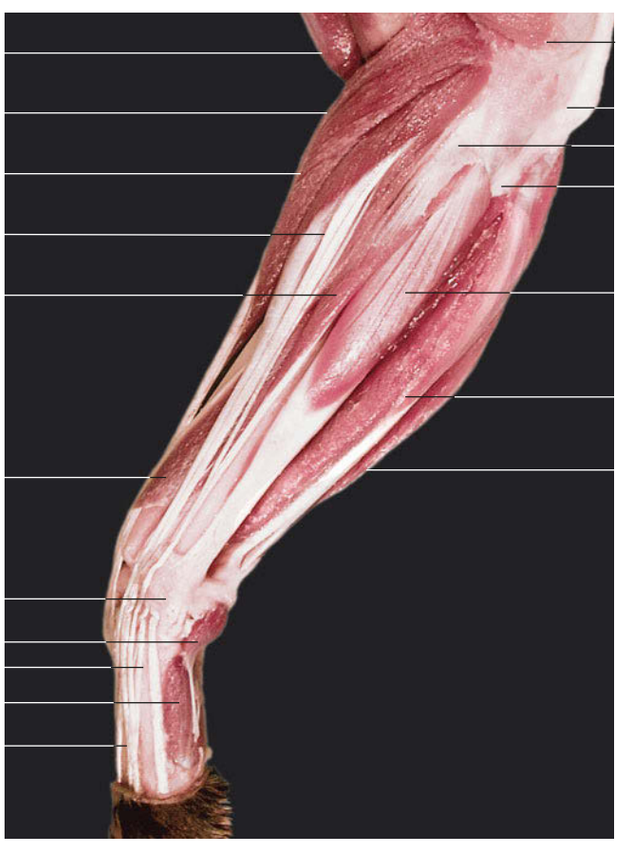


Fig. 4.87 Muscles of the antebrachium (lateral aspect, distal portion). (source: courtesy of Andrea Köllensperger, Munich)

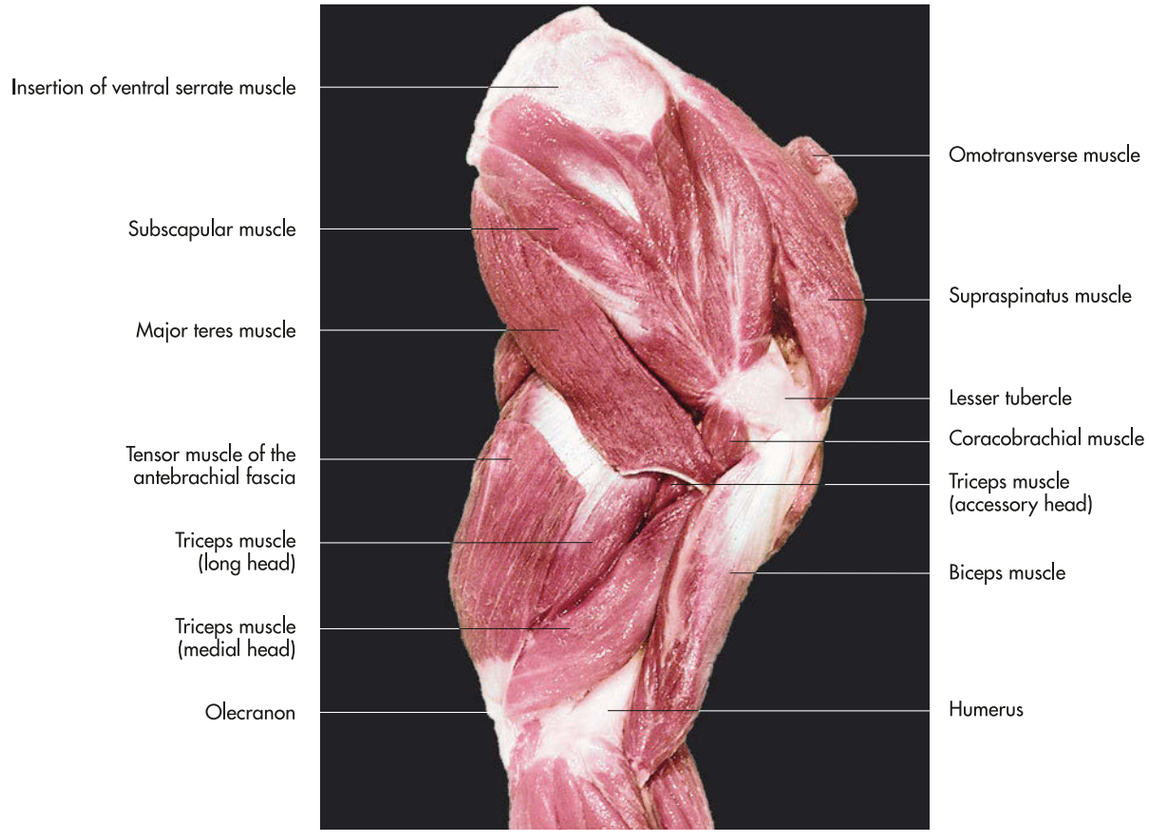


Fig. 4.88 Muscles of the antebrachium (medial aspect, proximal portion). (source: courtesy of Andrea Köllensperger, Munich)

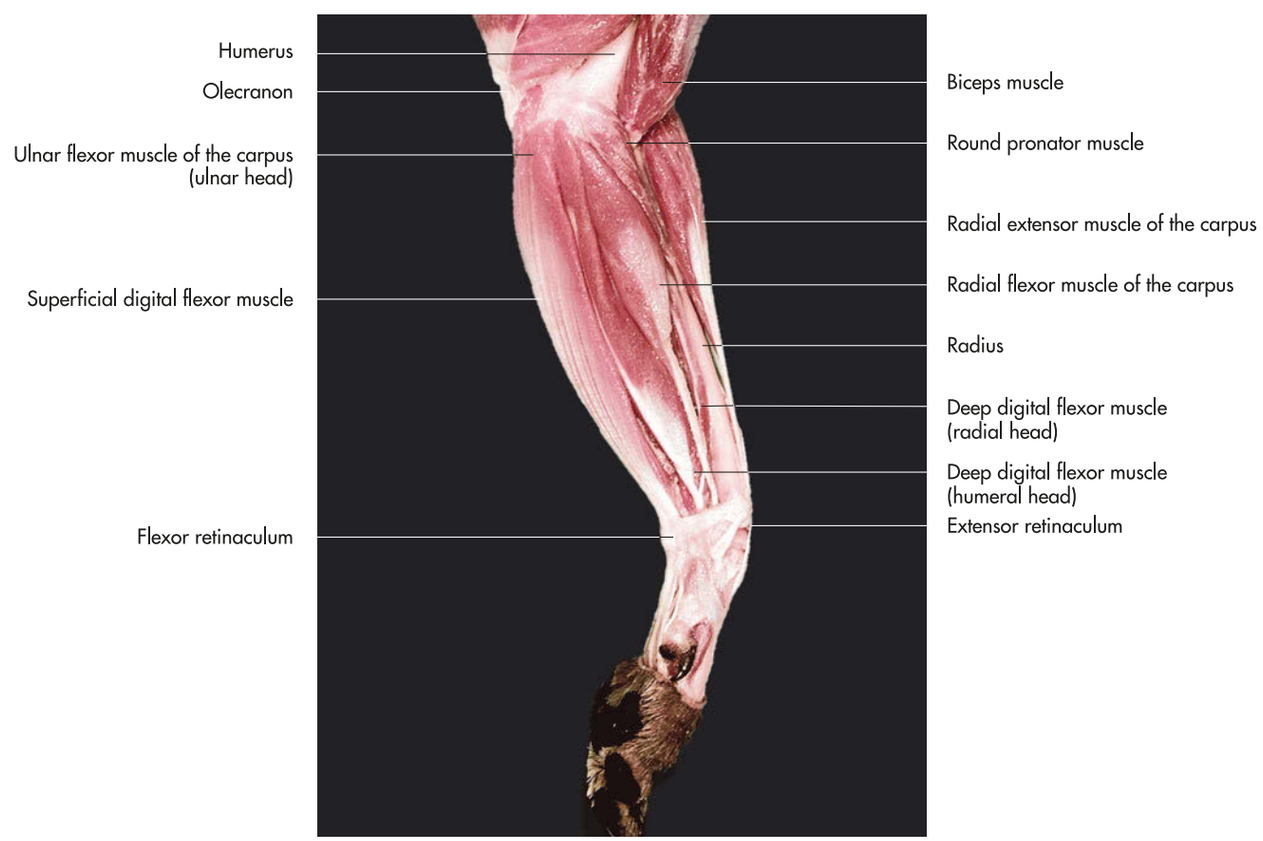


Fig. 4.89 Muscles of the antebrachium (medial aspect, distal portion). (source: courtesy of Andrea Köllensperger, Munich)

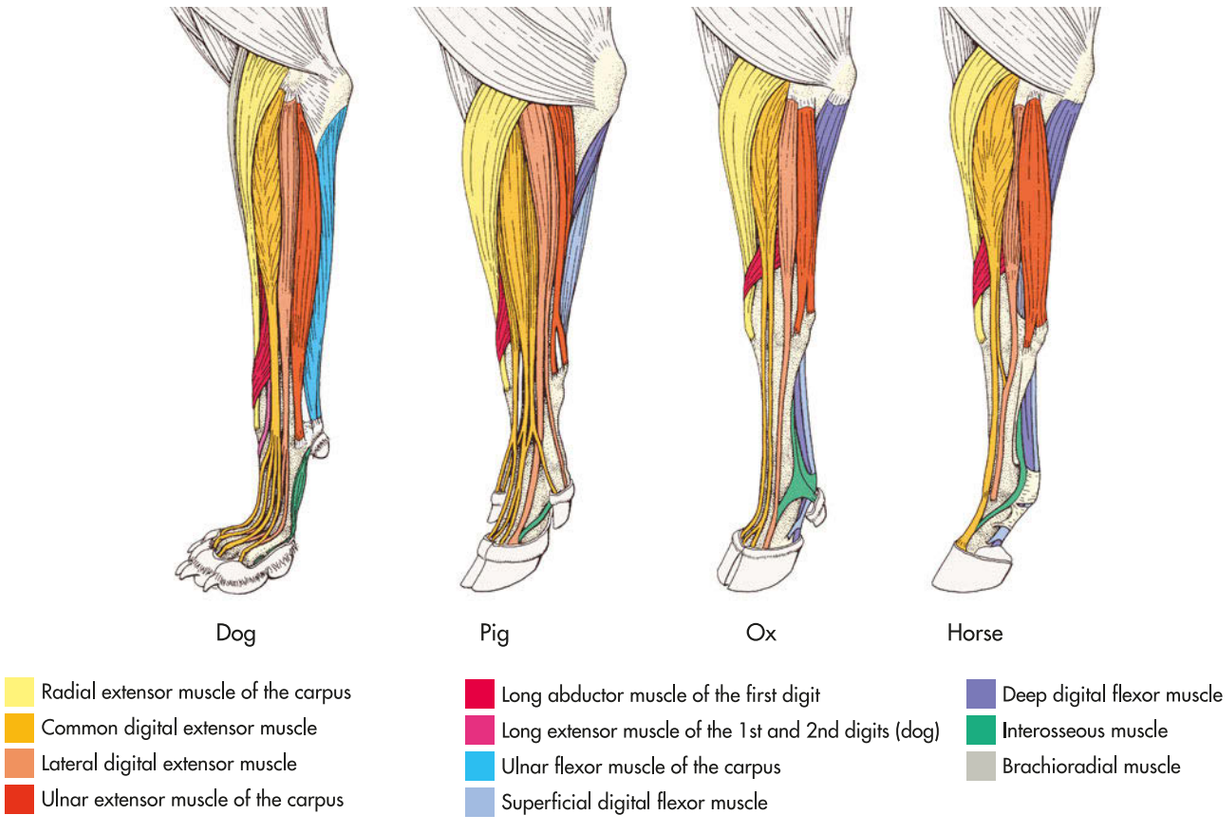


Fig. 4.90 Muscles of the antebrachium (schematic, lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

The **common digital extensor muscle** is a strong muscle with several tendinous intersections, which lies lateral to the radial extensor muscle of the carpus (▶ Fig. 4.90 and ▶ Fig. 4.97). It arises with several poorly defined heads (four in carnivores, three in pigs, two in ruminants and one in the horse) from the lateral epicondyle of the humerus, the lateral collateral ligament of the elbow joint, the radius and the ulna. It ends with a long tendon of insertion on the extensor process of the distal phalanx of each functional digit (▶ Fig. 4.90, ▶ Fig. 4.91 and ▶ Fig. 4.98). Therefore the tendon of insertion is split according to the number of functional digits in the different species and is unbranched in the horse.

In carnivores, the common digital extensor muscle originates from the lateral humeral epicondyle. It also originates, together with the extensor carpi radialis muscle, from the lateral collateral ligament of the elbow joint (▶ Fig. 4.92).

The muscle belly divides into four tendons distally, which run, enclosed in a common synovial sheath and covered by the extensor retinaculum, over the dorsolateral side of the carpus.

The individual tendons separate when passing over the dorsal aspect of the corresponding metacarpal bones and terminate on the distal phalanx of the four main digits. In the cat, a few fibres insert on the middle phalanx. Thin tendinous bands arising from the interosseous muscles fuse bilaterally with each tendon. The tendons of the lateral digital extensor muscle join the tendons of the common digital extensor muscle at the level of the proximal phalanx on the third, fourth and fifth digits.

The common digital extensor muscle of the pig is divided into three parts. The medial portion is the strongest and ends chiefly on the distal phalanx of the third digit. The tendon of the middle head divides into two branches for the insertion to the distal phalanx of the third and fourth digits. The tendons of insertion also send small branches to the second and fifth digits.

In ruminants, the common digital extensor muscle consists of two distinct bellies, which continue distally as two separate tendons. The lateral belly arises with a superficial head from the lateral epicondyle of the humerus and with a deep head from the ulna. Both heads converge and run over the dorsolateral aspect of the carpus. The resultant tendon splits into two separate tendons at the level of the metacarpophalangeal joint, which insert on the extensor process of the distal phalanx of the third and fourth digits (▶ Fig. 4.96). The medial belly also originates from the lateral epicondyle of the humerus, and terminates with one tendon of insertion on the dorsomedial aspect of the second phalanx of the third digit, reinforced by abaxial and axial branches of the interosseous muscle.

In the horse, the common digital extensor muscle is marked by several strong tendinous intersections and lies deep to the extensor carpi radialis and the lateral digital extensor muscle (▶ Fig. 4.97 and ▶ Fig. 4.98). It originates proximal to the lateral humeral condyle between the radial fossa and the lateral epicondyle of the humerus, from the lateral tuberosity of the proximal extremity of the radius and the lateral collateral ligament of the elbow. The strong tendon passes distally through the lateral

groove on the distal end of the radius and over the dorsolateral aspect of the carpus, bound by the extensor retinaculum and protected by a synovial sheath. The tendon sheath starts about 10 cm proximal to the carpus and extends distally to the metacarpus. The common digital extensor tendon continues distally over the dorsal surface of the metacarpus and is joined by branches of the interosseous muscle before it inserts with a broad tendon on the extensor process of the distal phalanx. A second branch inserts on the second phalanx, and some fibres on the hoof cartilages.

Lateral to the common digital extensor muscle arises a small muscle which can be divided into a deep portion from the ulna and a more superficial one from the radius. The ulnar portion (also known as Thierness muscle) unites with the common digital extensor tendon and is thought to be the remnant of the extensor indicis muscle. The radial portion (also called Philipp muscle) runs over the carpus as a separate muscle and joins the tendon of the lateral digital extensor muscle further distal (▶ Fig. 4.95).

The common digital extensor muscle extends the carpal and digital joints.

The **lateral digital extensor muscle** is situated caudal to the common digital extensor muscle on the lateral surface of the antebrachium (▶ Fig. 4.90, ▶ Fig. 4.91 and ▶ Fig. 4.97). It arises from the lateral collateral ligament of the elbow joint, the lateral tuberosity of the proximal end of the radius and the lateral aspect of the ulna. It is divided into three muscle bellies in the cat, two muscle bellies in the dog and pig and one in ruminants and in the horse. The number of the tendons of insertion corresponds to the number of the functional digits left in the different species.

In the cat, the lateral digital extensor muscle originates from the lateral supracondylar crest of the humerus and divides into three bellies, which split into three or four tendons further distally. They unite with the common digital extensor tendons at the level of the proximal phalanges.

In the dog, the lateral digital extensor muscles arises from the lateral collateral ligament and the lateral tuberosity of the proximal radius (▶ Fig. 4.90 and ▶ Fig. 4.91). It divides into a lateral and medial tendon, which are enclosed in a common synovial sheath reaching from the carpus to the proximal third of the metacarpus. The stronger lateral tendon unites with the corresponding tendon of the common digital extensor muscle and ends on the distal phalanx as well as on the proximal and middle phalanx of the fifth digit. The tendon of the weaker medial portion splits into two and joins the corresponding tendons of the common digital extensor muscle, with which they end on the distal phalanx of the third and fourth digits.

In the pig, the lateral digital extensor muscle has two distinct parts. The larger belly originates from the lateral humeral epicondyle and the lateral collateral ligament of the elbow and ends on the middle and distal phalanx of the fourth digit after reception of a branch from the interosseous muscle. The smaller muscle belly extends between the ulna and the middle and distal phalanges of the fifth digit.

In ruminants, the lateral digital extensor muscle consists of a single muscle belly which passes, lateral to the common digital extensor muscle, over the lateral side of the carpus, where it is enclosed in a synovial sheath. It is enforced axially and abaxially by slips from the interosseous muscle. It inserts on the dorsolateral aspect of the middle phalanx of the fourth digit (▶ Fig. 4.96).

In the horse, the lateral digital extensor muscle arises from the lateral humeral epicondyle, the lateral collateral ligament of the elbow and the lateral tuberosities of the proximal radius and ulna. It passes distally through the groove on the lateral styloid process of the radius, where it is covered by the deep fascia and then over the lateral side of the carpus, where it is enveloped in a tendon sheath (▶ Fig. 4.95). The tendon of insertion is strengthened by fibres from the deep fascia and unites with the tendon of the Philipp muscle at the level of the metacarpus before its insertion to the dorsolateral aspect of the proximal phalanx.

The lateral digital extensor muscle extends the carpal and phalangeal joints of the lateral digits in carnivores and the pig, the carpus, fetlock and pastern joints of the fourth digit in ruminants and the carpus and fetlock joint in the horse.

The **extensor muscle of the first and second digits** is present as a separate muscle in carnivores only (▶ Fig. 4.90). In the other domestic mammals it is fused to the common digital extensor muscle; in the horse, the Thierness muscle is thought to be the remnant of this muscle.

In the cat, this muscle arises from the craniolateral border of the ulna and is covered distally by the lateral digital extensor tendon. It divides into three tendons, which run deep to the common digital extensor tendon medially. They insert to the first and second digits.

In the dog, it arises, covered by the extensors of the carpus and digits, from the craniolateral border of the ulna. It crosses the carpus deep to the common digital extensor tendon and appears on the medial side. It splits into two tendons of insertion, the medial one of which ends on the first metacarpal bone; the lateral one joins the common digital extensor tendon for the second digit.

The muscle extends the first and second digits and adducts the first one.

The **long abductor muscle of the first digit** arises from the middle third of the lateral border of the radius and ulna and covers the craniolateral aspect of the antebrachium. Its tendon runs deep to the digital extensor tendons to the medial side of the carpus. It inserts to the first metacarpal bone in carnivores, to the second metacarpal bone in the pig and horse and to the third in ruminants (▶ Fig. 4.95 and ▶ Fig. 4.98). A small sesamoid bone can be found in the tendon of insertion in carnivores.

The muscle extends the carpus and the digit to which it inserts and abducts the first digit in carnivores.

As **flexors** can be named:

- superficial digital flexor muscle (m. flexor digitorum superficialis),
- deep digital flexor muscle (m. flexor digitorum profundus) and
- interflexor muscles (mm. interflexorii).

The **superficial digital flexor muscle** arises from the medial epicondyle of the humerus and divides into a branch for each functional digit that inserts on the middle phalanx of these digits. Before its insertion each branch splits into two slips that diverge either side of the tendons of the deep digital flexor muscle, which inserts more distally (▶ Fig. 4.100, ▶ Fig. 4.102 and ▶ Fig. 4.103).

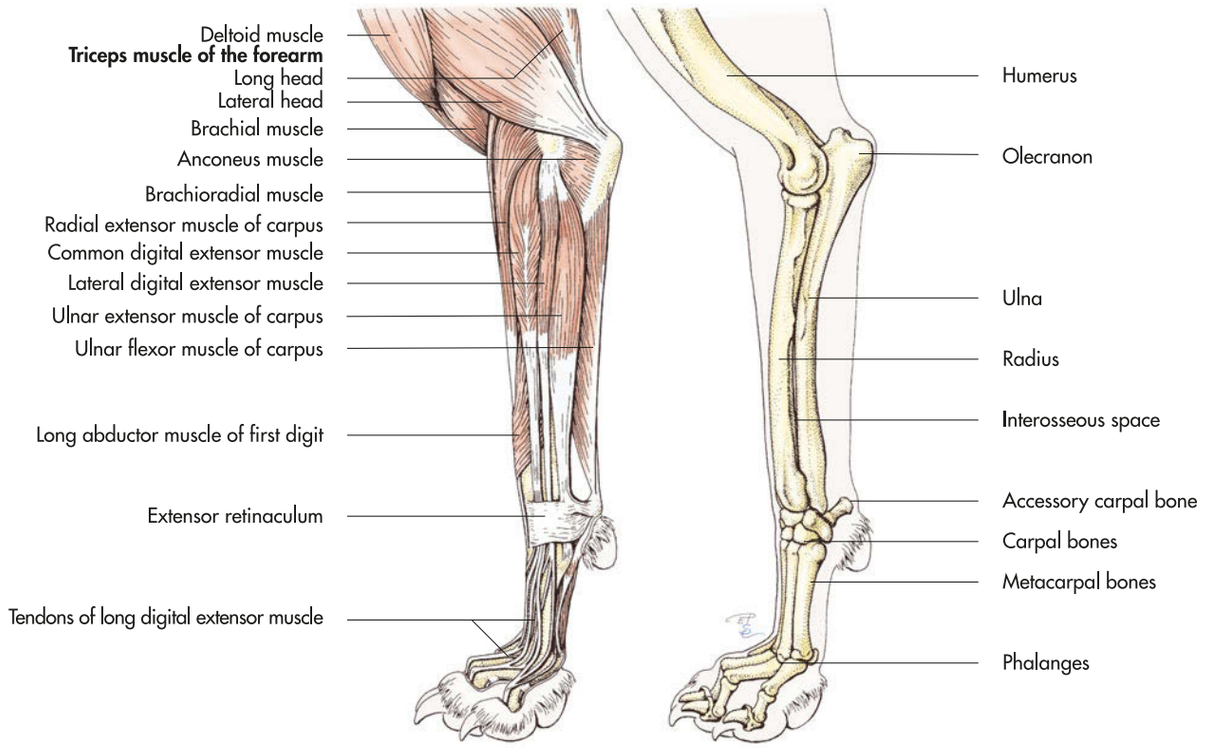


Fig. 4.91 Muscles and skeleton of the carpus and digits of the dog (schematic, lateral aspect).

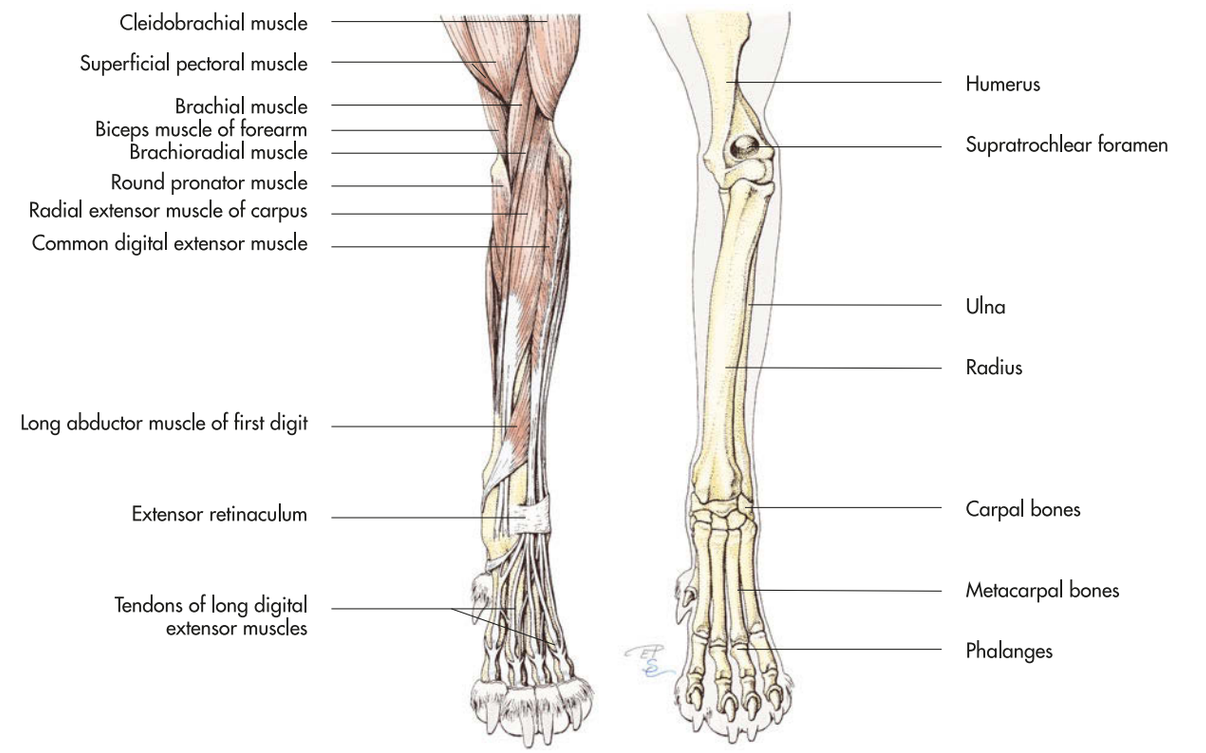


Fig. 4.92 Muscles and skeleton of the carpus and digits of the dog (schematic, dorsal aspect).

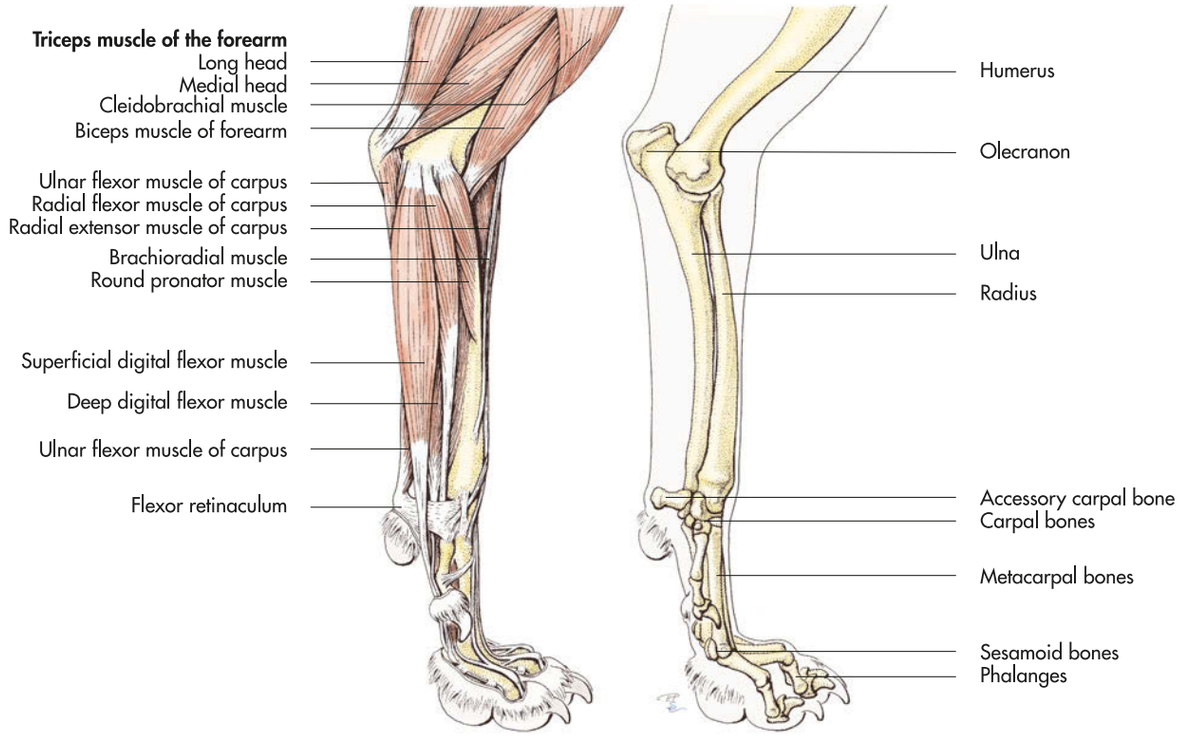


Fig. 4.93 Muscles and skeleton of the carpus and digits of the dog (schematic, medial aspect).

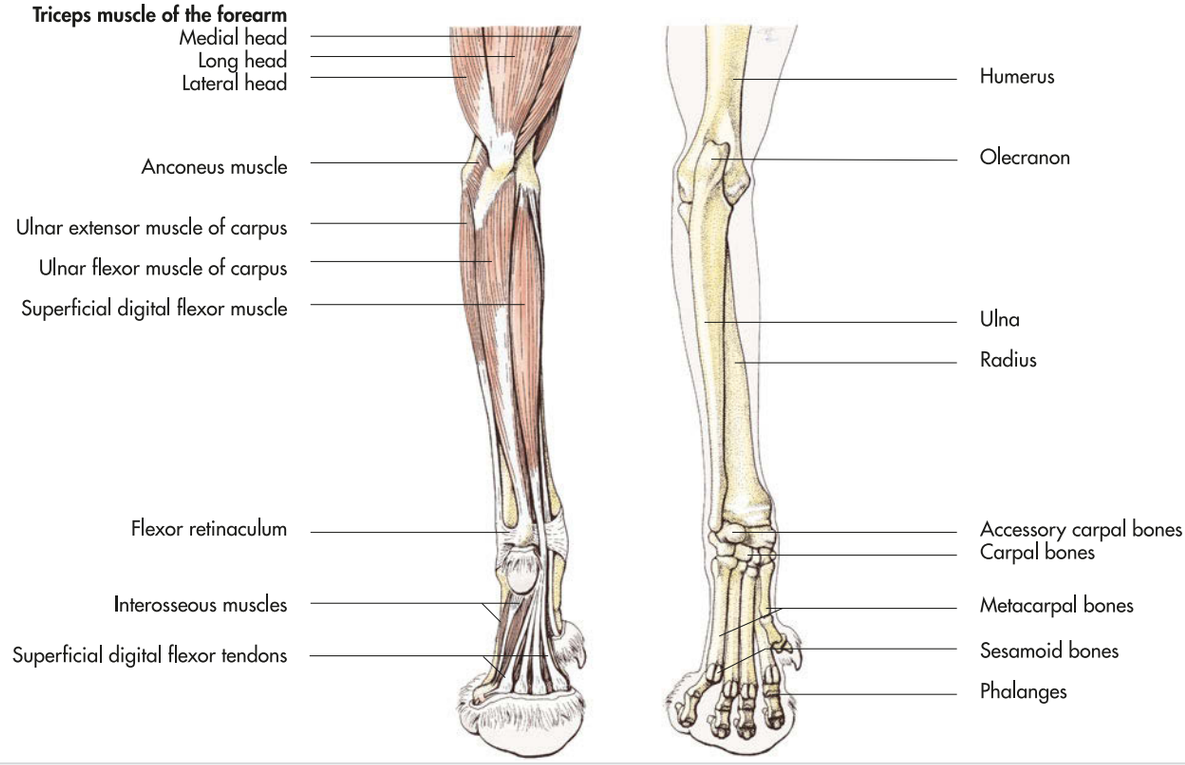


Fig. 4.94 Muscles and skeleton of the carpus and digits of the dog (schematic, palmar aspect).

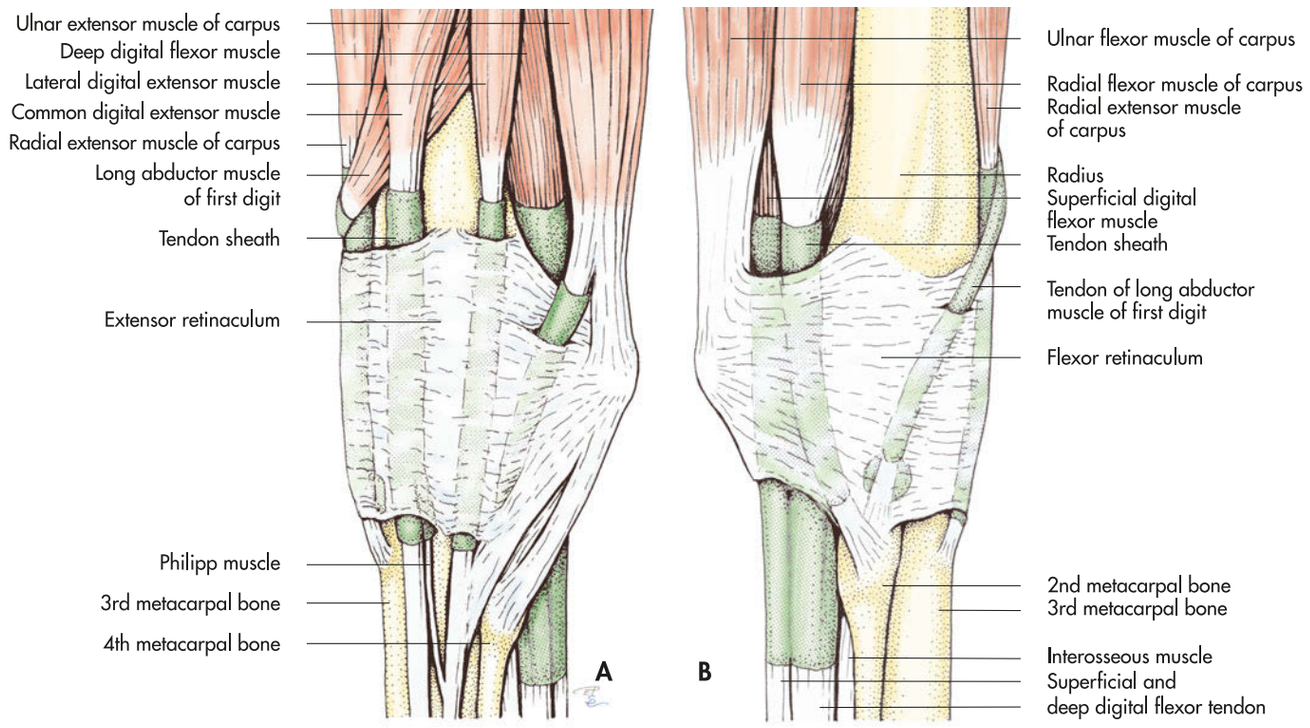


Fig. 4.95 Tendons and their synovial sheaths of the left carpus of the horse (schematic): **(A)** dorsolateral and **(B)** medial aspect; fig. based on data from Ellenberger and Baum, 1943.

In carnivores, the superficial digital flexor muscle is a flat muscle which lies directly beneath the skin on the mediocaudal aspect of the antebrachium (▶ Fig. 4.90, ▶ Fig. 4.93, ▶ Fig. 4.94). It arises from the medial humeral epicondyle between the humeral heads of the deep digital flexor muscle and the ulnar flexor muscle of the carpus. The fleshy muscle belly becomes tendinous at the level of the carpus. This tendon runs over the flexor surface of the carpus medial to the accessory carpal bone, where its passage is facilitated by a synovial bursa. In the proximal third of the metacarpus the tendon splits into five portions in the cat and four in the dog, which diverge to reach the proximal border of the middle phalanx of the first to fifth digits in the cat and second to fifth digits in the dog.

Each branch of the superficial digital flexor tendon forms a sleeve-like enclosure (**manica flexoria**) around the corresponding branches of the deep digital flexor tendon just proximal to the metacarpophalangeal joints. Distal to the proximal sesamoid bones the branches of the superficial digital flexor tendon are split for the passage of the deep tendon. At the metacarpophalangeal joint and the proximal and middle phalangeal joints the branches of the flexor tendons are bridged by three bands, the proximal, middle and distal transverse ligaments.

In the pig, the superficial digital flexor muscle arises from the medial epicondyle of the humerus and consists of two parts. The tendon of the smaller superficial head crosses the flexor retinaculum superficially and forms a tube around the deep digital flexor tendon at the metacarpophalangeal joint. It ends with two branches on the middle phalanx of the fourth digit. The tendon of the stronger deep head passes distally bound by the flexor retinaculum and ends on the medial phalanx of the third digit after being perforated by the deep digital flexor tendon.

The proximal part of the superficial digital flexor muscle in ruminants is similar to that of the pig. It is divided into a superficial and deep belly. The superficial part passes over the flexor retinaculum, the deep part beneath it. Both tendons unite in the middle of the metacarpus to form a common tendon, which bifurcates into a medial and lateral branch further distally. Each branch unites with a band from the interosseous muscle and forms a ring for the corresponding branch of the deep digital flexor tendon near the metacarpophalangeal joint (▶ Fig. 4.102). The stronger medial branch inserts on the flexor surface of the middle phalanx, the smaller lateral branch, on the palmar aspect of the middle phalanx close to the articular surface. The tendons are enclosed in a common digital sheath at the metacarpophalangeal joint and held in place by the **anular ligament** of the fetlock (▶ Fig. 4.101 and ▶ Fig. 4.102).

In the horse the superficial digital flexor muscle arises from the medial humeral epicondyle and covers the deep digital flexor muscle, with which it is partly fused (▶ Fig. 4.99 and ▶ Fig. 4.100). Its multipartate belly forms a strong tendon at the level of the carpus, where it combines with a strong fibrous band, the **accessory ligament** (also termed the radial or superior check liga-

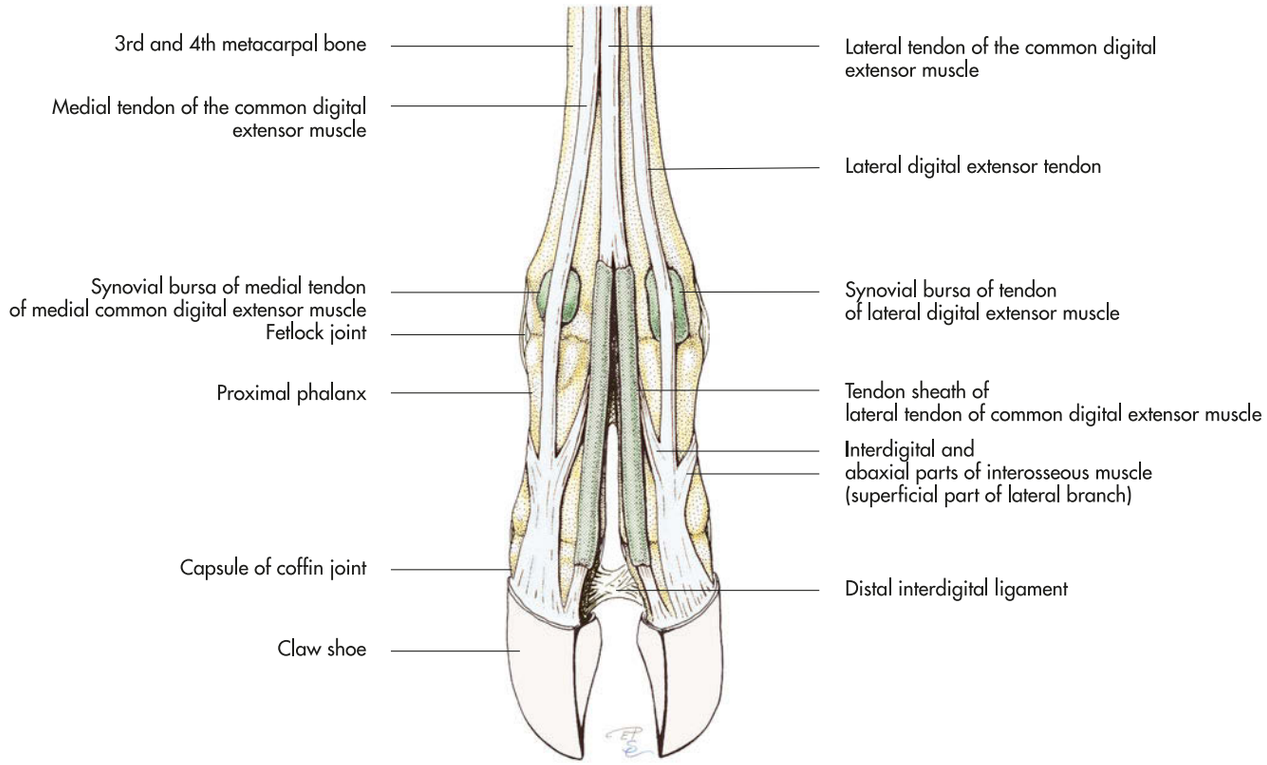


Fig. 4.96 Tendons and synovial structures of the left digit of the ox (schematic, dorsal aspect).

ment), which originates from the caudal radius. The tendon passes distally through the carpal canal to the palmar aspect of the metacarpus. It is enveloped by the carpal synovial sheath in common with the deep digital flexor tendon reaching from about 10 cm proximal to the carpus to the middle of the metacarpus (▶ Fig. 4.95).

The superficial digital flexor tendon forms a tubelike enclosure around the deep digital flexor tendon just proximal to the metacarpophalangeal joint (**manica flexoria**). A second synovial sheath, the digital synovial sheath, partly encloses both tendons from the distal metacarpus to the middle of the middle phalanx. At the distal end of the proximal phalanx the superficial digital flexor tendon divides into branches through which the deep digital flexor tendon continues distally (▶ Fig. 4.97, ▶ Fig. 4.99 and ▶ Fig. 4.100). The two branches insert to the lateral and medial eminences on the proximal extremity of the middle phalanx and also send fibres to the lateral aspect of the proximal phalanx.

The superficial digital flexor tendon flexes the proximal and middle phalangeal joints of the main digits and thereby the whole foot. It also stabilises the fetlock joint.

The **deep digital flexor muscle** runs deep to the superficial digital flexor muscle and the flexor muscles of the carpus on the caudal side of the antebrachium (▶ Fig. 4.97, ▶ Fig. 4.102 and ▶ Fig. 4.107). The deep digital flexor muscle arises with three heads, the **humeral head** (caput humerale), the **radial head** (caput radiale) and the **ulnar head** (caput ulnare). The humeral head originates from the medial epicondyle of the humerus and consists of three bellies.

The resultant five bellies of the deep digital flexor muscle fuse at the distal end of the forearm to form the **deep digital flexor tendon**. This tendon passes through the carpal canal medial to the accessory carpal bone and divides into a branch for each functional digit at the metacarpus, thus resulting in five tendons in carnivores, four tendons in the pig, two tendons in ruminants and one tendon in the horse. Each tendon of insertion passes through the corresponding branch of the superficial digital flexor tendon at the level of the proximal phalanx and continues to its insertion on the palmar aspect of the distal phalanx.

In carnivores the three heads of the muscle are completely separated. The humeral head consists of three isolated bellies in the cat, whereas in the dog the bellies are difficult to separate. It arises from the medial epicondyle of the humerus deep to the radial flexor muscle of the carpus (▶ Fig. 4.90). The muscle is marked by multiple tendinous sheaths and bands and lies on the caudomedial side of the forearm, accompanied by the radial head on the medial side and the ulnar head laterally. The radial head arises on the caudomedial aspect of the proximal radius, the ulnar head, from the caudal border of the ulna, extending from the olecranon to the distal third. The tendons converge to form the deep digital flexor tendon just proximal to the carpus. This tendon crosses the flexor side of the carpus in the carpal canal, covered by the flexor retinaculum. At the proximal end of the meta-

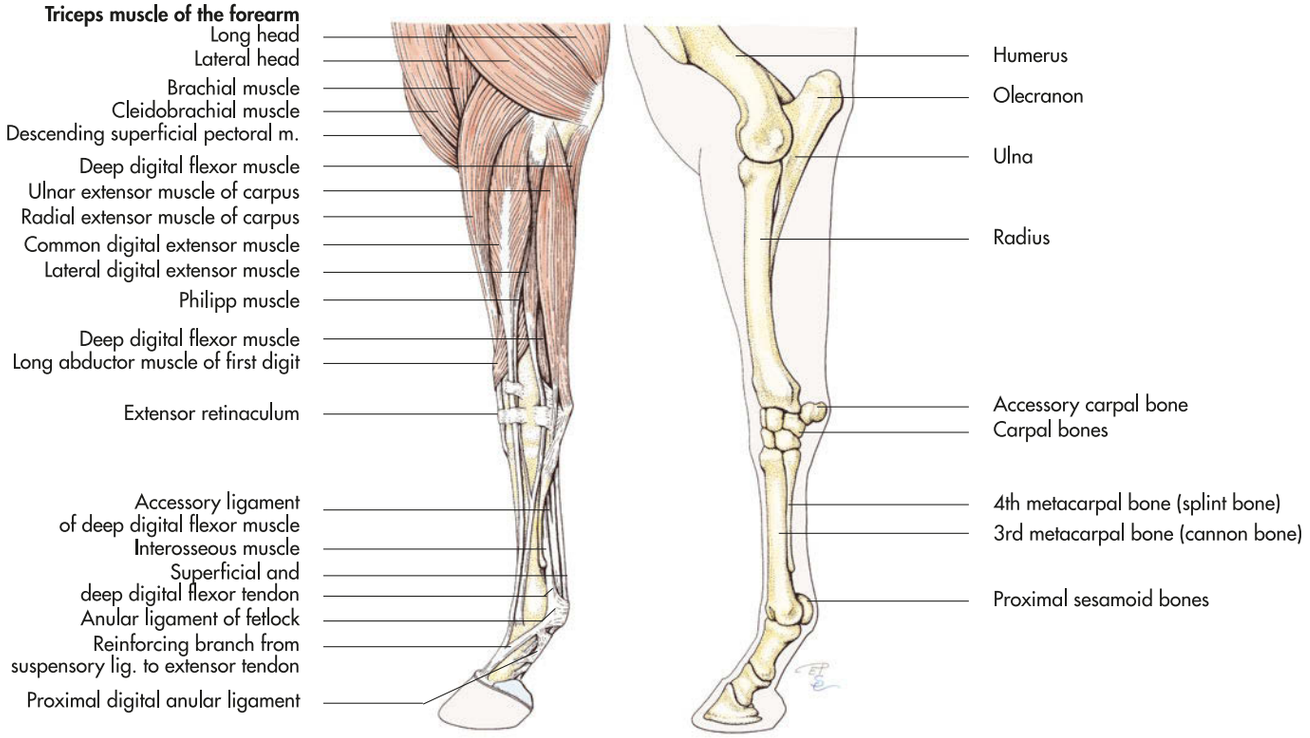


Fig. 4.97 Muscles and skeleton of the carpus and digit of the horse (schematic, lateral aspect).

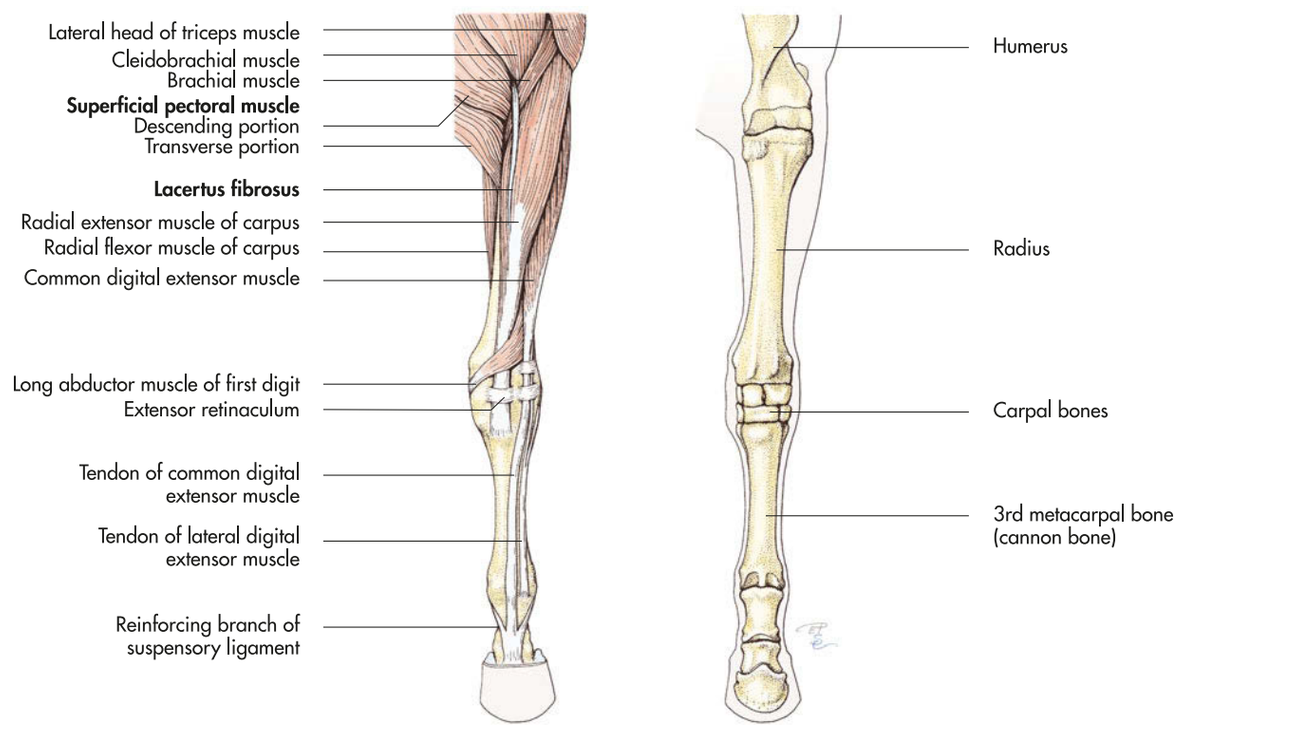


Fig. 4.98 Muscles and skeleton of the carpus and digit of the horse (schematic, cranial aspect).

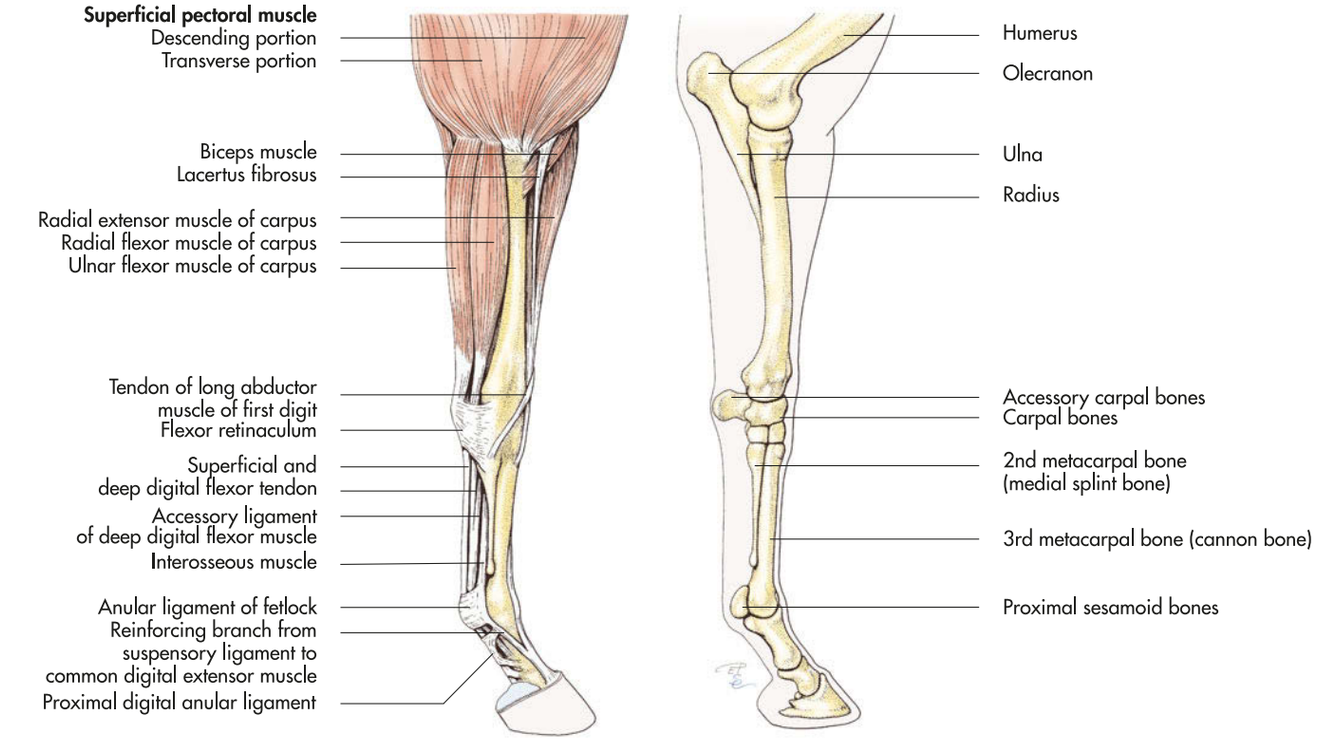


Fig. 4.99 Muscles and skeleton of the carpus and digit of the horse (schematic, medial aspect).

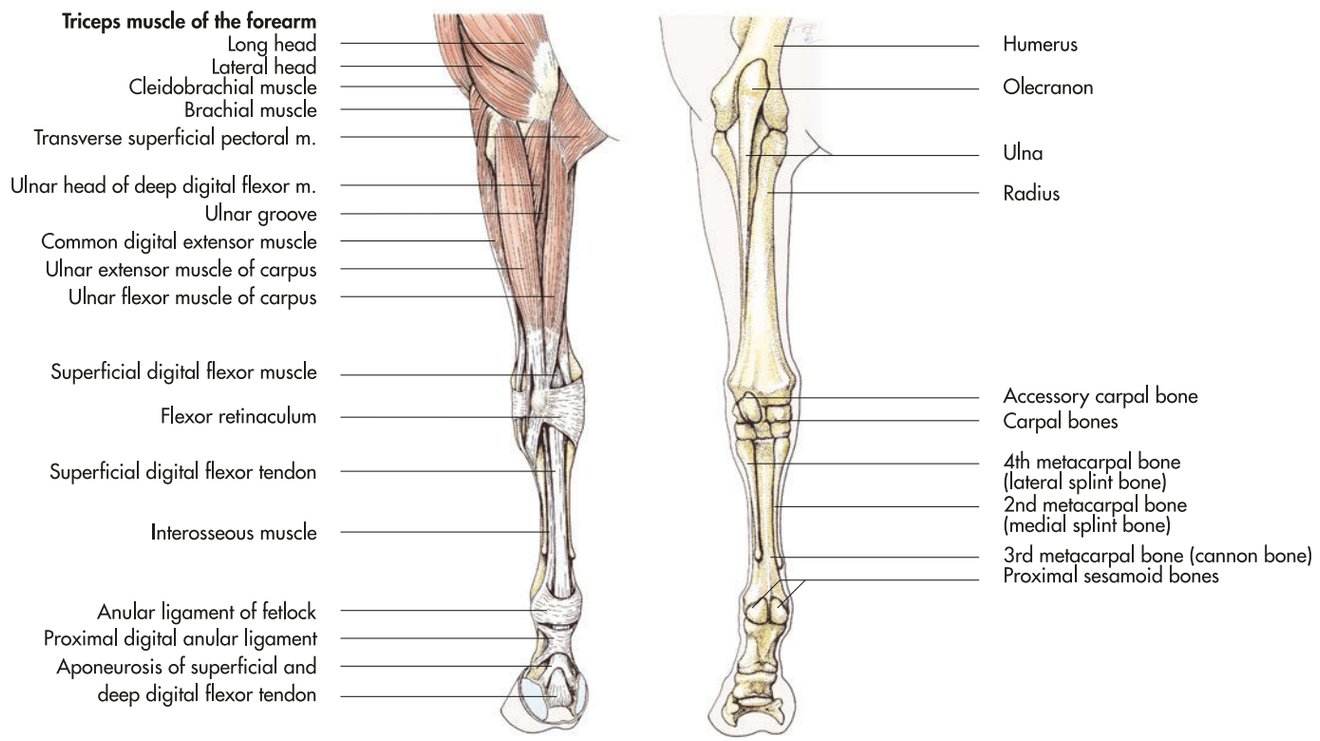


Fig. 4.100 Muscles and skeleton of the carpus and digit of the horse (schematic, caudal aspect).

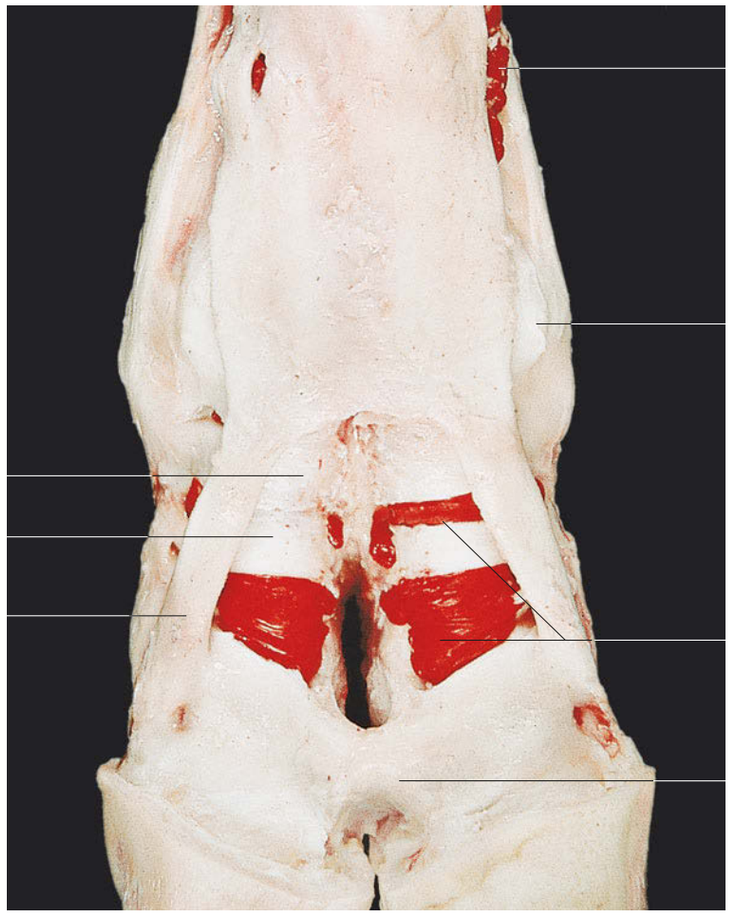


Fig. 4.101 Acrylic cast of the digital synovial sheath of an ox (palmar aspect).

carpus the radial head splits away on the medial side to insert on the first digit. The principal tendon divides into four round branches which insert on the second to fourth digits at the metacarpus. At the level of the proximal sesamoid bones they pass through tubular sheaths (manica flexoria) formed by the branches of the superficial digital flexor tendon. They end on the flexor tuberosities of the distal phalanges of the second to fifth digits. The branches of the deep and superficial digital flexor tendons are held in place by **three transverse ligaments**:

- anular palmar ligament (ligamentum anulare palmare),
- proximal digital anular ligament (ligamentum anulare digitale proximale) and
- distal digital anular ligament (ligamentum anulare digitale distale).

The proximal ligament lies at the level of the metacarpophalangeal joint, the middle one at the middle of the first phalanx and the distal one just distal to the proximal interphalangeal joint.

The distal branch inserting on the first digit has its own tendon sheath, extending from the metacarpus to its insertion. The branches of the main digits share their tendon sheaths with the corresponding branches of the superficial digital flexor tendon.

In ruminants, the humeral head shows numerous tendinous intersections and can be divided into three portions, which arise from the medial epicondyle of the humerus. It joins the radial and ulnar heads to form the deep digital flexor tendon. After crossing the flexor side of the carpus it splits into two tendons at the distal end of the metacarpus. At the level of the metacarpophalangeal joint the deep digital flexor tendon is flanked by the superficial digital flexor tendons and the middle interosseous muscle. The tendons of insertion pass over the distal sesamoid bones, where their passage is facilitated by the podotrochlear bursae and insert at the flexor tubercle of the distal phalanx of the third and fourth digits. Each branch of the deep digital flexor tendon is bound down by the proximal and distal anular ligaments and the distal interdigital ligament.

A **synovial sheath** (vagina synovialis tendineum digitorum manus) surrounds the two flexor tendons of the third and fourth digits from the distal third of the metacarpus almost to the insertion (▶ Fig. 4.101 and ▶ Fig. 4.102). This digital sheath extends proximal and distal pouches. The proximal pouches extend between the branches of the interosseous muscle to the distal third of the metacarpus. The sheaths of the medial and lateral branches communicate through their proximal extensions. Several pouches extend distally between the anular ligaments and the two branches of the distal interdigital ligament to the distal phalanges. The sheath can be punctured from the lateral side on the dorsal border of the flexor tendons, about 2 cm proximal to the dewclaws. The needle is advanced in a horizontal plane and a lateromedial direction.

In the horse, the humeral head of the deep digital flexor tendon is marked by tendinous intersections and can be divided into three bellies, which arise together from the medial humeral epicondyle and continue distally on the caudal side of the radius be-

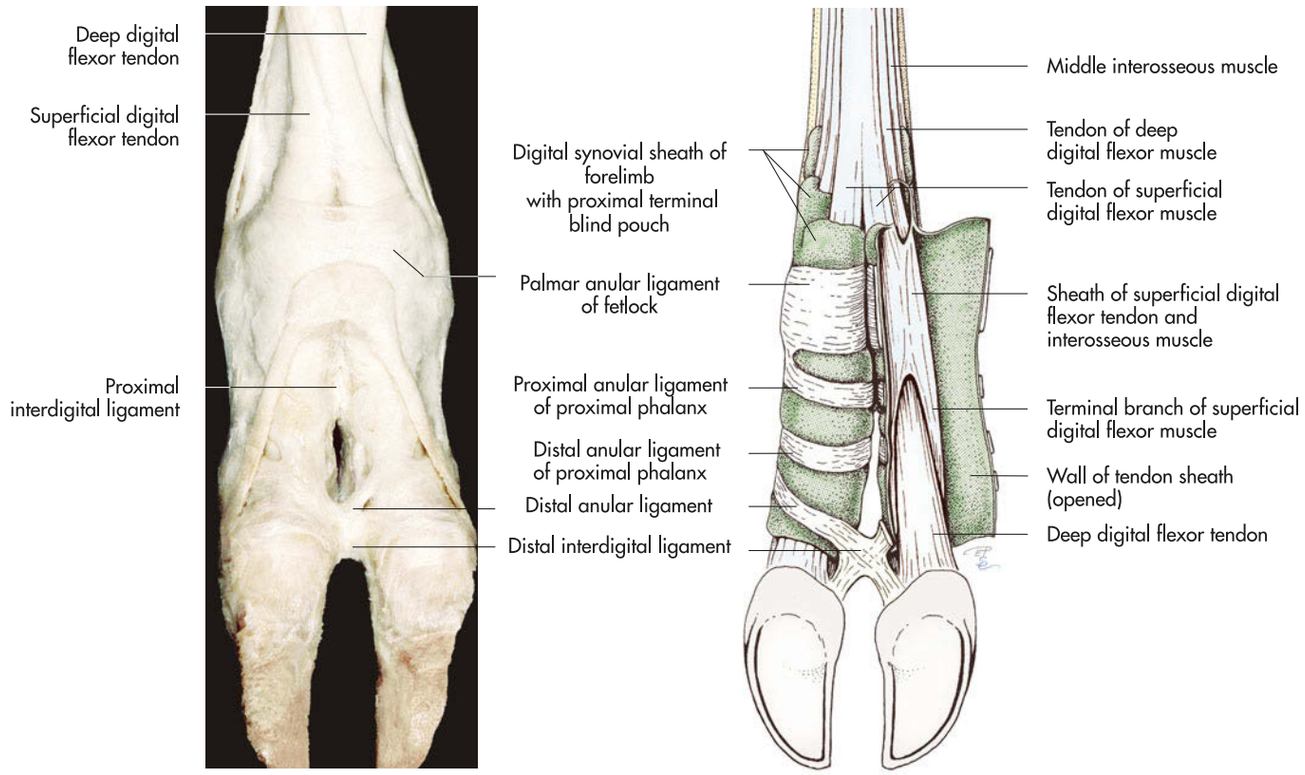


Fig. 4.102 Digital synovial sheath of the ox (schematic, palmar aspect).

fore they fuse to form a common tendon just proximal to the carpus. The small radial head originates from the middle of the caudal surface of the radius and joins the principal tendon at the carpus. The ulnar head arises from the caudal aspect of the olecranon and runs distally as a small tendon between the flexor and ulnar extensor muscles of the carpus to the carpus, where it unites with the tendons of the other heads (▶ Fig. 4.100). The conjoined tendon passes over the flexor side of the carpus through the carpal canal, enclosed in the carpal synovial sheath together with the superficial digital flexor tendon. It is enforced at about the middle of the metacarpus by a strong fibrous band, the **accessory** or **inferior check ligament** (ligamentum accessorium), which is a continuation of the palmar carpal ligament. At the fetlock it passes through the ring formed by the superficial digital flexor tendon (**manica flexoria**) and over the sesamoid groove (scutum proximale). In the middle of the proximal phalanx the deep digital flexor tendon emerges between the two branches of the superficial digital flexor tendon and passes over the flexor surface of the distal sesamoid bone to its insertion on the flexor surface of the distal phalanx.

The **navicular bursa** (bursa podotrochlearis) is interposed between the tendon and the distal sesamoid bone. It extends beyond the borders of this bone proximally, distally and laterally (▶ Fig. 4.63, ▶ Fig. 4.64, ▶ Fig. 4.65 and ▶ Fig. 4.107).

In the horse, a **connective tissue bridge** is present between the deep digital flexor tendon and the palmar surface of the middle phalanx. This flexible structure separates the distal pouch of the flexor tendon sheath from the podotrochlear bursa (bursa podotrochlearis) and from the distal interphalangeal joint. Although it bears no structural resemblance to tendons or ligaments, the connective tissue bridge is sometimes erroneously referred to in a clinical context by the misnomer **"T-ligament"**.

The connective tissue bridge (▶ Fig. 4.108) is lined on both surfaces by synovial membrane and is joined with the proximal margin of the collateral sesamoid ligaments (ligamenta sesamoidea collateralia).

The distal parts of the digital flexor tendons are held in place by anular ligaments, which are thickenings of the deep fascia (▶ Fig. 4.103, ▶ Fig. 4.104 and ▶ Fig. 4.106). They can be divided into:

- The **palmar anular ligament** is about 3 cm long, arises from the abaxial borders of the proximal sesamoid bones and is adherent to the superficial digital flexor tendon. Narrow bands of the palmar anular ligament extend distally on the medial and lateral sides and unite with the proximal extensions of the proximal anular ligament.
- The **proximal digital anular ligament** is arranged in a cruciate pattern and arises with two proximal branches from the medial and lateral aspects of the proximal phalanx and insert with two distal branches on the lateral and medial aspects of the distal end of the proximal phalanx. The middle part is firmly fused with the superficial digital flexor tendon.
- The **distal digital anular ligament** covers the expanded tendon of insertion of the deep digital flexor tendon. It attaches proxi-

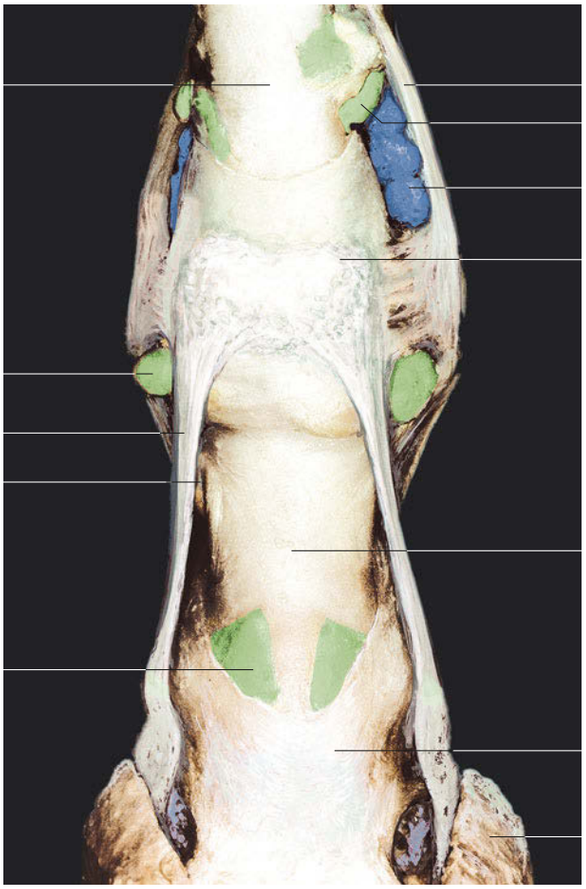


Fig. 4.103 Acrylic cast of the digital synovial sheath of a horse (palmar aspect). (source: courtesy of H. Dier, Vienna)

mally with two branches to the proximal phalanx together with the distal branches of the proximal digital anular ligament. Its superficial aspects is largely covered by the digital cushon, and its deep surface is adherent to the deep digital flexor tendon.

The digital flexor tendons are protected by two synovial sheaths:
- the **proximal carpal synovial sheath** (vagina synovialis communis musculorum flexorum) and
- the **distal digital synovial sheath** (vagina synovialis tendineum digitorum manus).

The **carpal synovial sheath** extends from a level 10 to 12 cm proximal to the carpus distal to the middle of the metacarpus, where the accessory ligament joins the deep digital flexor tendon. Synoviocentesis can be performed by inserting a needle at the proximal third of the metacarpus from the lateral side.

The **digital synovial sheath** begins at the distal end of the metacarpus 5 to 8 cm proximal to the fetlock joint and extends to the middle of the second phalanx. In its larger part it enfolds the deep digital flexor tendon only, the superficial digital flexor tendon forming its palmar wall together with the deep fascia. Only in the region of the palmar anular ligament is the deep digital flexor tendon surrounded by palmar pouches of the digital synovial sheath (▶ Fig. 4.103, ▶ Fig. 4.104 and ▶ Fig. 4.105).

The **palmar wall** follows the palmar aspect of the cannon bone proximally, passes over the sesamoid bones and the distal sesamoid ligaments and follows distally on the palmar side of the middle phalanx. Although the sheath is adjacent to the metacarpophalangeal joint, distal interphalangeal joint and the navicular bursa, these cavities do not communicate.

The **digital synovial sheath** extends three paired proximal pouches and one distal pouch, where it is not covered by the anular ligaments (▶ Fig. 4.96, ▶ Fig. 4.98 and ▶ Fig. 4.100). One pair of the proximal pouches lies proximal to the palmar anular ligament palmar to the branches of the interosseous muscle, the second pair lies between the palmar anular ligament and the proximal digital anular ligament and the third proximal pair, between the proximal and distal branches of the proximal digital anular ligament. The distal pouch is found between the distal branches of the palmar digital anular ligament and the proximal border of the distal digital anular ligament. When distended in cases of inflammation they bulge out noticably. The digital sheath can be punctured about 3 cm proximal to the proximal sesamoid bones between the interosseous muscle and the deep digital flexor tendon.

The deep digital flexor tendon flexes the distal phalanx of the main digits and thereby the whole foot.

The **interflexor muscles** are small muscles or tendons lying between the deep and superficial digital flexor muscles. They are thought to assist these muscles. Whereas in ruminants and the pig there are proximal and distal interflexor muscles, only a distal interflexor muscle exists in carnivores, and they are altogether absent in the horse.

In carnivores, the distal interflexor muscle arises from the humeral head of the deep digital flexor muscle at the distal quar-

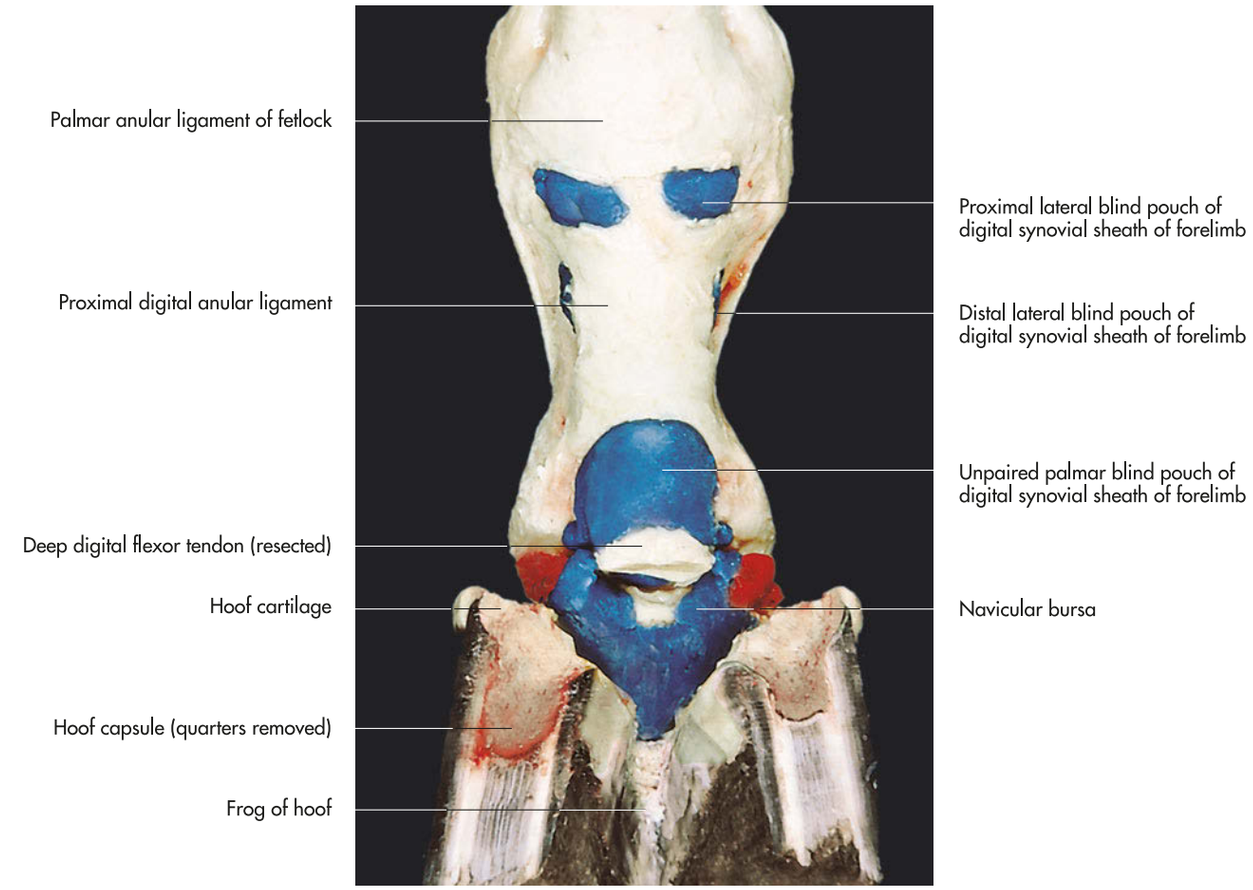


Fig. 4.104 Acrylic cast of the digital synovial sheath and the navicular bursa of a horse (palmar aspect). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

ter of the antebrachium. It passes with one tendon in the dog and with two or three tendons in the cat over the flexor side of the carpus between the flexor tendons. It further splits into three branches at the metacarpus, which insert with the corresponding branches of the superficial digital flexor tendon on the second to fourth digits.

In the pig, the interflexor muscles have two or three bellies, which join the two flexor tendons distally.

In ruminants, the bellies of the interflexor muscle run distally between the digital flexors and radiate into the tendons of insertion of the superficial digital flexor muscle.

Short digital muscles

The short digital muscles show marked species differences in number, structure and function. In carnivores and the pig they assist in the movement of the single digits, whereas in large animals they are an important part of the passive stay apparatus. The short digital muscles comprise:

- interosseous muscles (mm. interossei),
- lumbrical muscles (mm. lumbricales) and
- short digital flexor muscle (m. flexor digitorum brevis).

The **interosseous muscles** lie directly on the palmar side of the metacarpus. They originate from the proximal end of the metacarpal bones and the joint capsule of the carpus and insert on the proximal sesamoid bones. They are fleshy muscles in the carnivores and pig and tendinous in the adult ruminant and the horse.

In carnivores there are four interosseous muscles. They arise from the proximal ends of the second to fifth carpal bones and cover the entire palmar surface of these bones. Each muscle divides into two branches that attach to the proximal sesamoid bones. A portion of each tendon joins the corresponding branch of the common digital extensor muscle. In ruminants the interosseous muscle has a single origin, but divides into five branches at the distal metacarpus. The abaxial branches attach to the proximal sesamoid bones of the main digits, while the middle branch passes through the intertrochlear notch at the distal extremity of the metacarpus and bifurcates, each branch fusing with the corresponding extensor tendon.

There are three interosseous muscles in the horse. The medial and lateral interosseous muscles are very small muscles and of no functional importance. The **middle interosseous muscle** is also termed the **suspensory ligament**. It is a strong tendinous band, which arises from the proximal end of the cannon bone and the distal row of the carpal bones. It lies in the metacarpal groove between the splint bones, deep to the flexor tendons and divides into two diverging branches, which insert on the proximal sesamoid bones. Each branch extends a band medially and laterally to the common digital extensor tendon. The primary function of the suspensory ligament is to provide the proximal support of the fetlock. Its functional continuation distal to the sesamoid bones is provided by the cruciate, oblique and straight sesamoid ligaments.

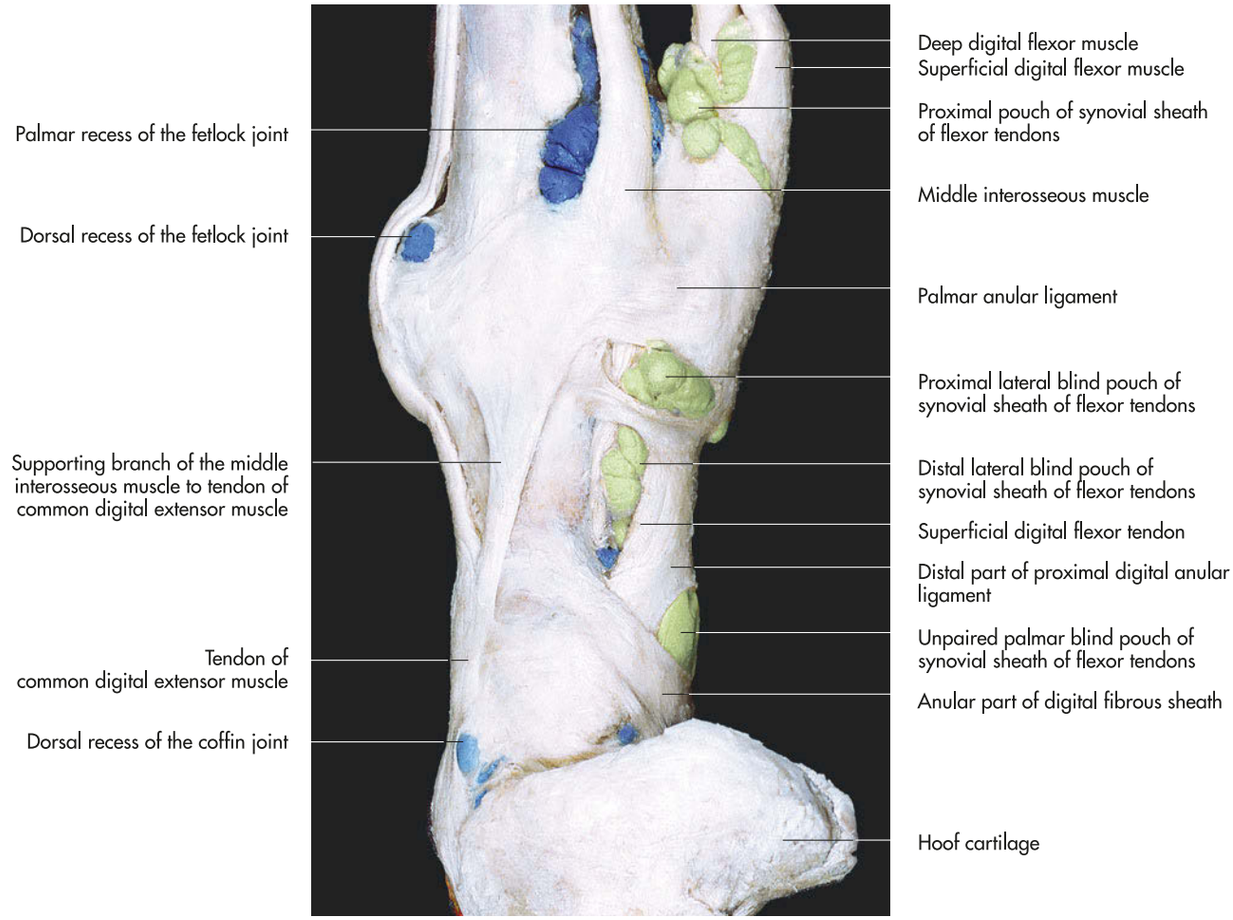


Fig. 4.105 Recesses of the synovial sheath of the flexor tendons in a horse (dorsolateral aspect). (source: courtesy of H. Dier, Vienna)

This **stay apparatus** prevents excessive dorsal flexion of the fetlock, it also limits palmar flexion by means of the extensor branches to the common digital extensor tendon and diminishes concussion.

The **lumbrical muscles** are small muscles, which lie on the palmar aspect of the metacarpus between the digital flexors. They are not present in ruminants. There are three lumbrical muscles in carnivores, which arise from the branches of the deep digital flexor tendon and insert to the proximal phalanx of the second to fifth digit. In the horse they are very slender muscles, which lie on either side of the digital flexor tendons proximal to the fetlock. They arise from the deep digital flexor tendon and radiate into the tissue supporting the ergot. They assist the digital flexor tendons and support the ergot in the horse.

The **short digital flexor muscle** exists only in carnivores. It is a delicate muscle, which arises from the superficial digital flexor tendon at the level of the carpus and ends on the transverse ligament of the metacarpophalangeal joint of the fifth digit.

Special muscles of the digits of carnivores

In carnivores a number of small digital muscles assist in the extension, flexion, abduction, adduction and rotation of the digits. They are well developed in the cat and are important for the coordination of the movement of the paw. It is beyond the scope of this book to describe them in detail.

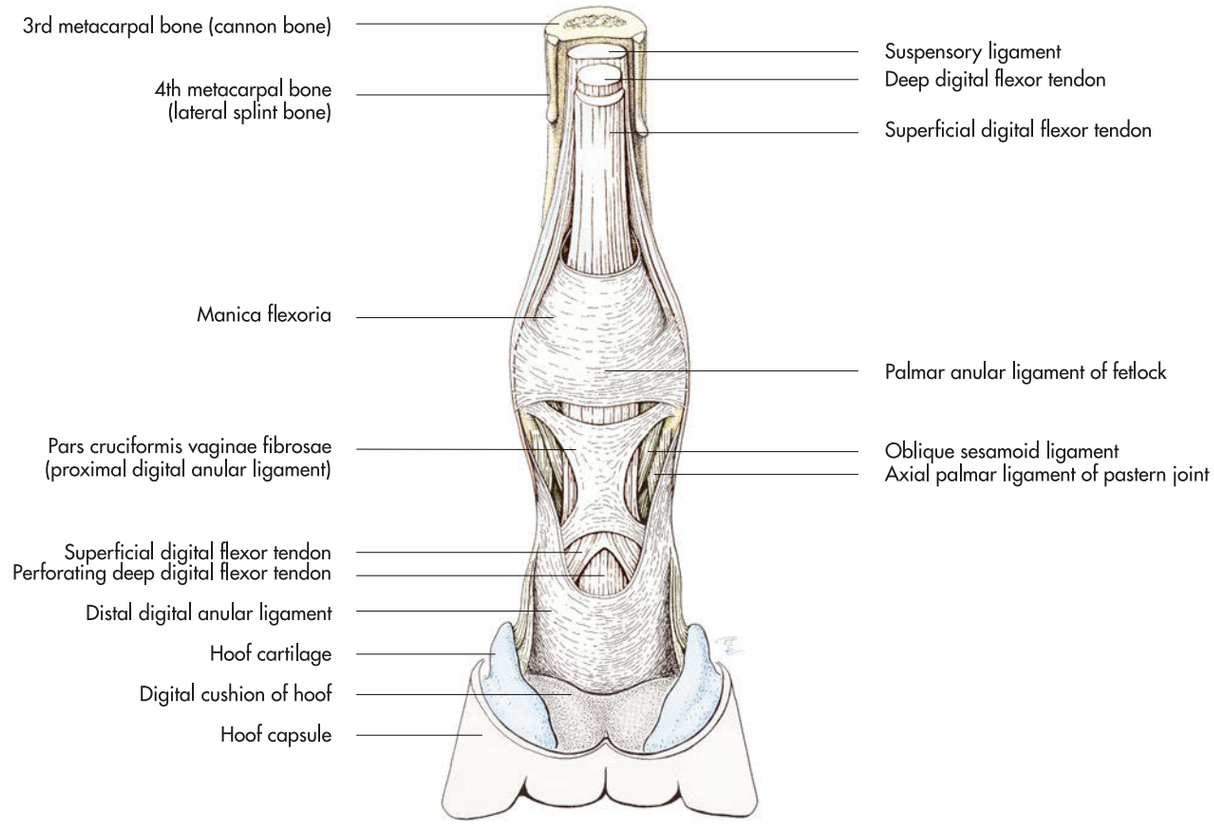


Fig. 4.106 Fasciae of the distal forelimb in the horse (schematic, palmar aspect).

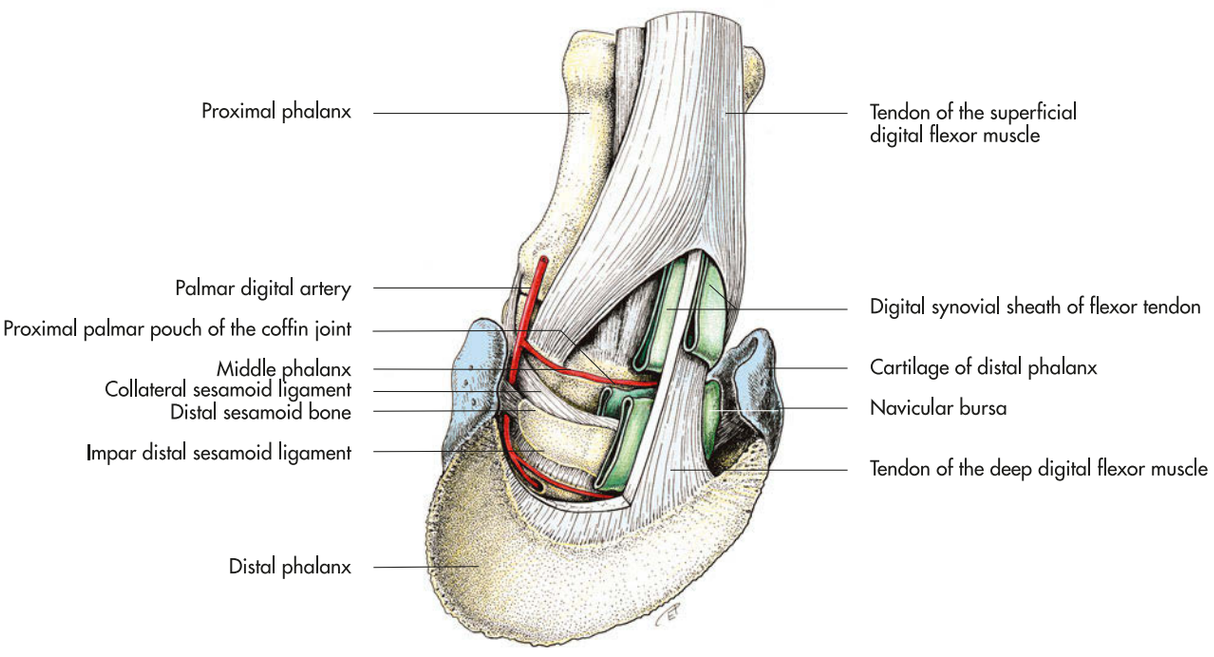


Fig. 4.107 Three-dimensional drawing of the synovial structures of distal forelimb in the horse (schematic, palmar aspect).

Table 4.7 Muscles of the digits.

Name Innervation	Origin	Insertion	Function
Common digital extensor muscle Radial nerve	Lateral epicondyle of humerus	Extensor process of distal phalanx	Extensor of carpal joint; extensor of digital joints
Lateral digital extensor muscle Radial nerve	Lateral epicondyle of humerus	Middle phalanx	Extensor of digital joints
Long digital extensor muscle of the first and second digits Radial nerve	Mid third of ulna	1st–2nd toe	Extensor of 1st and 2nd toes (carnivores)
Long abductor muscle of the first digit Radial nerve	Lateral on radius	Carnivores 1st, horse/pig 2nd, ruminants 3rd metacarpal bone	Extensor of carpal joint; abductor of 1st toe (carnivores)
Superficial digital flexor muscle Ulnar nerve, median nerve	Medial epicondyle of humerus	Proximal on middle phalanx	Flexor of supporting digits; flexor of the forefoot; stabilises the fetlock joint
Deep digital flexor muscle Ulnar nerve, median nerve	Medial epicondyle of humerus, radius, ulna	Flexor surface of distal phalanx	Flexor of the forefoot
Proximal and distal interflexor muscles Ulnar nerve, median nerve	Distal on antebrachium	Together with superficial digital flexor tendon	Flexor of digital joints

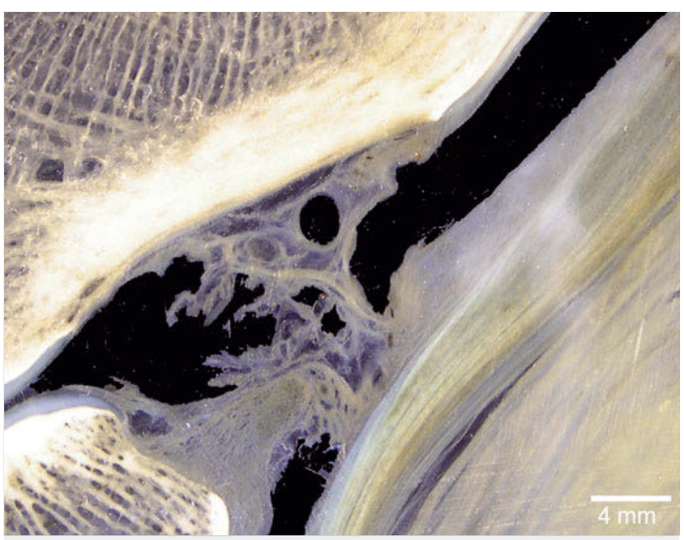


Fig. 4.108 Connective tissue – elastic bridge.

5 Hindlimbs or pelvic limbs (membra pelvina)

H.-G. Liebich, H. E. König and J. Maierl

5.1 Skeleton of the pelvic limb (ossa membri pelvini)

5.1.1 Pelvic girdle (cingulum membri pelvini)

The pelvic girdle consists of two symmetrical **hip bones** (**ossa coxae**), which meet ventrally at the **pelvic symphysis** (**symphysis pelvina**) and articulate firmly with the sacrum dorsally. Together with the **sacrum** and the **first caudal vertebrae**, they form the **bony pelvis**, encircling the pelvic cavity (▶ Fig. 5.1). The pelvis fulfils several different functions, requiring a dynamic anatomical construction. It encompasses and protects the pelvic viscera including the reproductive organs, which in turn exert physiological influence during pregnancy and parturition. It also has an essential role in posture and locomotion, in that it ensures an effective transmission of forces from the hindlimbs to the trunk.

Each **hip bone** is composed of three parts with separate ossification centres. In juvenile animals the single bones are demarcated by cartilaginous borders, which allow for growth. In the adult the bones are completely fused and their bodies form the cavity for the articulation with the femur, the acetabulum. Each hip bone is composed of:

- ilium (os ilium),
- pubis (os pubis) and
- ischium (os ischii).

The pubis and ischium of each hip unite ventrally in the cartilagenous **pelvic symphysis** (**symphysis pelvina**), which is a firm but non-rigid joint allowing the two halves to move apart under hormonal influence to enlarge the birth canal in preparation for parturition. The symphysis can be divided into a cranial **pubic part** (symphysis pubica) and a caudal **ischial part** (symphysis ischiadica).

The three components of a hip bone will be described separately for didactic reasons.

Ilium (os ilium)

The ilium forms the dorsocranial part of the hip bone and extends obliquely from the acetabulum to the sacrum (▶ Fig. 5.1 and ▶ Fig. 5.5). It can be divided into the cranial expanded **wing** (ala ossis ilii) and the columnar **body** (corpus ossis ilii) caudally. The body of the ilium contributes to the formation of the **acetabulum**, which is completed by the bodies of the ischium and pubis. The orientation of the **ileal wings** is species-specific, significantly influencing the form of the pelvis. In the horse and the ox they are orientated vertically, whereas in the small ruminants they are rotated dorsolaterally and in the pig and carnivores they are almost sagittal. Various marked prominences, crests and notches give the wing of the ilium a characteristic appearance.

An important landmark in all domestic mammals is the **coxal tuber** (tuber coxae) (▶ Fig. 5.7, ▶ Fig. 5.8, ▶ Fig. 5.9, ▶ Fig. 5.10, ▶ Fig. 5.13 and ▶ Fig. 5.14) at the lateral angle of the hip, which forms the point of the hip visible in the horse and ox and palpable in the dog. In carnivores thecoxal tuber has two prominences, the **cranial** and **caudal ventral iliac spines** (spinae iliacae ventrales craniales et caudales). The mediodorsal angle of the ilial wing is thickened forming the **sacral tuber** (tuber sacrale) (▶ Fig. 5.7, ▶ Fig. 5.8 and ▶ Fig. 5.9). In carnivores and cattle the sacral tuber also has two eminences, the cranial and caudal dorsal iliac spines (spinae iliacae ventrales craniales et caudales). The **iliac crest** (crista iliaca) connects thecoxal tuber and sacral tuber. It is convex and thick in carnivores and in the pig, thin and concave in large animals (▶ Fig. 5.15 and ▶ Fig. 5.16).

The ilium presents a **lateral** (dorsolateral) or **gluteal surface** (facies glutea) and a **medial** (**medioventral**) **surface** (facies sacropelvina). The concave lateral surface is crossed by three **gluteal lines** (lineae gluteae) in carnivores and one gluteal line in the rest of the domestic mammals giving origin to the gluteal muscles.

The medial surface is divided into two parts. The lateroventral part of the **medial surface** (facies iliaca) gives rise to the insertions of several pelvic muscles. The mediodorsal part of the medial surface is formed by the roughened **auricular portion** (facies auricularis) and the **iliac tuberosity** (tuberositas iliaca), which articulate with the sacrum to form the **tight sacroiliac joint**.

The dorsomedial border of the iliac wing is deeply concave to form the **greater sciatic notch** (incisura ischiadica major) at the junction with the iliac body over which the sciatic nerve runs. The ventral border of the body of the ilium is marked by the **arcuate line** (linea arcuata), which carries the psoas tubercle for the attachment of the smaller psoas muscle.

Pubis (os pubis)

The pubis is L-shaped and consists of the **body** (corpus ossis pubis), the transverse **acetabular branch** (ramus cranialis ossis pubis) and the sagittal **symphysial branch** (ramus caudalis ossis pubis) (▶ Fig. 5.5). The pubis borders more than half of the **obturator foramen** (foramen obturatum), a large opening in the pelvic floor through which the **obturator nerve** (nervus obturatorius) passes. It is closed by musculature and soft tissue. The cranial edge of the acetabular branch is termed **pecten of the pubis** (pecten ossis pubis) (▶ Fig. 5.6, ▶ Fig. 5.10, ▶ Fig. 5.14 and ▶ Fig. 5.15) and forms the **iliopubic eminence** (eminentia iliopubica) for the attachment of abdominal muscles. In the horse the ventral surface of the iliopubic eminence is crossed by the **pubic groove** (sulcus ligamenti accessorii ossis femoris) leading to the acetabulum, through which the accessory ligament of the head of the femur passes. The pubis of each side fuses in the **pubic symphysis** (symphysis pubica), the cranial part of the **pelvic symphysis** (symphysis pelvina). On the ventral surface of the pubic symphysis protrudes the **ventral pubic tubercle** (tuberculum pubicum ventrale). In the stallion there is also a dorsal pubic tubercle.

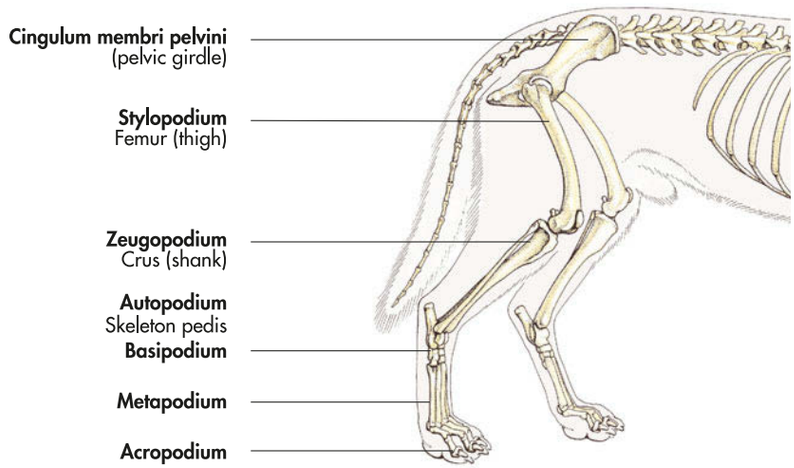


Fig. 5.1 Skeleton of the pelvic limb of the dog: parts (schematic).

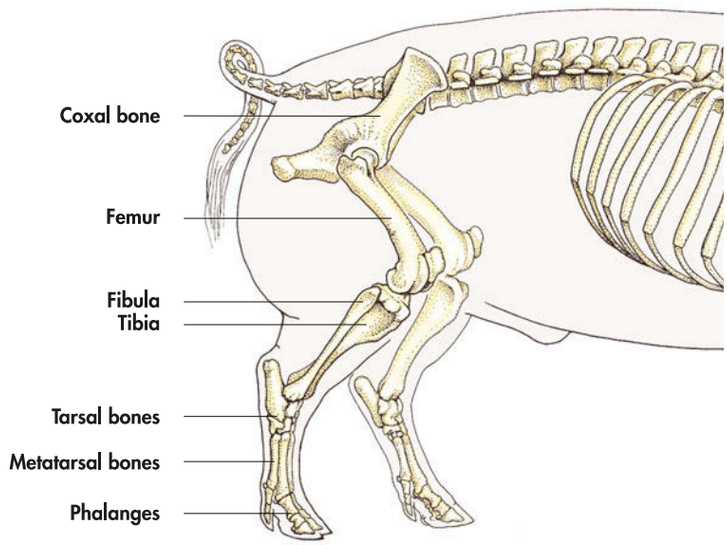


Fig. 5.2 Skeleton of the pelvic limb of the pig: bones (schematic).

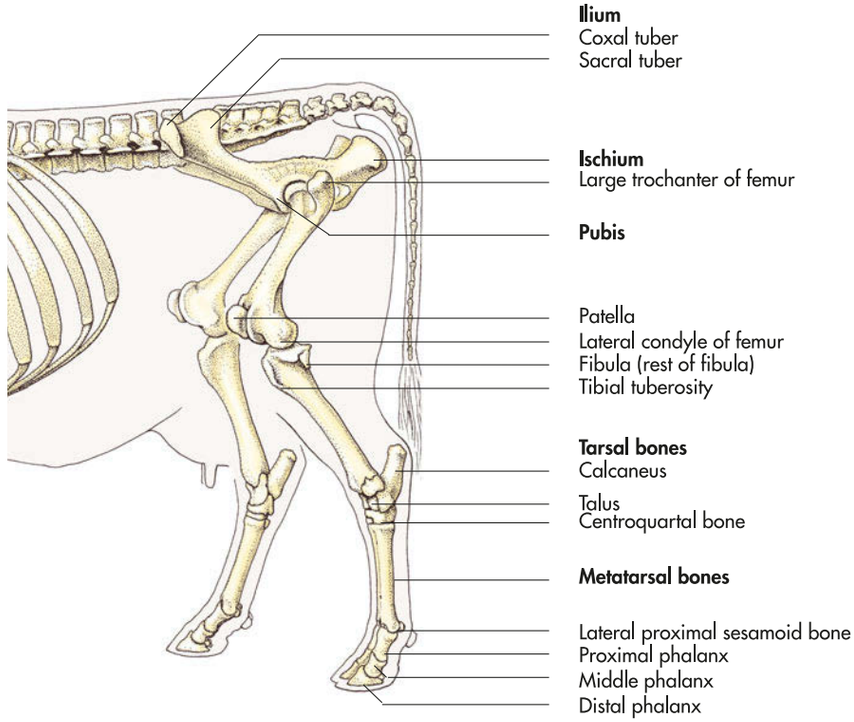


Fig. 5.3 Skeleton of the pelvic limb of the cow: osseous structures (schematic).

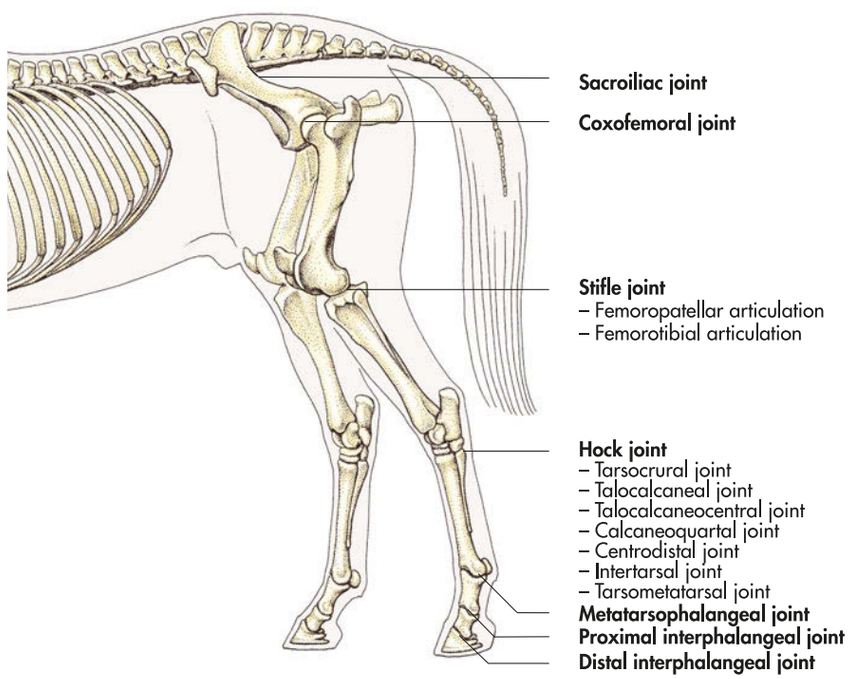


Fig. 5.4 Skeleton of the pelvic limb of the horse: joints (schematic).

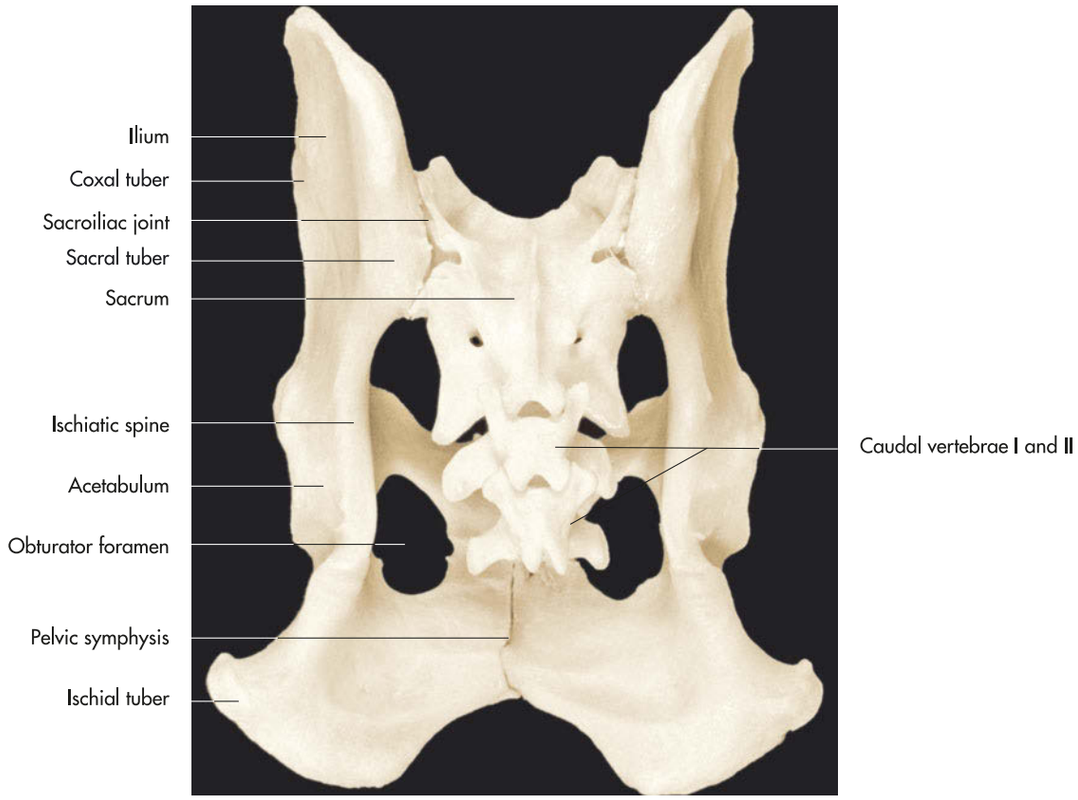


Fig. 5.5 Hip bones of a dog (caudodorsal aspect).

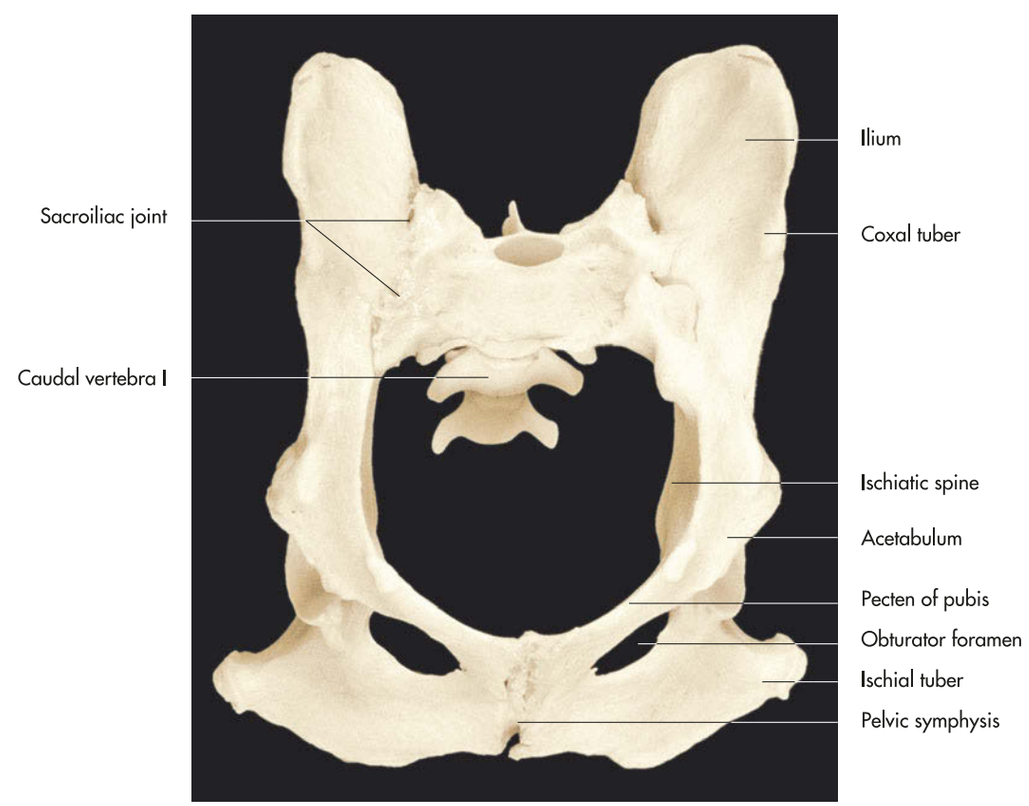


Fig. 5.6 Hip bones of a dog (cranioventral aspect).

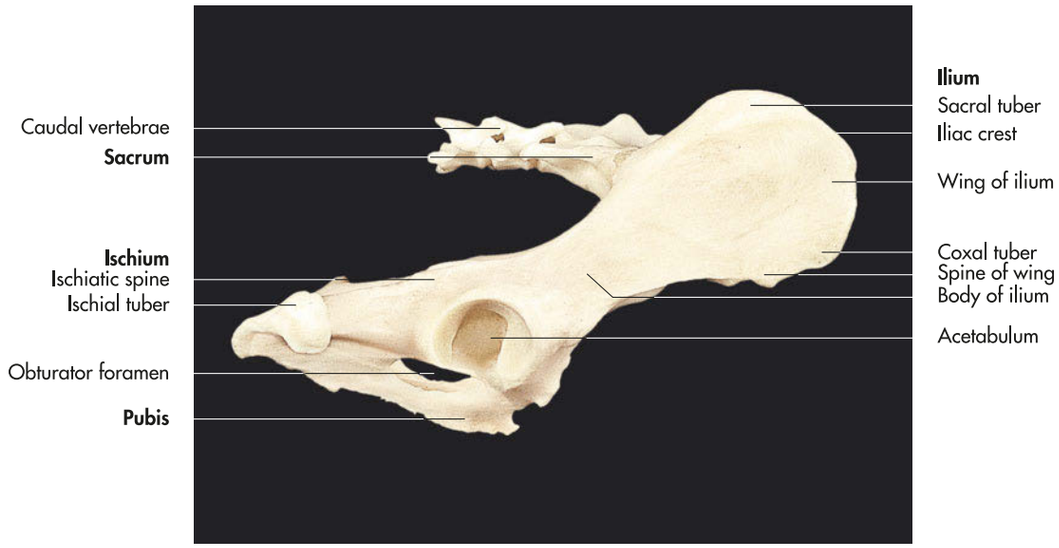


Fig. 5.7 Hip bones (ossa coxae), sacrum and caudal vertebrae of a dog (right lateral aspect).

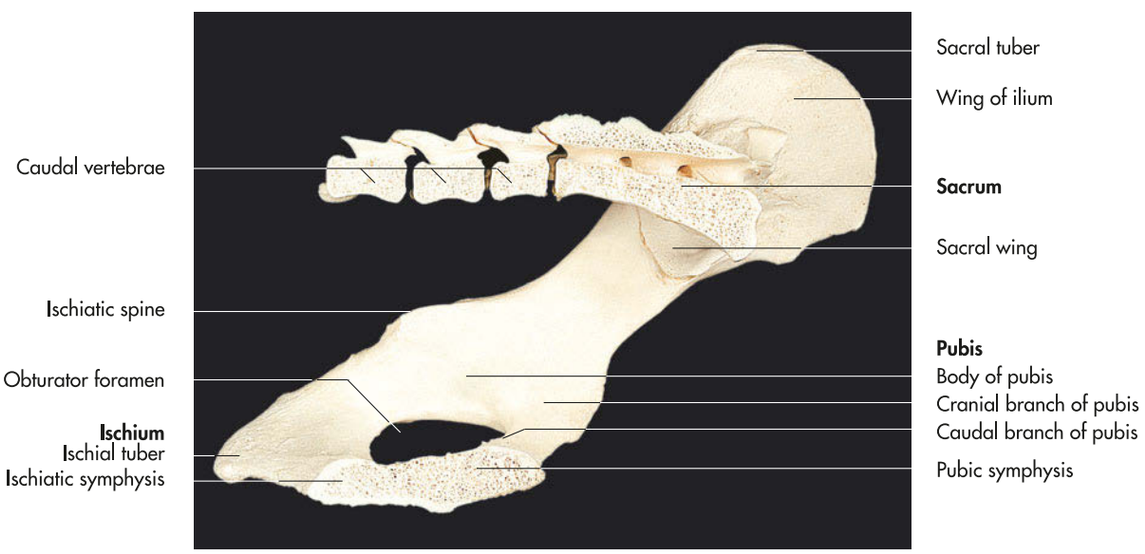


Fig. 5.8 Hip bones (ossa coxae), sacrum and caudal vertebrae of a dog, paramedian section of the left hip bone (medial aspect).

Ischium (os ischii)

The ischium can be divided into the **body** (corpus ossis ischii), the **caudal plate** (tabula ossis ischii) and the **medial branch** (ramus ossis ischii) (▶ Fig. 5.5). The caudal plate extends cranially into two branches, a symphysial branch and an acetabular branch, which form the caudal circumference of the obturator foramen. The medial branches of the ischia form the caudal part (symphysis ischiadica) of the pelvic symphysis. The **body of the ischium** (corpus ossis ischii) forms part of the acetabulum (▶ Fig. 5.5 and ▶ Fig. 5.9), while its dorsal border continues with the dorsal border of the ilium to form the **ischiatic spine** (spina ischiadica). The ischiatic spine tapers towards the lesser **sciatic notch** (incisura ischiadica minor), the indented border between the **ischial tuber** (tuber ischiadicum) and the caudal rim of the acetabulum.

The caudolateral part of the caudal ischiatic plate is thickened to form the **ischial tuber** (tuber ischiadicum), which is a linear thickening in the dog and horse and a triangular shaped eminence in the ox and pig. The ischial tuber is a visible landmark in most domestic mammals. The caudal borders of the ischiatic tables meet in the concave **ischial arch** (arcus ischiadicus). This notch is usually broad and deep, except in the horse, where it is rather shallow and irregular.

Acetabulum

The acetabulum is a deep cotyloid cavity to which all three pelvic bones contribute (▶ Fig. 5.5, ▶ Fig. 5.9, ▶ Fig. 5.11 and ▶ Fig. 5.12). An additional fourth bone in the centre of the cavity, the **small acetabular bone** (os acetabuli), is present in carnivores. It is composed of the body of the ilium craniolaterally, the body of the is-

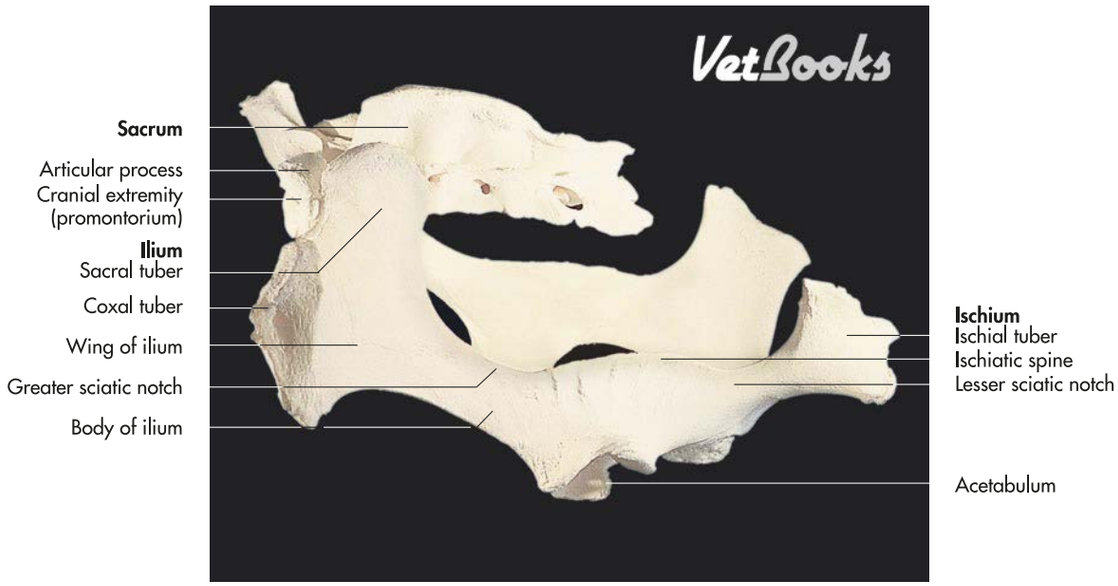


Fig. 5.9 Hip bones (ossa coxae) and sacrum of an ox (oblique left lateral aspect).

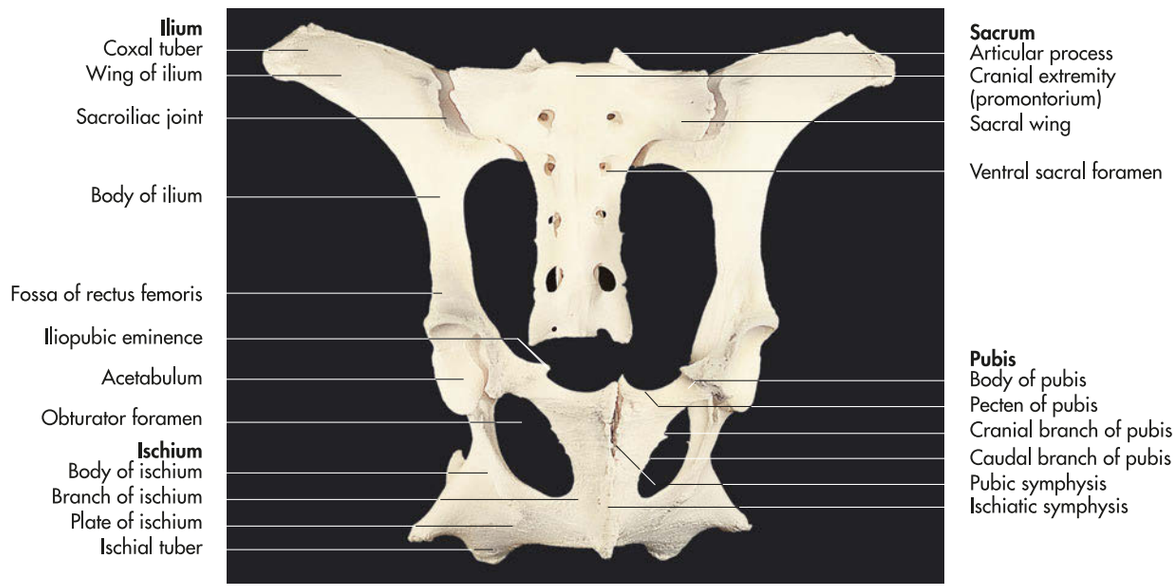


Fig. 5.10 Hip bones (ossa coxae) and sacrum of an ox (ventrocranial aspect).

chium caudolaterally and the body of the pubis medially. The acetabulum is reciprocal to the head of the femur with which it forms a spheroidal joint, the hip joint. The cavity of the acetabulum consists of the peripheral **articular lunate surface** (facies lunata) and the non-articular acetabular fossa (fossa acetabuli) in the centre. The lunate surface is crescentic and indented medially by the deep acetabular notch (incisura acetabuli). The articular surface is enlarged by a fibrocartilagenous **acetabular labrum** (labrum acetabulare). The **intracapsular ligament of the femoral head** (ligamentum capitis ossis femoris) emerges through the acetabular notch and joins the femoral head to the acetabular fossa. In the horse a second (accessory) ligament inserts at the acetabular fossa.

The lunate surface of the ox is divided by a cranioventral notch into a larger craniodorsal (pars major) and smaller caudoventral part (pars minor).

Pelvis

The **bony pelvis** is a broad ring around the pelvic cavity (▶ Fig. 5.5, ▶ Fig. 5.6, ▶ Fig. 5.13, ▶ Fig. 5.14, ▶ Fig. 5.17 and ▶ Fig. 5.18). Its conformation reflects the multiple functions the pelvis has to fulfil. Species-specific differences in the general form of the pelvis are very pronounced. It gives attachment to a multitude of muscles, tendons and ligaments and its surfaces are modelled accordingly. Its roof is formed by the sacrum and the first few caudal vertebrae, its floor (solum pelvis osseum) by the

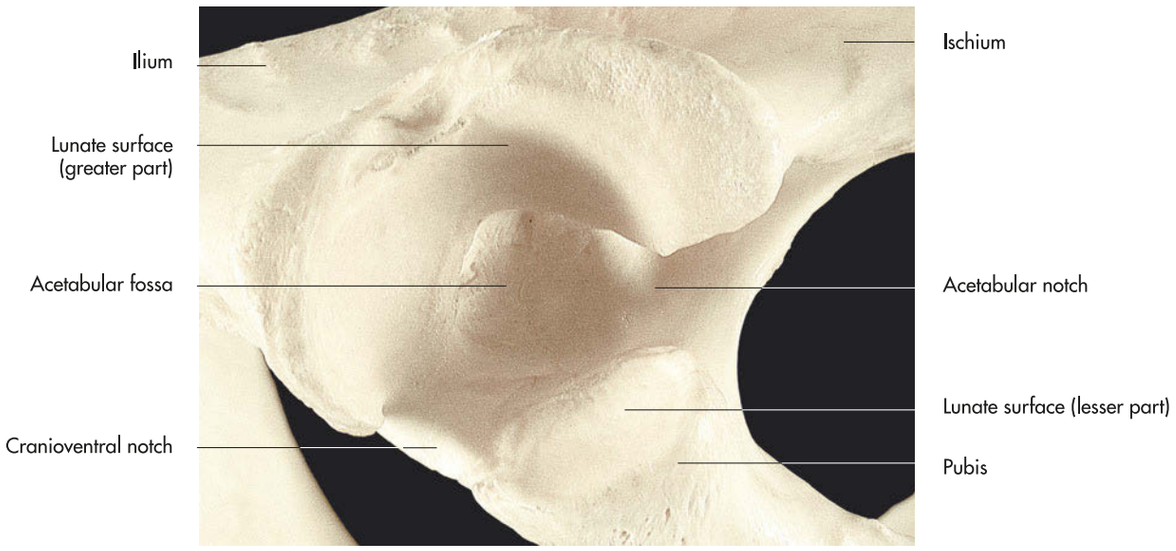


Fig. 5.11 Left acetabulum of an ox (lateral aspect).

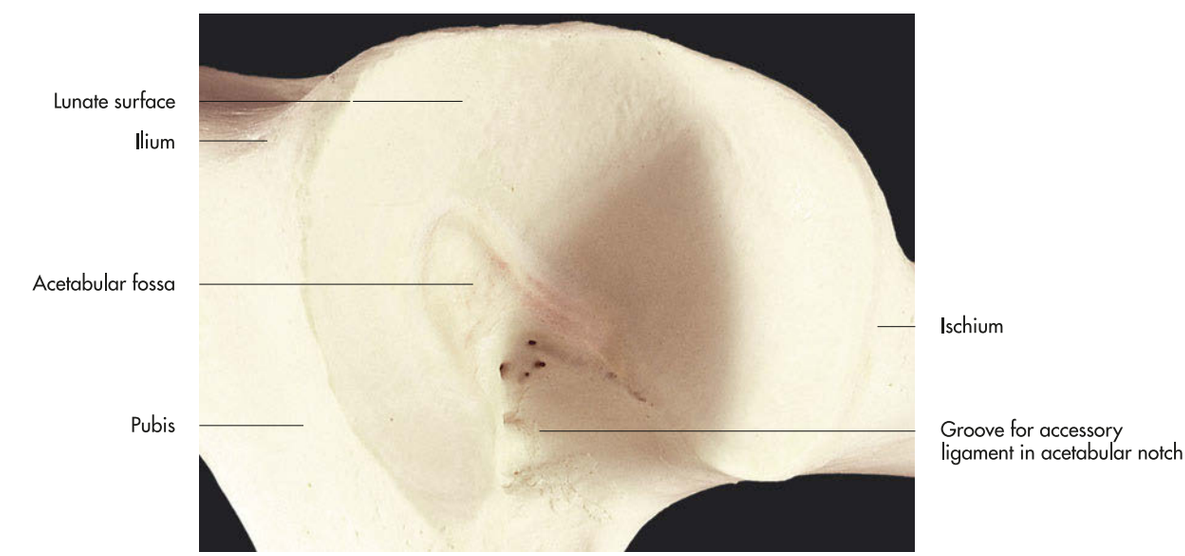


Fig. 5.12 Left acetabulum of a horse (lateral aspect).

pubic and ischial bones and its lateral walls by the ilia and ischia. The broad sacrotuberous ligament closes the bony defect in the lateral wall in all domestic mammals except the carnivores. The **cranial pelvic aperture** or **inlet** (apertura pelvis cranialis) is bounded by the terminal line (linea terminalis). The terminal line passes along the promontory of the sacrum dorsally, the wings of the ilia laterally and ends in the pecten of the pubis ventrally. It is almost circular in female animals and more egg-shaped in male animals, with the apex facing ventrally.

The **caudal pelvic aperture** or **outlet** (apertura pelvis caudalis) is formed by the first three or four caudal vertebrae dorsally, the ischiatic arch and the ischial tuber ventrally and the broad sacrotuberous ligament laterally. The sacrotuberous ligament is string-shaped in dogs and is absent in the cat.

The **floor of the pelvis** (solum pelvis osseum) is of considerable obstetric importance. In ruminants the pelvic floor is deeply concave, particularly in the transverse direction and inclined dorsally in the caudal part; in carnivores the floor is also concave, but shallower and in the horse it is flat and vertical. Several diameters of the pelvic cavity can be defined extending between osseous landmarks of the pelvis. The following measurements of the pelvic cavity are used in obstetrics:

- **Pelvic axis** (axis pelvis): the imaginary line drawn in a cranial to caudal direction through the middle of all lines between the sacrum and the pelvic symphysis.
- **Conjugate diameter** (diameter conjugata): distance from the sacral promontory to the cranial border of the pelvic symphysis. It measures the diameter of the pelvic inlet.
- **Diagonal conjugate diameter** (conjugata diagonalis): distance from the sacral promontory to the caudal border of the pelvic symphysis.

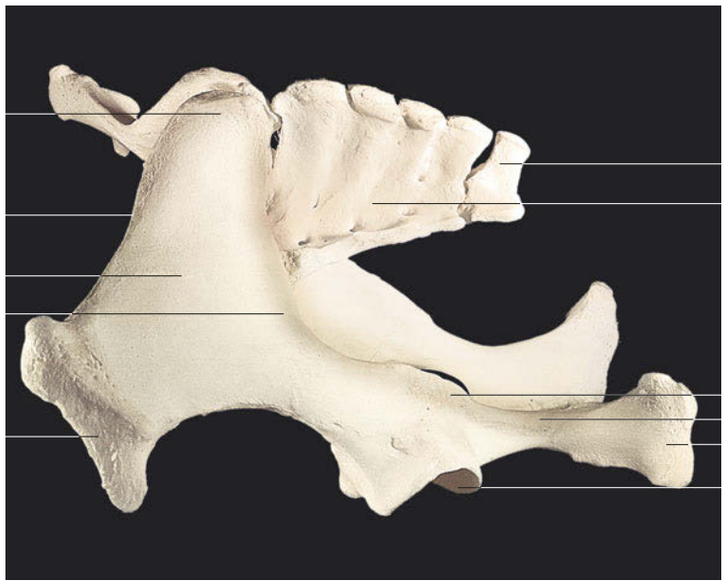


Fig. 5.13 Hip bones (ossa coxae) and sacrum of a horse (oblique left lateral aspect).

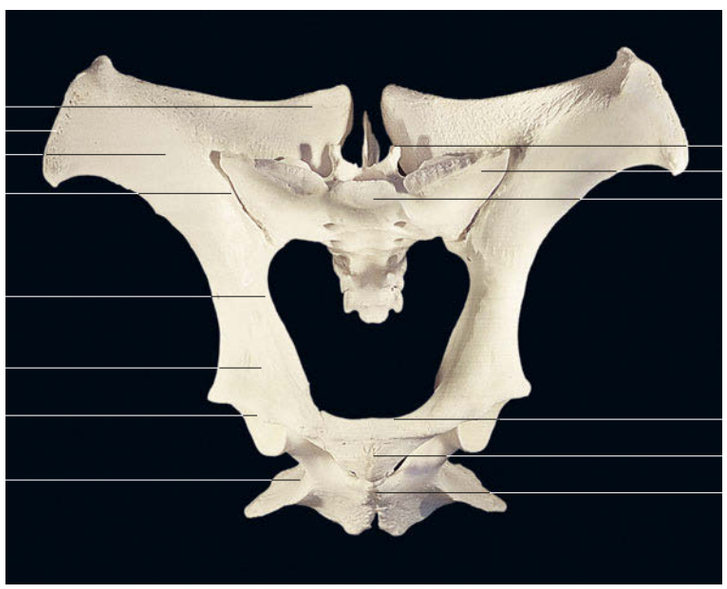


Fig. 5.14 Hip bones (ossa coxae) and sacrum of a horse (ventrocranial aspect).

- **Vertical diameter** (diameter verticalis): diameter between the sacrum or caudal vertebra and the cranial border of the pelvic symphysis, orthogonal to the pelvic symphysis.

The last diameter measures the **diameter of the pelvic cavity** in a dorsoventral direction and is of considerable practical importance.

In ruminants, horses and in the adult pig the vertical diameter extends between the sacrum and the pelvic symphysis, which makes an expansion of the pelvis impossible. In carnivores the sacrum is very short and the vertical diameter extends between the caudal vertebrae and the pelvic symphysis.

In these animals and in the juvenile pig, in which the sacral vertebrae are not yet fused, some enlargement of the birth canal is possible. The angle between the vertical and conjugated diameter measures the **inclination of the pelvis** (inclinatio pelvis). The **transverse diameter** (diameter transversa) is defined as the maximum transverse measurement of the terminal line. Other transverse measurements are the diameter between the middle of the **ischial spine of each side** (diameter spina transversa) and the distance between the **ischial tubers** (diameter transversa tuber ischiadici).

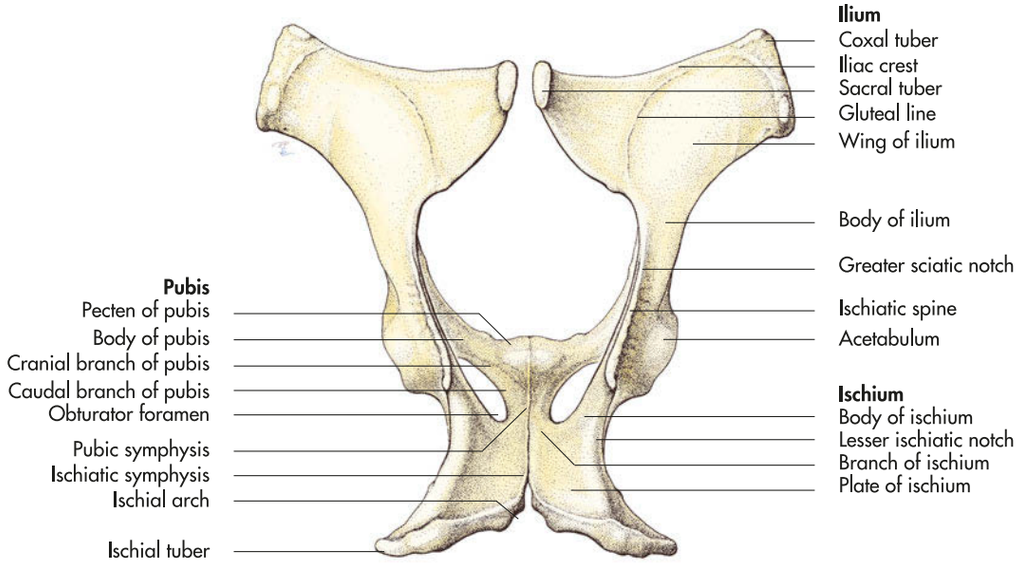


Fig. 5.15 Hip bones (ossa coxae) of the horse (schematic, dorsal aspect).

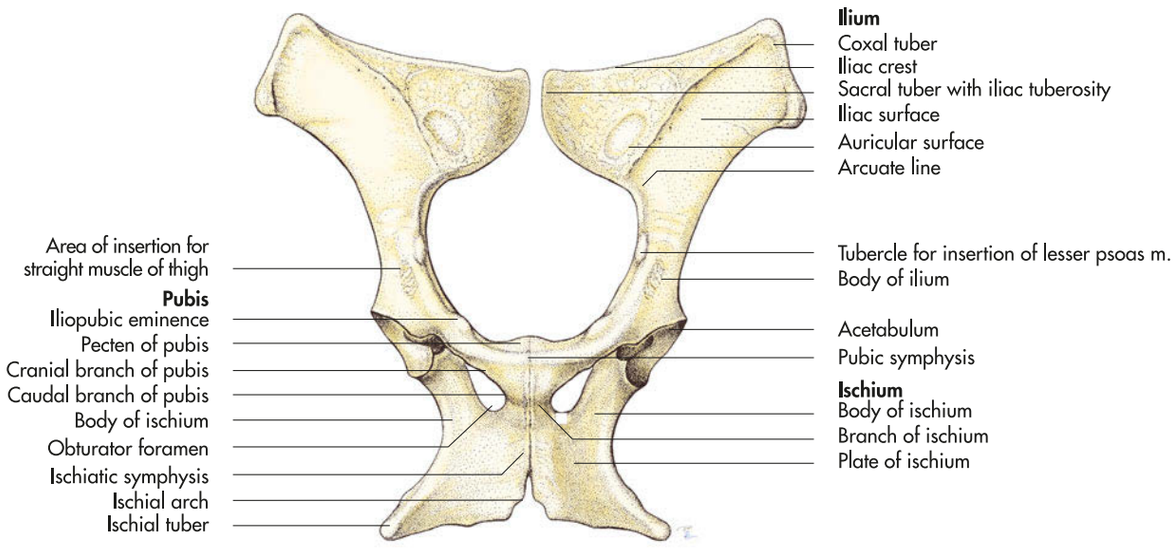


Fig. 5.16 Hip bones (ossa coxae) of the horse (schematic, ventral aspect).

5.1.2 Pelvic cavity

Species-specific differences in the form of the pelvic cavity are very pronounced and the dimensions of the pelvic cavity are of considerable obstetric importance.

In the dog the pelvic inlet is very oblique with the pecten of the pubis level with or behind the sacrum. The iliac bodies are not parallel; the pelvic inlet is widest in its middle and narrowest dorsally. The pelvic outlet is rather wide and can be enlarged by elevating the tail. The pelvic cavity as a whole is straight and short and causes few problems during parturition in the dog.

In the pig the sacrum is slightly bent and the pelvic floor is flattened and has a ventral inclination caudally. The pelvic inlet is very oblique and almost in the dorsal plane, resulting in a long conjugate diameter. The diameter between the ischiatic spines is narrowed by their inward orientation. The bony birth canal therefore measures about 8 to 9 cm in all directions. Despite thick layers of fat and muscles thecoxal tuber and ischial tuber are still palpable. The ischial tuber remains isolated from the rest of the skeleton for years, which can cause clinical problems.

In the ox, the pelvic roof narrows from cranial to caudal (▶ Fig. 5.9 and ▶ Fig. 5.10). The sacrum, which contributes most to the pelvic roof, is concave throughout its length. The lateral wall is formed by the ilial wings cranially and the pronounced ischiatic spine further caudally. The oblique orientation of the pelvic inlet places the pecten of the pubis beneath the second intersacral joint, which causes the pelvic inlet to be comparatively narrow. The rigidity of the sacrum makes an enlargement of the

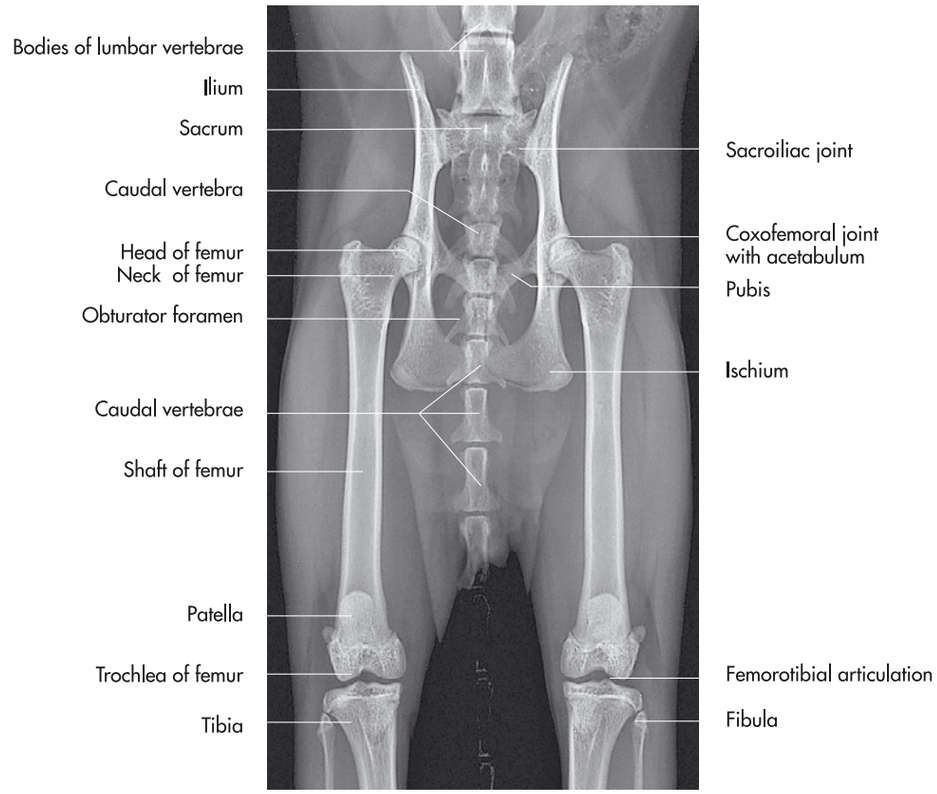


Fig. 5.17 Radiograph of the pelvic region, hip joints, femurs and stifle joints of a cat (ventrodorsal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

vertical diameter impossible. The pelvic outlet is narrower than the inlet. The diameter of the birth canal is diminished by the inward deviation of the ischial spines and the ischial tuber, which project dorsally from the pelvic floor. Another complicating factor regarding the passage of the foetus during parturition is the broken axis of the birth canal.

In the horse the pelvic roof is formed by the sacrum and the first two caudal vertebrae and slopes slightly downward caudally. Compared to pigs and cattle the ischiatic spine and tuber are less pronounced and therefore the sacrosciatic ligament contributes a greater part to the lateral wall of the pelvic cavity (▶ Fig. 5.13, ▶ Fig. 5.14, ▶ Fig. 5.15 and ▶ Fig. 5.16). The pelvic floor is vertical and flattened. Young horses show a swelling in the median of the pubis, which disappears in adult mares. The terminal line strikes the pecten of the pubis at the level of the third or fourth sacral vertebra in the mare and the second sacral vertebra in the stallion. The pelvic inlet is wide and circular in the mare and more angular, especially ventrally in the stallion. The pelvic cavity of the mare is more favorably formed for giving birth than that of the cow. The inlet is wide, the outlet not diminished by osseous protuberances, the axis straight and the cavity as a whole more spacious.

5.1.3 Skeleton of the thigh (skeleton femoris)

The skeleton of the proximal part (stylopodium) of the free appendage of the hindlimb is formed by a single bone, the **femur** (os femoris) (▶ Fig. 5.1, ▶ Fig. 5.19, ▶ Fig. 5.20, ▶ Fig. 5.21, ▶ Fig. 5.22, ▶ Fig. 5.23, ▶ Fig. 5.24 and ▶ Fig. 5.25). The femur is the strongest of the long bones. Up to **four sesamoid bones** can be found located in the soft tissues of the thigh. The largest sesamoid bone is the **patella** or kneecap, which is embedded in the tendon of insertion of the quadriceps muscle of the thigh. In carnivores two additional sesamoid bones are embedded in the heads of the gastrocnemius muscle and one in the head of the popliteal muscle.

The **femur** has a central function for posture and locomotion. Its surface is characteristically modelled, similar to the humerus, by the origin and attachment of strong muscles and their tendons, prominent bony protuberances and grooves (▶ Fig. 5.19). In spite of species-specific modifications the femur can be divided into **three basic segments**:

- proximal extremity bearing the head (caput ossis femoris),
- shaft of femur (corpus ossis femoris) and
- distal extremity bearing the medial and lateral condyle (condylus lateralis et medialis).

The **proximal extremity** curves medially and bears the prominent **femoral head**, which is offset from the long axis of the bone. The femoral head has a hemispherical articular surface for the articulation with the acetabulum, which is interrupted by a **notch** (fovea capitis) in which the intracapsular ligament of the femoral

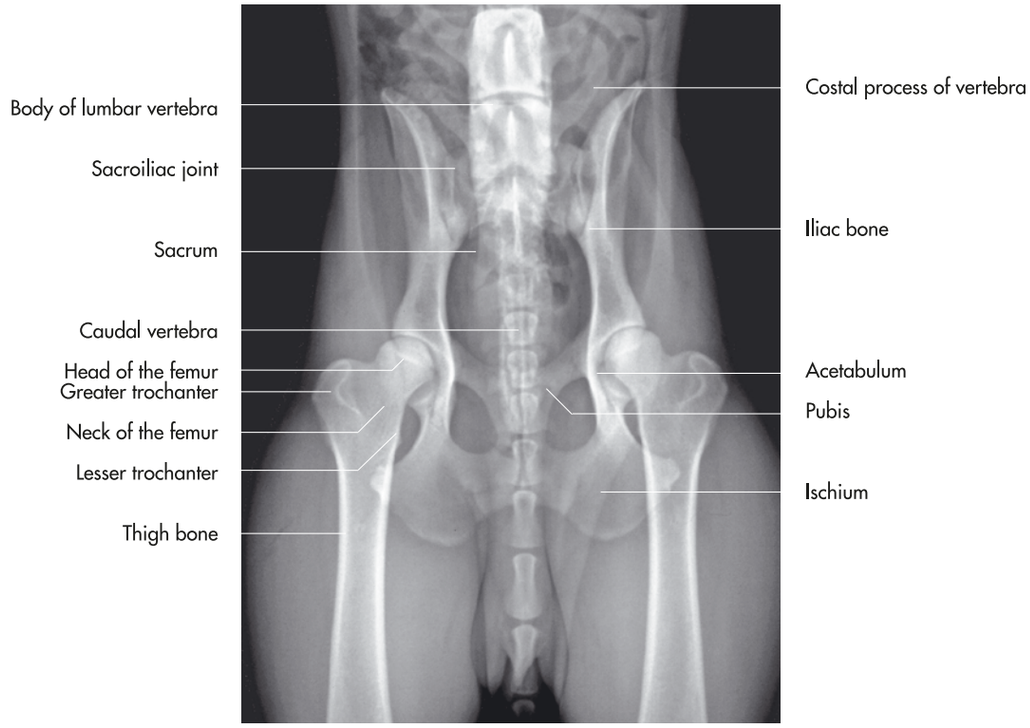


Fig. 5.18 Radiograph of the pelvic region of a dog (ventrodorsal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

head (ligamentum capitis ossis femoris) attaches. This notch is circular and located in the centre in the dog and wedge-shaped and open to the periphery medially in the horse. The femoral head is separated from the shaft of the femur by a distinct **neck** (collum ossis femoris) in carnivores and in the pig. Lateral to the head projects a large process, the **greater trochanter** (trochanter major), which extends beyond the dorsal limit of the head of the femur in large animals, but stays level with the head in small animals and in the pig. The greater trochanter gives attachment to the gluteal muscles, acting as a lever arm for these extensors of the hip joint.

The greater trochanter and the neck of the femur are separated by the **trochanteric fossa** (fossa trochanterica) in which the deep muscles of the hip insert. It is divided into a cranial and a caudal part (pars cranialis et caudalis) in the horse. A smaller process, the **lesser trochanter** (trochanter minor), is present on the medial side and provides attachment to the iliopsoas muscle. In the horse, an additional process, the **third trochanter** (trochanter tertius), is located on the lateral aspect of the proximal third of the shaft and gives insertion to the superficial gluteal muscle (▶ Fig. 5.22).

The **diaphysis** is formed by the **shaft**. Its caudal surface is marked by a roughened area proximally (facies aspera), which is framed by the medial and **lateral lips** (labium mediale et laterale) to which the adductor muscles attach. These lips continue distally and enclose the **popliteal surface** (facies poplitea). In the horse the caudodistal aspect is hollowed by the **supracondylar fossa** (fossa supracondylaris), which increases the area of origin of the superficial digital flexor muscle. The lateral and medial supracondylar tuberosities which give origin to the gastrocnemius muscle are situated on the distal third of the shaft (▶ Fig. 5.20).

The **distal extremity** carries **medial** and **lateral condyles** (condylus lateralis et medialis) caudally and a trochlea cranially (▶ Fig. 5.19, ▶ Fig. 5.20 and ▶ Fig. 5.23). The condyles articulate with the proximal end of the tibia and the menisci to form the **femorotibial joint** (articulatio femorotibialis). Between the medial and lateral condyle is the deep **intercondylar fossa** (fossa intercondylaris), which is separated from the **popliteal surface** (facies poplitea) by the horizontal **intercondylar line** (linea intercondylaris). The abaxial surfaces of both condyles are roughened for the attachment of the collateral ligaments of the stifle joint (epicondylus lateralis et medialis). The lateral condyle exhibits two depressions: the cranial pit is the **extensor fossa** (fossa extensoria) (▶ Fig. 5.20 and ▶ Fig. 5.25) from which the long digital extensor muscle and the third fibular muscle arise; the caudal pit (fossa musculi poplitei) gives origin to the popliteal muscle (▶ Fig. 5.25). On the caudal surface of each condyle are small facets for the articulation with the **fabellae** (ossa sesamoidea musculi gastrocnemii), the two sesamoid bones embedded in the tendons of origin of the gastrocnemius muscle (▶ Fig. 5.24 and ▶ Fig. 5.27).

The **femoral trochlea** (trochlea ossis femoris) (▶ Fig. 5.19, ▶ Fig. 5.20, ▶ Fig. 5.26, ▶ Fig. 5.28 and ▶ Fig. 5.30) consists of two ridges, separated by a groove, which articulate with the patella to form the **femoropatellar joint** (articulatio femoropatellaris). These ridges are markedly asymmetrical in large animals, with the medial trochlear ridge being the larger. In the horse the medial ridge carries a protuberance (tuberculum trochleae ossis femoris) that projects proximally.

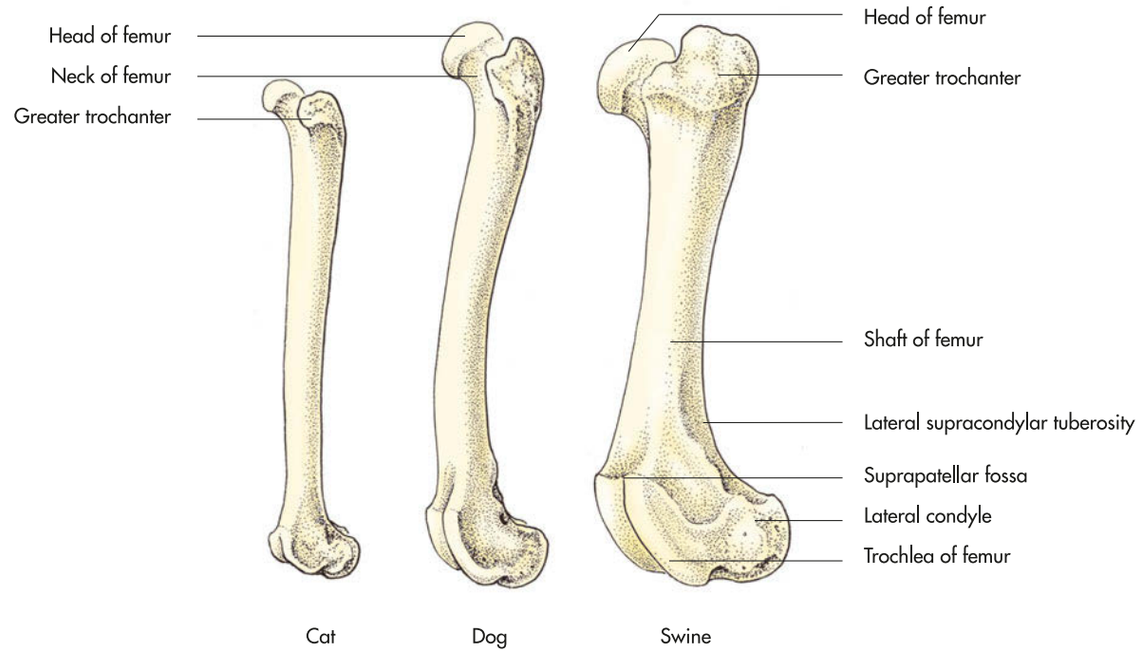


Fig. 5.19 Femur of the cat, the dog and the swine (schematic, craniolateral aspect).

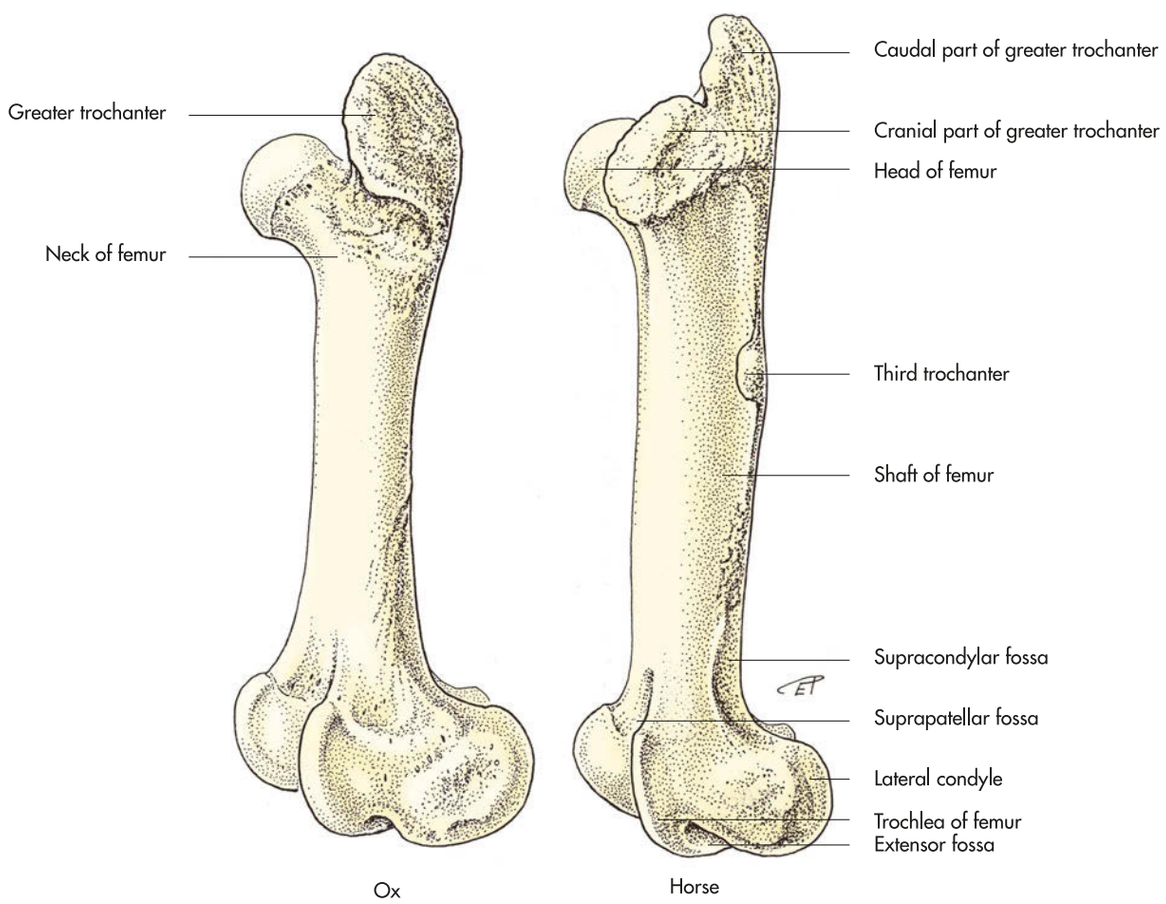


Fig. 5.20 Femur of the ox and the horse (schematic, craniolateral aspect).

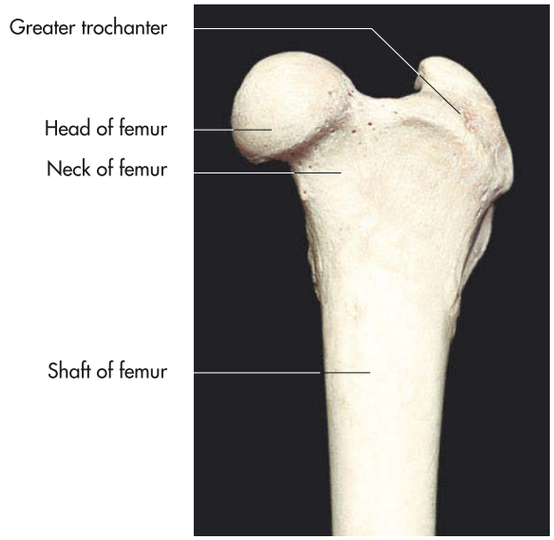


Fig. 5.21 Proximal extremity of the left femur of a dog (cranial aspect).

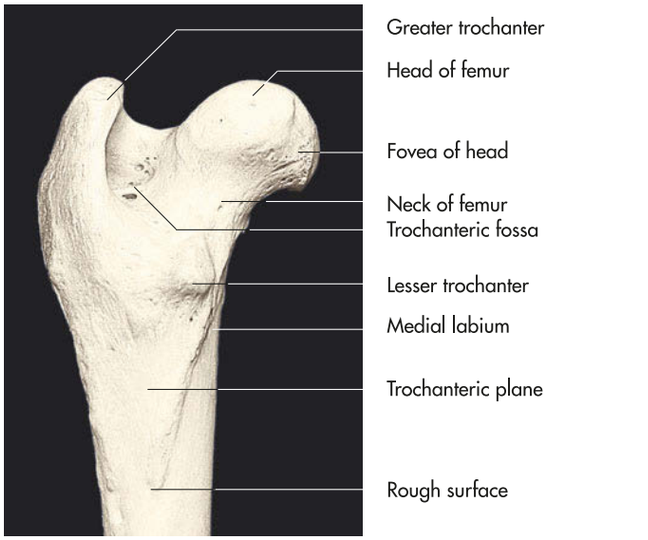


Fig. 5.22 Proximal extremity of the left femur of a dog (caudal aspect).

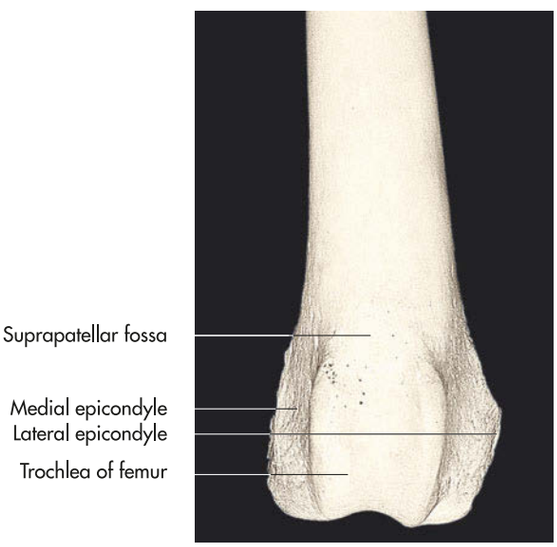


Fig. 5.23 Distal extremity of the left femur of a dog (cranial aspect).

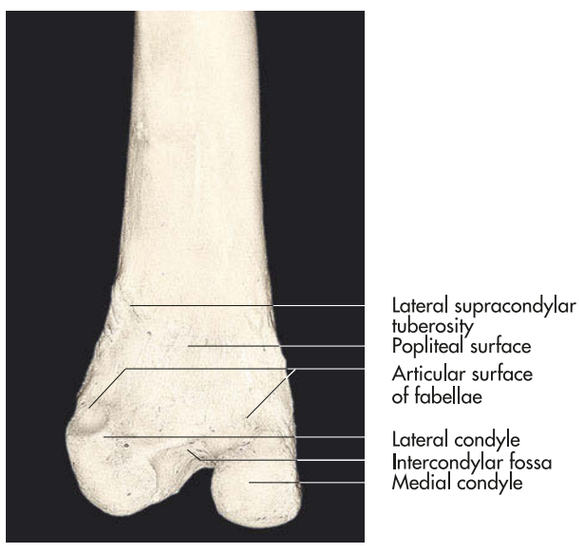


Fig. 5.24 Distal extremity of the left femur of a dog (caudal aspect).

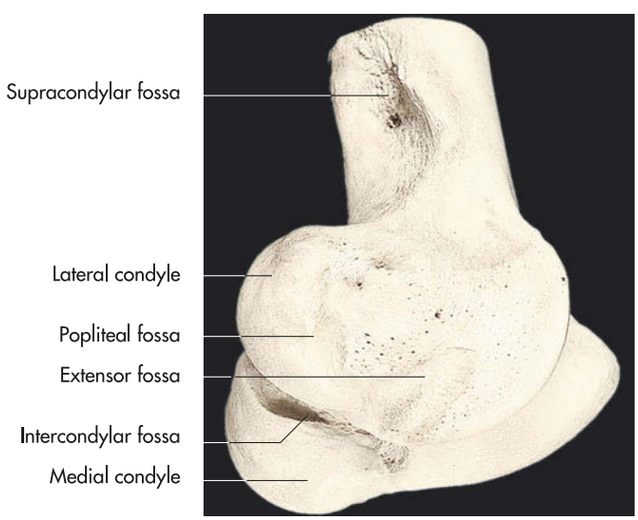


Fig. 5.25 Distal extremity of the right femur of a horse (distolateral aspect).

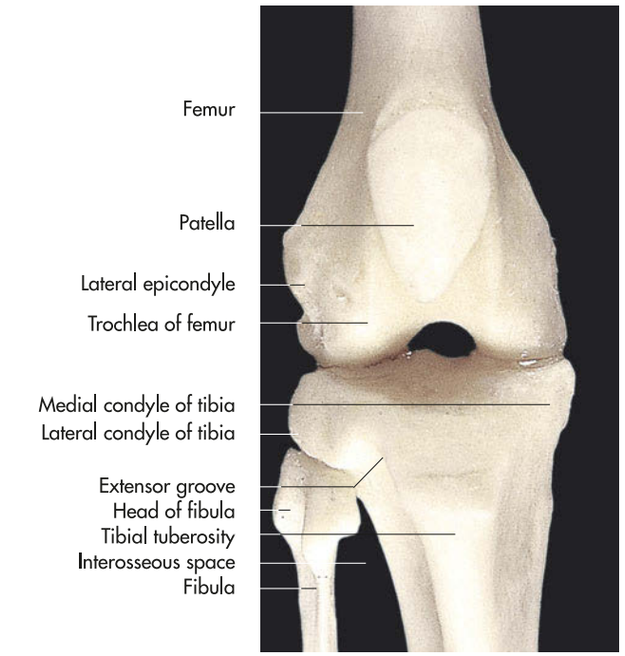


Fig. 5.26 Skeleton of the right stifle joint of a dog (cranial aspect).

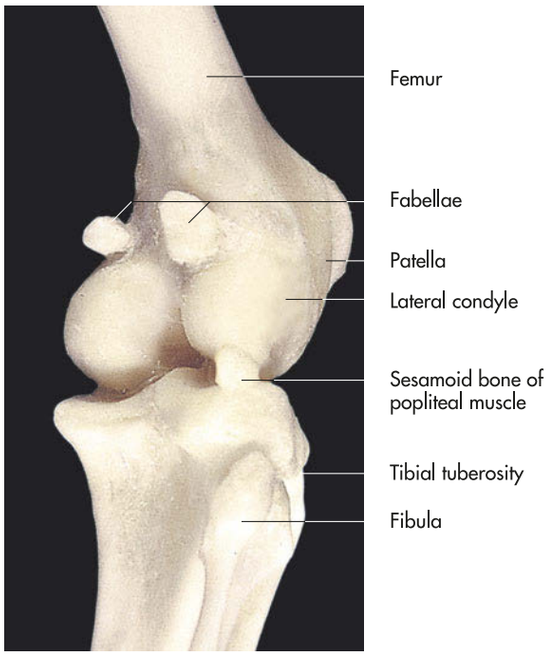


Fig. 5.27 Skeleton of the right stifle joint of a dog (caudolateral aspect).

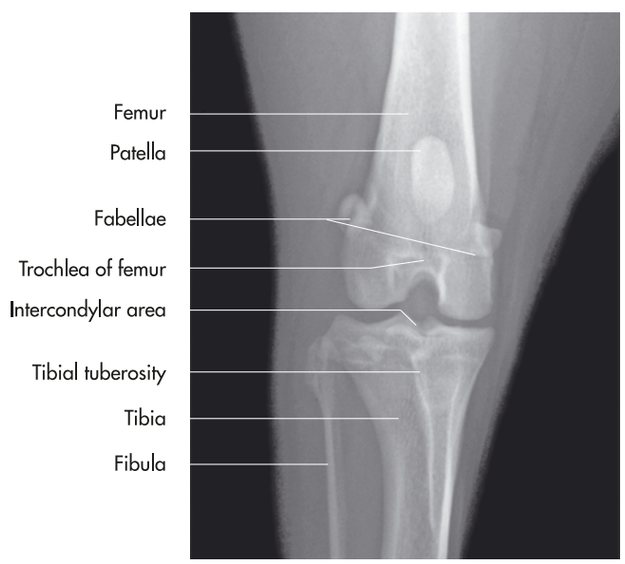


Fig. 5.28 Radiograph of the right stifle joint of a dog (craniocaudal projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

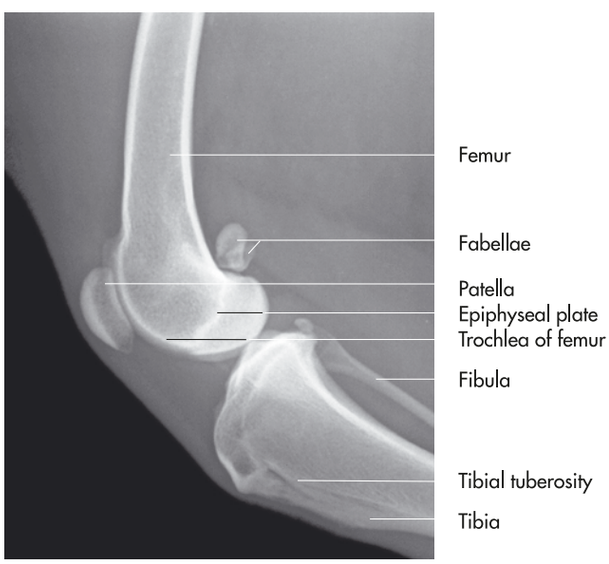


Fig. 5.29 Radiograph of the right stifle joint of a young dog (mediolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

5.1.4 Kneecap (patella)

The patella is a large **sesamoid bone** located in the tendon of insertion of the quadriceps muscle of the thigh. Its **articular surface** (facies articularis) faces caudally towards the femur; the free surface faces cranially (facies cranialis) and is palpable under the skin. The base of the patella is directed proximally and is roughened for muscular attachment; the apex faces distally (▶ Fig. 5.33). In the horse and the ox the patella is extended medially by the **fibrocartilage of the patella** (fibrocartilago parapatellaris medialis) (▶ Fig. 5.26, ▶ Fig. 5.28 and ▶ Fig. 5.30).

5.1.5 Skeleton of the leg (skeleton cruris)

The skeleton of the distal part (zeugopodium) of the free appendage of the hindlimb consists of two bones, the **tibia** and **fibula** (▶ Fig. 5.1, ▶ Fig. 5.26 and ▶ Fig. 5.35). These bones are very dissimilar in strength, like their analogous elements in the forelimb, with the medial bone, the tibia, being by far the stronger of the two. The fibula runs along the lateral border of the tibia and does not articulate with the femur proximally. Thus, only the tibia supports the weight of the animal, which is reflected in an increase in stoutness of this bone. The reduction of the fibula is further

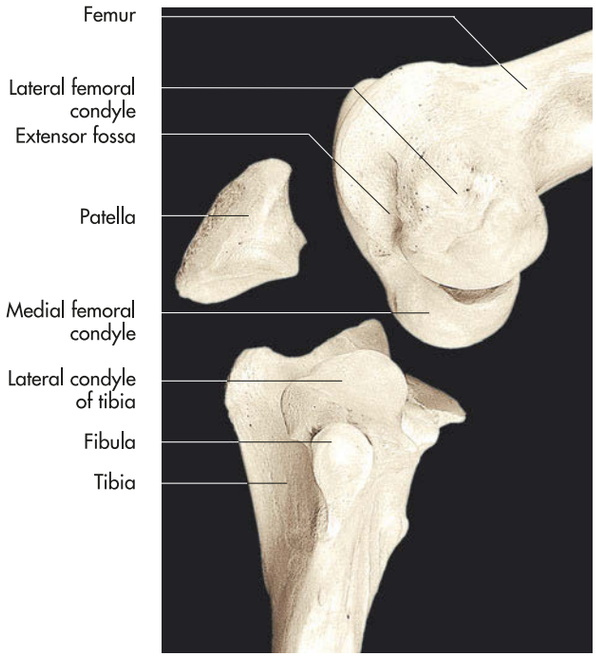


Fig. 5.30 Distal extremity of the left femur, patella and proximal extremity of the tibia of a horse (lateral aspect).

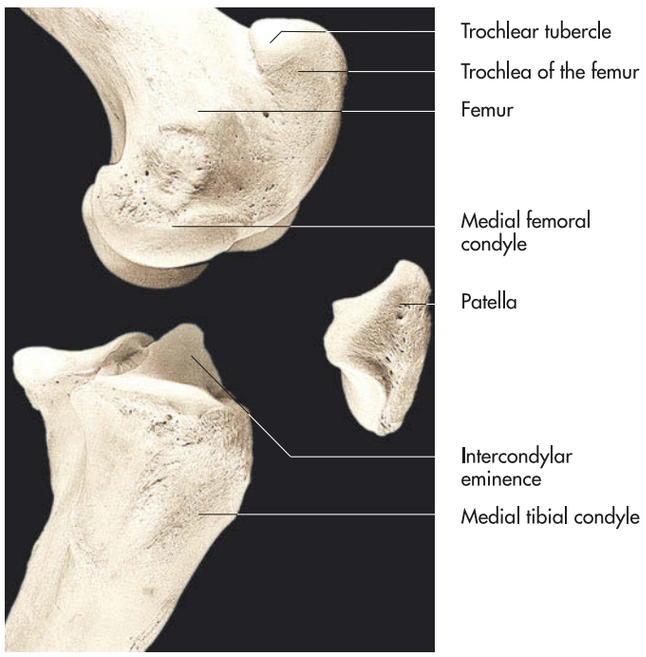


Fig. 5.31 Distal extremity of the left femur, patella and proximal extremity of the tibia of a horse (medial aspect).

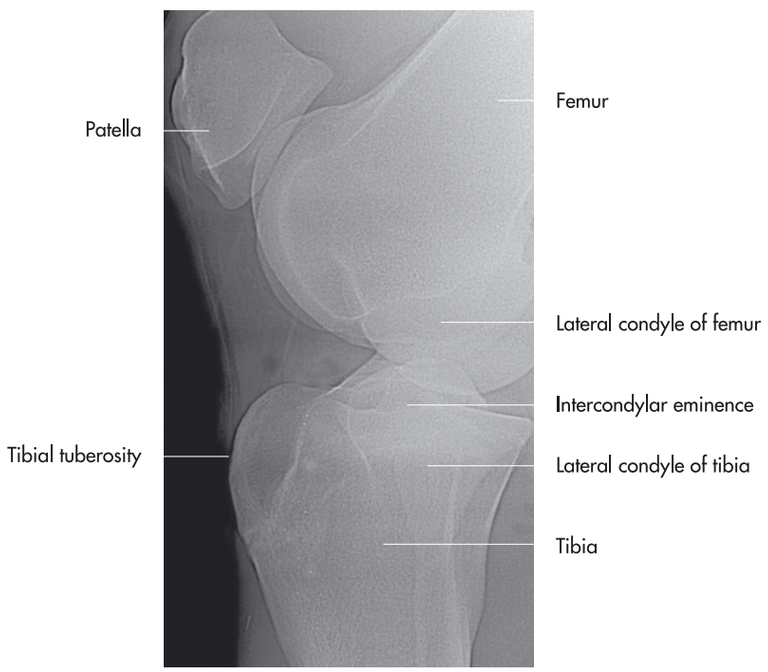


Fig. 5.32 Radiograph of the knee joint of a horse (mediolateral projection). (source: courtesy of Prof. Dr. Chr. Stanek, Vienna)

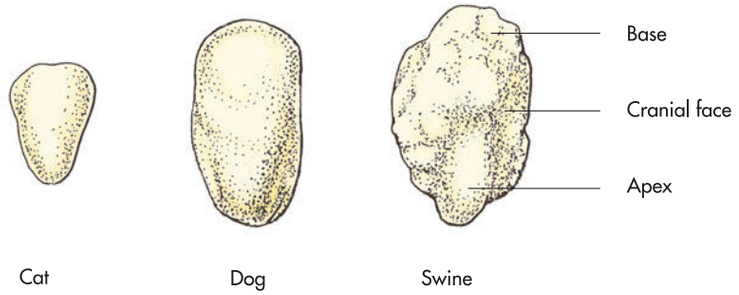


Fig. 5.33 Patella of the cat, the dog and the swine (schematic).

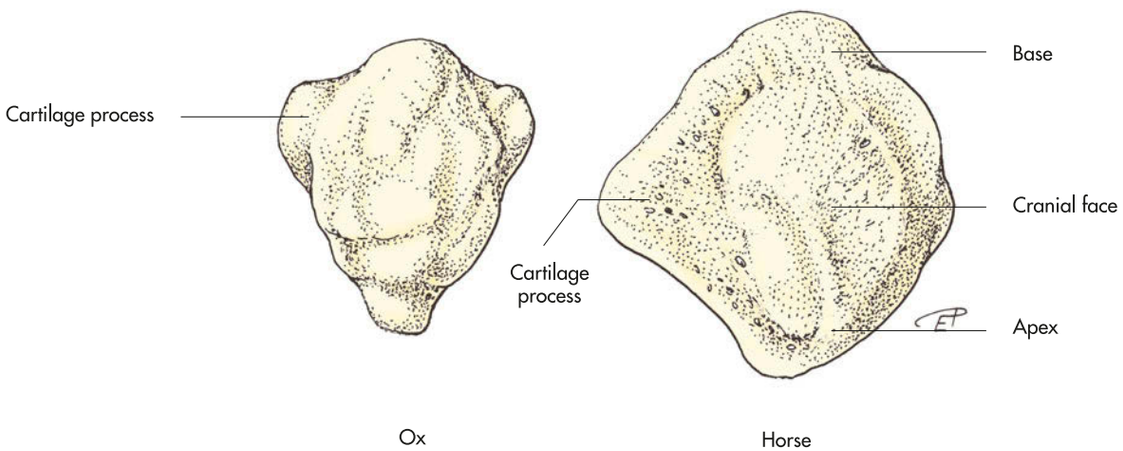


Fig. 5.34 Patella of the ox and the horse (schematic).

progressed than the reduction of the ulna in the forelimb: In cattle the fibula is almost completely reduced; in the horse the proximal part is still a separate bone, whereas the distal part is incorporated in the tibia. In carnivores the fibula is reduced in diameter but not in length.

Tibia

The tibia contributes a major part to the formation of the stifle joint (▶ Fig. 5.26 and ▶ Fig. 5.35), which is reflected in the expanded proximal extremity of this bone.

The proximal extremity of the tibia (▶ Fig. 5.29, ▶ Fig. 5.35 and ▶ Fig. 5.36) presents articular surfaces for the corresponding femoral condyles and the menisci and various roughenings for ligamentous attachment. The tibia can be divided into **three segments**:

- proximal extremity presenting the articular surface (facies articularis) for the formation of the femorotibial joint,
- tibial shaft (corpus tibiae) and
- distal extremity bearing the cochlea (cochlea tibiae) for the articulation with the talus.

The **proximal extremity** (extremitas proximalis) is three-sided and carries two condyles (condylus lateralis et medialis), which are separated caudally by the **popliteal notch** (incisura poplitea), where the like-named muscle is found. Each condyle presents an articular surface for the articulation with the corresponding femoral condyle or the distal fibrocartilagenous surface of the meniscus (▶ Fig. 5.35). Between the articular surfaces of the condyles projects the **intercondylar eminence** (eminentia intercondylaris, ▶ Fig. 5.31), which is subdivided in a higher medial part (tuberculum intercondylare mediale) and a lower lateral part (tuberculum intercondylare laterale) by the **central intercondylar area** (area intercondylaris centralis). Cranial and caudal to the intercondylar eminence are depressions for ligamentous attachment (areae intercondylares craniales et caudales). The lateral aspect of the condyle exhibits an **articular facet** (facies articularis fibularis) for the articulation with the proximal end of the fibula. In ruminants the remnants of the fibula are fused to this articular surface. A deep notch on the craniolateral aspect, the **extensor groove** (sulcus extensorius), gives passage to the long digital extensor muscle.

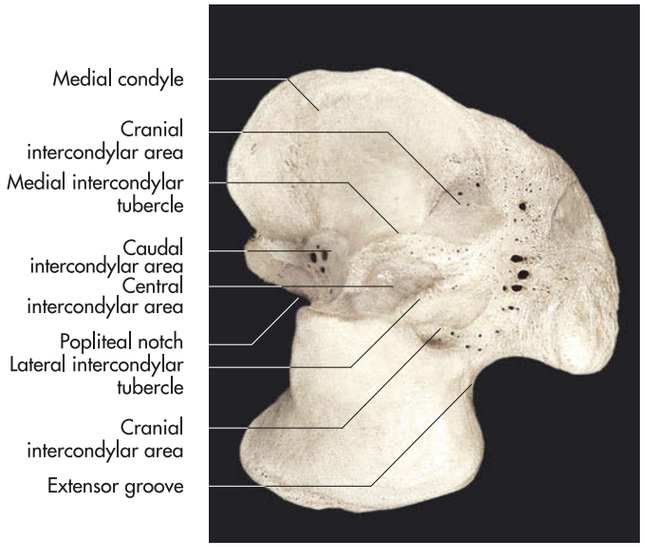


Fig. 5.35 Proximal extremity of the right tibia of a horse (end view).

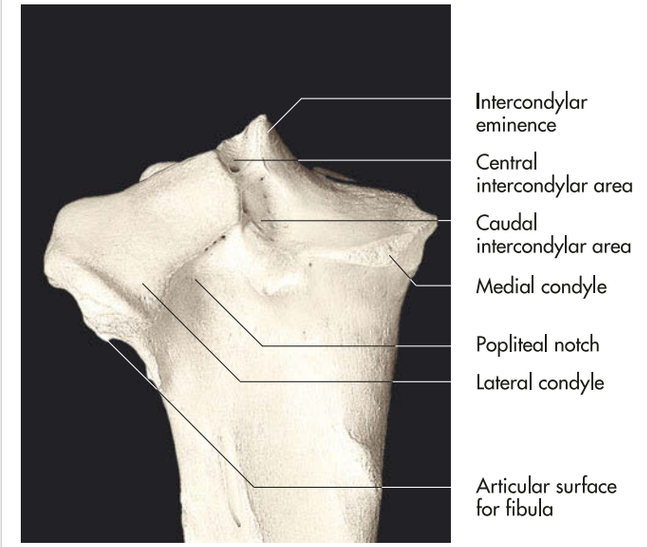


Fig. 5.36 Proximal extremity of the left tibia of a horse (caudal aspect).

The **shaft of the tibia** is craniocaudally compressed and carries two prominent osseous structures. The **tibial tuberosity** (tuberositas tibiae) is a large process projecting from the cranial aspect of the proximal part of the tibial shaft and represents an important landmark. Extending distally from the tibial tuberosity is the **cranial border of the tibia** (margo cranialis). It is palpable in the live animal and divides the surface of the shaft into a lateral part, which is covered by muscles, and a medial part, which is subcutaneous. In the horse the caudal surface of the shaft is marked by several grooves for the attachments of the popliteal muscle (lineae musculi poplitei) and the flexor muscles of the digit (lineae musculares).

The distal extremity (extremitas distalis) carries the **cochlea**, which consists of an intermediate ridge and two flanking grooves. The central ridge is orientated in a sagittal direction in most domestic species, but in the horse it is orientated craniolaterally. The cochlea receives the trochlear ridges of the talus for articulation (▶ Fig. 5.41 and ▶ Fig. 5.42).

The medial side of the cochlea is enlarged by a bony protuberance, the **medial malleolus** (malleolus medialis) (▶ Fig. 5.38). The lateral aspect of the cochlea shows species-specific variations. In carnivores and the pig the cochlea is notched laterally (incisura fibularis) for the articulation with the distal end of the fibula. In cattle the lateral aspect of the cochlea bears an articular facet for the articulation with the remnant of the distal fibula, the isolated **malleolar bone** (os malleolare). In the horse the lateral malleolus is formed by the fusion of the distal end of the fibula to the tibia.

Fibula

The fibula can be divided into a **proximal head** (caput fibulae), a **neck** (collum fibulae), a **shaft** (corpus fibulae) and a distal extremity or **lateral malleolus** (malleolus lateralis) (▶ Fig. 5.37, ▶ Fig. 5.38, ▶ Fig. 5.39, ▶ Fig. 5.40, ▶ Fig. 5.41 and ▶ Fig. 5.42). The fibula has undergone remarked reduction during evolution, the degree of which varies among the species. The fibula of the pig and the carnivores has retained its whole length, but is reduced in strength and function. The fibula is separated from the tibia by a long **interosseous space** (spatium interosseum cruris), which is bridged by soft tissue. While the interosseous space extends the whole length of the leg in the pig, it is limited to the proximal part in carnivores. The fibula runs lateral to the tibia and divides the muscles of the leg into a cranial and a caudal group. It can be palpated over its whole length in thin dogs, whereas in heavily muscled dogs only the proximal extremity is palpable. The head of the fibula articulates with the lateral condyle of the tibia.

In ruminants the shaft of the fibula is completely reduced. The proximal extremity is fused to the tibia, and the distal part persists as an isolated bone (os malleolare), which articulates with the distal extremity of the tibia. In the horse only the proximal part of the fibula remains isolated (▶ Fig. 5.34).

The head articulates with the tibia and the shaft fades towards the middle of the leg. The distal extremity is completely incorporated into the tibia and forms the lateral malleolus, which has a separate ossification centre, visible radiographically in the juvenile horse.

5.1.6 Skeleton of the hindfoot (skeleton pedis)

The skeleton of the pes forms the osseous part of the autopodium and consists from proximal to distal of **three segments** (▶ Fig. 5.1, ▶ Fig. 5.2 and ▶ Fig. 5.3):

- basipodium: tarsal bones (ossa tarsi),
- metapodium: metatarsal bones (ossa metatarsalia) and
- acropodium: phalanges (ossa digitorum pedis).

Tarsal bones (ossa tarsi)

In the domestic mammals the tarsal bones are arranged in three rows, the **proximal** or **crural row**, the **middle** or **intertarsal row** and the **distal** or **metatarsal row** (▶ Fig. 5.37, ▶ Fig. 5.38, ▶ Fig. 5.39, ▶ Fig. 5.40, ▶ Fig. 5.41, ▶ Fig. 5.42, ▶ Fig. 5.43, ▶ Fig. 5.44 and ▶ Fig. 5.45). The proximal row articulates with the

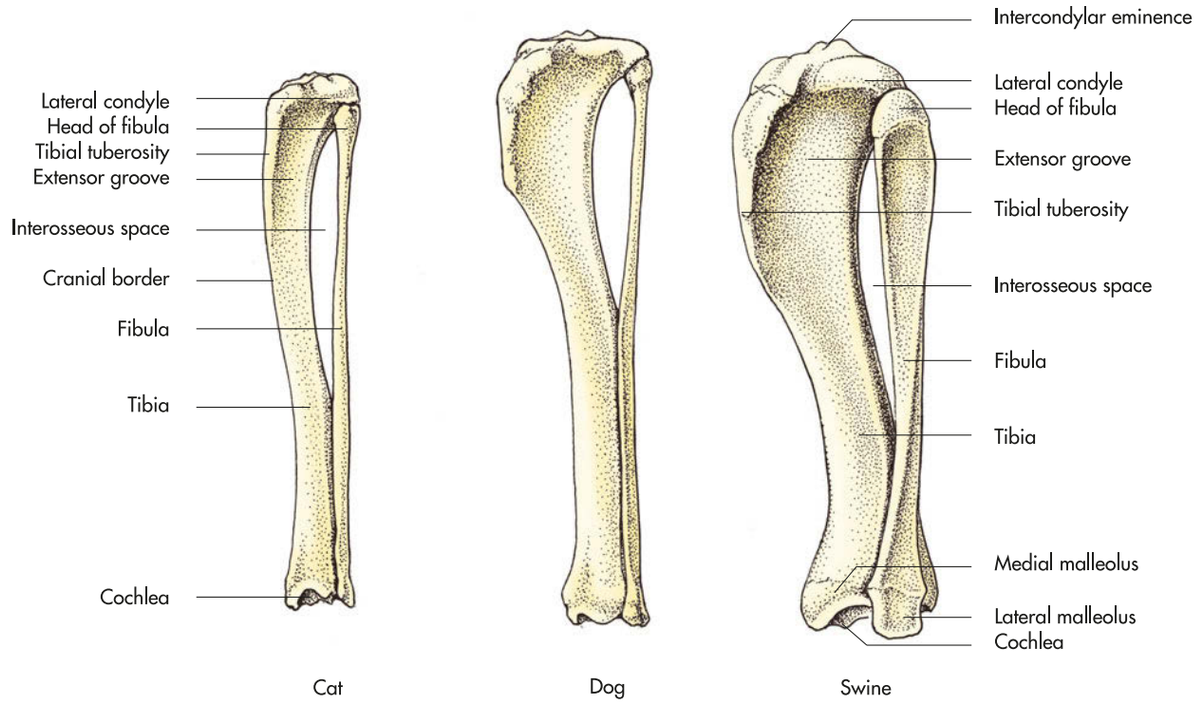


Fig. 5.37 Left tibia and fibula of the cat, the dog and the swine (schematic, craniolateral aspect).

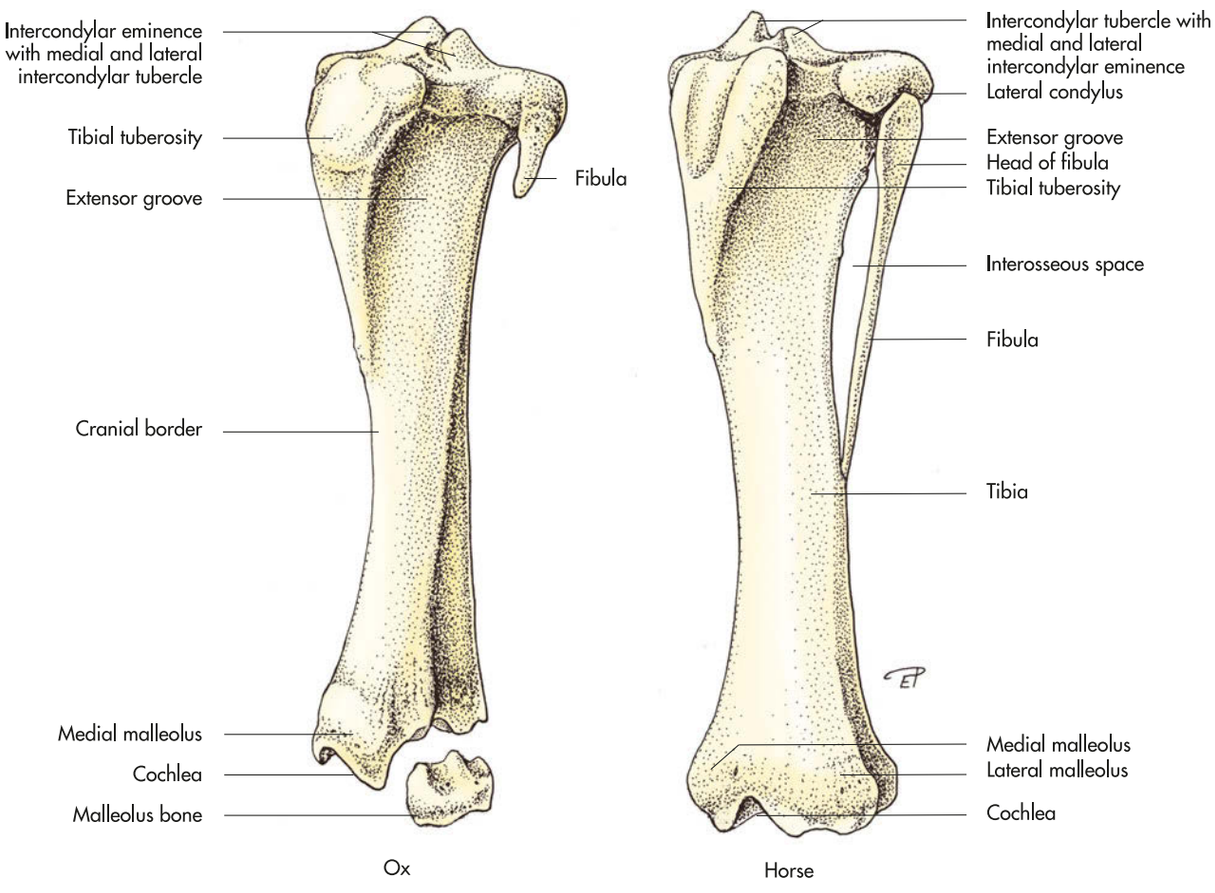


Fig. 5.38 Left tibia and fibula of the ox and the horse (schematic, craniolateral aspect).

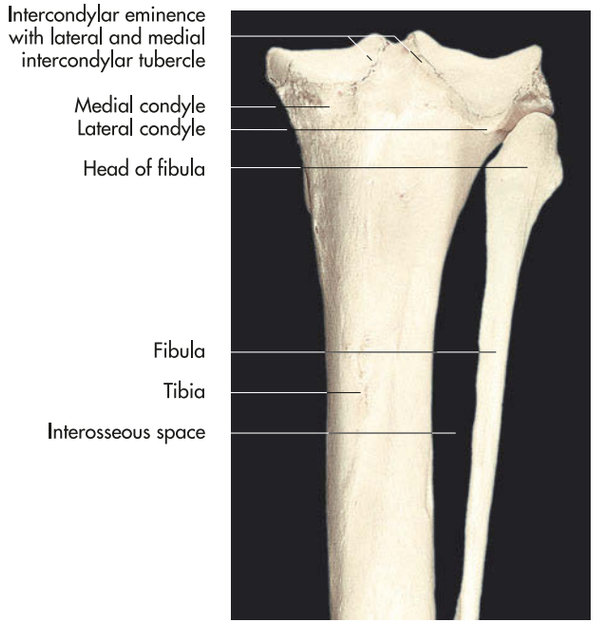


Fig. 5.39 Proximal extremity of the right tibia and fibula of a dog (caudal aspect).

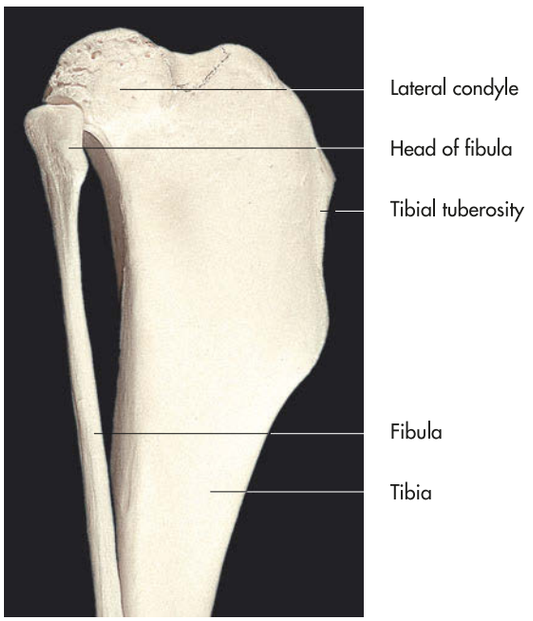


Fig. 5.40 Proximal extremity of the right tibia and fibula of a dog (craniolateral aspect).

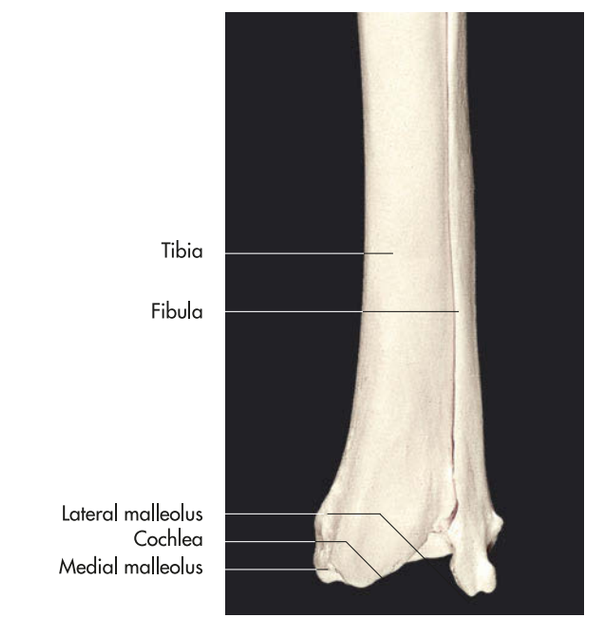


Fig. 5.41 Distal extremity of the right tibia and fibula of a dog (caudal aspect).

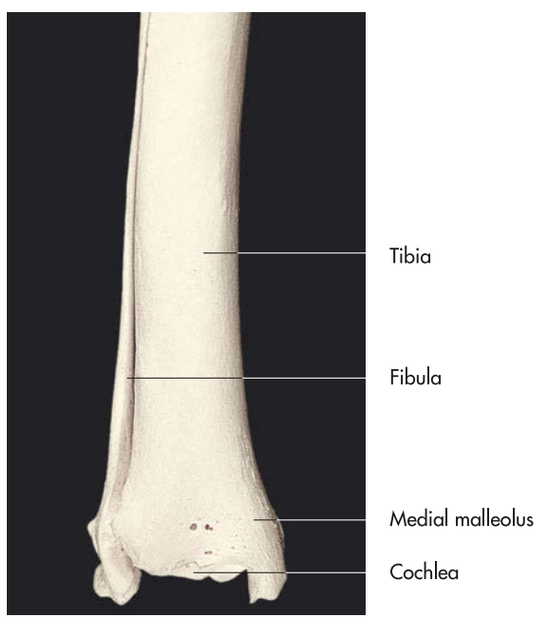


Fig. 5.42 Distal extremity of the right tibia and fibula of a dog (cranial aspect).

tibia, forming the **tarsocrural joint** (articulatio tarsocruralis), the distal row articulates with the metatarsal bones to form the **tarsometatarsal joint** (articulatio tarsometatarsea). Neighbouring tarsal bones articulate with each other in a complex fashion, which is described in detail later in this chapter. The tarsus contains the following bones:

proximal or **crural row (in mediolateral sequence)**:
- tibial tarsal bone or talus (os tarsi tibiale) and
- fibular tarsal bone or calcaneus (os tarsi fibulare);

middle or **intertarsal row**:
- central tarsal bone (os tarsi centrale);

distal or **metatarsal row (in mediolateral sequence)**:
- first tarsal bone (os tarsale primum),
- second tarsal bone (os tarsale secundum),
- third tarsal bone (os tarsale tertium) and
- fourth tarsal bone (os tarsale quartum).

The pattern of the tarsal bones varies in the different species and is illustrated in ▶ Fig. 5.43.

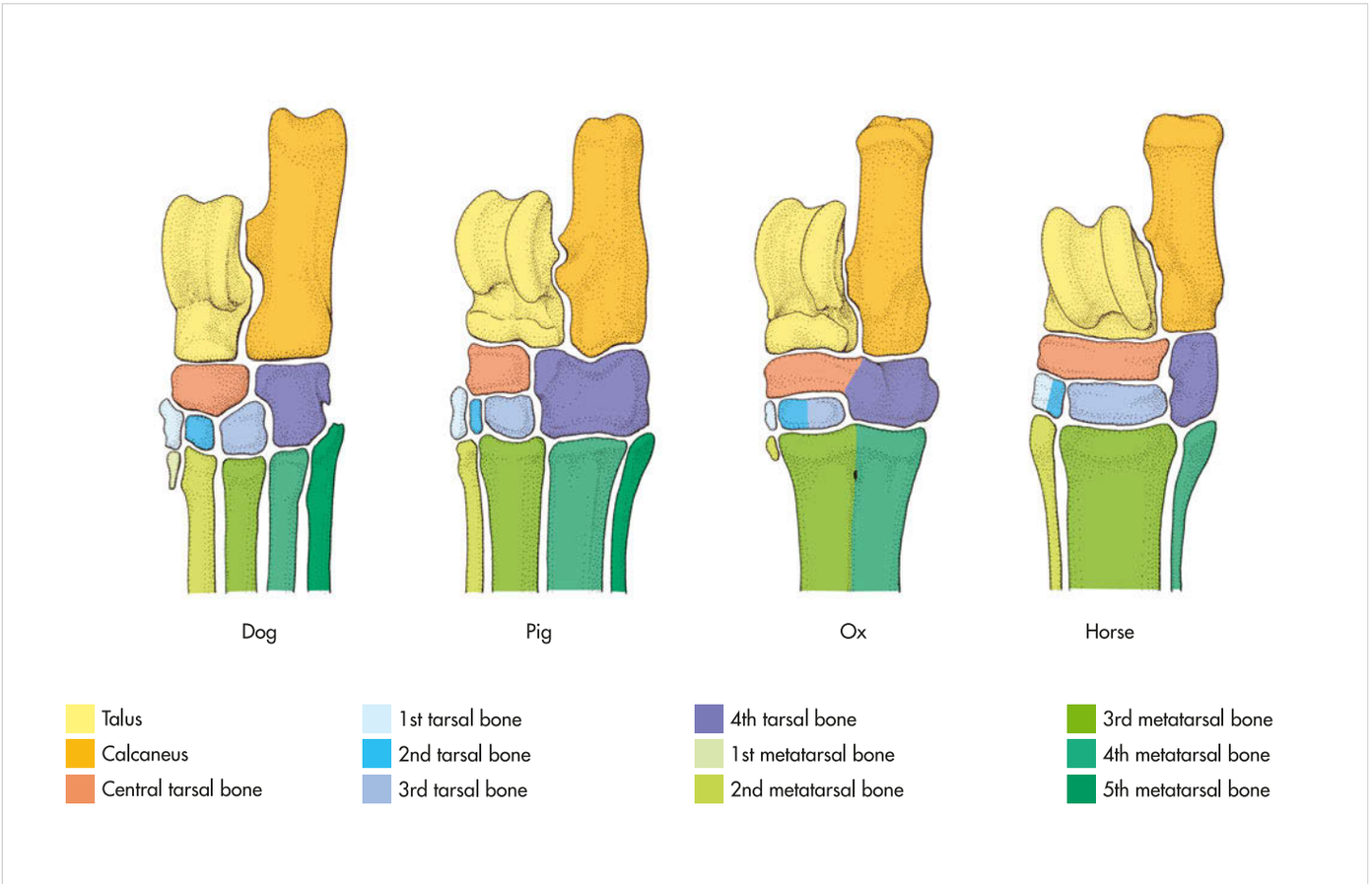


Fig. 5.43 Skeleton of the tarsus in the domestic mammals (schematic); fig. based on data from Ellenberger and Baum, 1943.

In carnivores and pigs the original number of **seven tarsal bones** is maintained. The tarsus of the ruminants consists of **five tarsal bones**; the central and fourth and the second and third tarsal bones are fused. In the horse the first and second tarsal bones are fused, so that the total numbers of **tarsal bones** is reduced to **six**.

Talus (os tarsi tibiale)

The talus is the medial bone of the proximal row of the tarsus. It is divisible into a compact **body** (corpus tali), a **trochlea** (trochlea tali) with prominent sagittal ridges dorsoproximally and a cylindrical **head** (caput tali) as the base of the bone (▶ Fig. 5.43). The **trochlea of the talus** articulates with the sagittal grooves and the intermediate ridge of the distal end of the tibia. The sagittal ridges of the trochlea are less prominent and extend further distal in the carnivores than in other domestic animals and account for the increased mobility in the tarsus compared to other species. The sides of the trochlea articulate with the distal end of the fibula and the medial malleolus (▶ Fig. 5.44, ▶ Fig. 5.45, ▶ Fig. 5.46, ▶ Fig. 5.47, ▶ Fig. 5.52 and ▶ Fig. 5.53). In the horse the trochlear ridges are orientated obliquely in a mediolateral direction thus causing a forward and outward movement of the digit during flexion of the tarsus (▶ Fig. 5.48, ▶ Fig. 5.49, ▶ Fig. 5.50 and ▶ Fig. 5.51). The trochlear ridges of the ruminants are directed sagittally. The trochlea of the talus articulates with the malleolar bone laterally and with the medial malleolus of the tibia medially.

The **head of the talus** forms a smaller distal trochlea for the articulation with the central tarsal bone in all domestic species but the horse, which exhibits a more or less flat articular surface towards the central tarsal bone. In carnivores the head of the talus is separated from the body by a distinct **neck** (collum tali). The distal trochlea is well defined in ruminants and articulates with the combined central and fourth tarsal bones (os centroquartale). The distal trochlea is less distinct than in ruminants and results in a decreased range of movement in this joint. The plantar and lateral aspects of the talus articulate with the calcaneus.

Calcaneus (os tarsi fibulare)

The calcaneus lies lateral and plantar to the talus and provides the osseous base of the **point of the hock** (calx). It presents articulating surfaces towards the talus medially and dorsally and towards the fourth tarsal bone distally. The **calcaneal tuber** (tuber calcanei) (▶ Fig. 5.43) extends the calcaneus proximally beyond the talus to form the prominent point of the hock, which is an important landmark in live animals. It serves as a lever for the muscles which extend the **hock** (tarsus). A shelf-like process, the **sustentaculum of talus** (sustentaculum tali) is present on the medial side of the distal part of the calcaneus (▶ Fig. 5.43). It overlaps the talus on its plantar aspect and supports the deep digital flexor tendon. In ruminants the calcaneal tuber is expanded and the proximal aspect is roughend and hollowed by a shallow groove. In the horse, the calcaneal tuber is very pronounced and its proximal surface is marked by a groove. A pointed **coracoid process** (processus coracoideus) is situated at the base of the calcaneus (▶ Fig. 5.48).

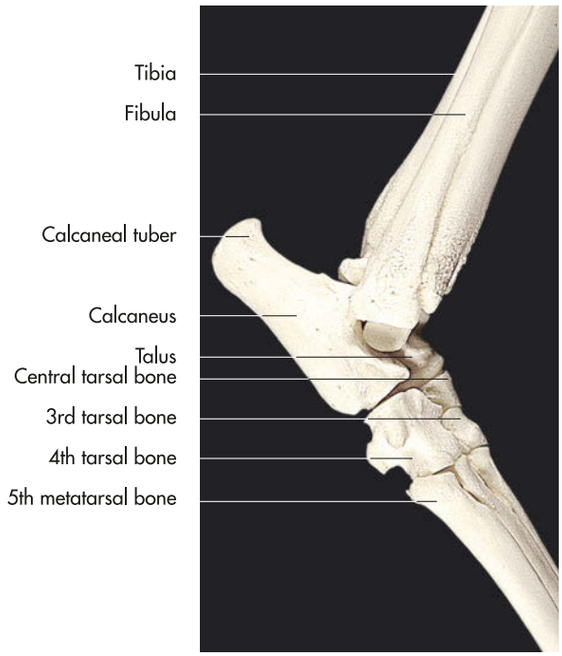


Fig. 5.44 Skeleton of the right tarsus of a dog (lateral aspect).

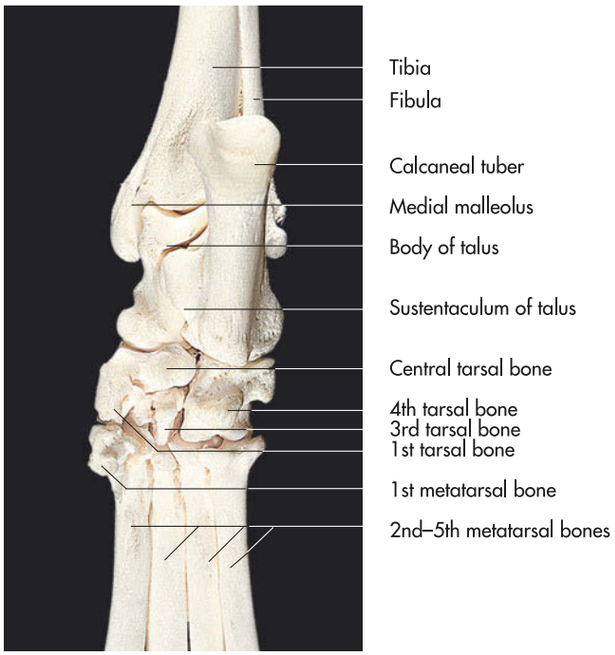


Fig. 5.45 Skeleton of the right tarsus of a dog (plantar aspect).



Fig. 5.46 Radiograph of the right tarsus of a dog (lateral aspect). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

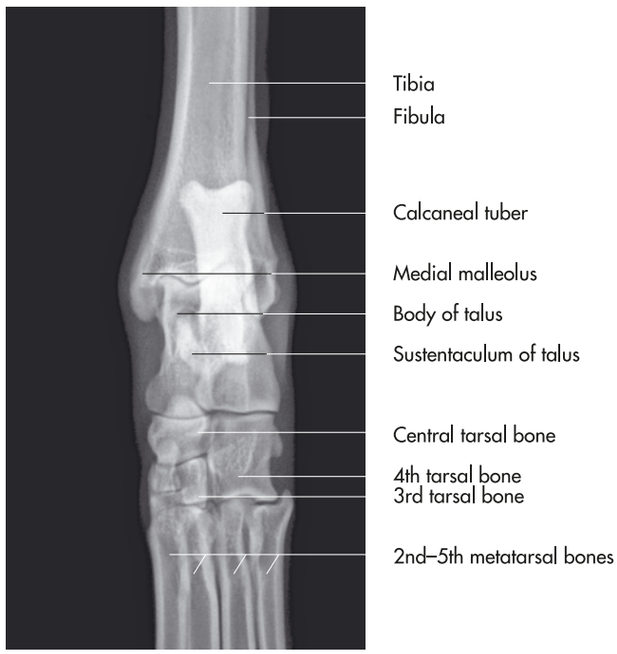


Fig. 5.47 Radiograph of the right tarsus of a dog (plantar aspect). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

Metatarsal and digital skeleton (ossa metatarsalia et ossa digitorum pedis)

The skeleton of the metatarsus and phalanges closely resembles those of the forelimb. The metatarsal bones tend to be longer and more slender with a stronger cortex than the corresponding metacarpal bones. The **cannon bone** (third metatarsal bone) of the equine hindlimb is circular in cross section, whereas the **cannon bone** (third metacarpal bone) of the forelimb is oval. In cattle an additional sesamoid bone can be present just proximal to the third metatarsal bone. The phalangeal and sesamoid bones of the hindlimb are almost identical to the forelimb. The hoof of the hindfoot is narrower than that of the front foot, the toe longer and the angle of the hoofwall steeper.

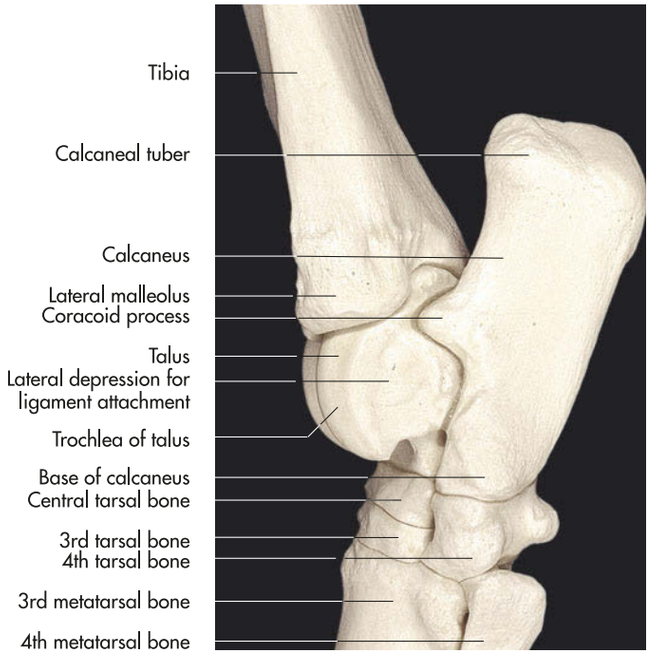


Fig. 5.48 Skeleton of the left tarsus of a horse (lateral aspect).

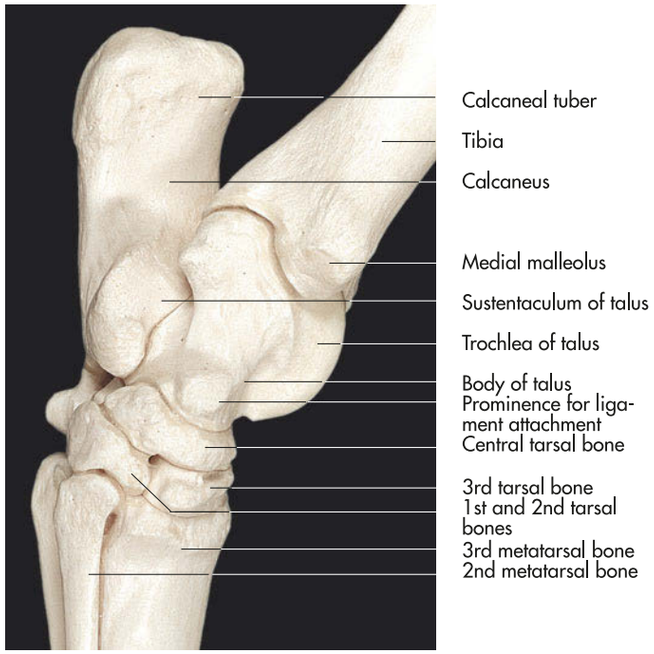


Fig. 5.49 Skeleton of the left tarsus of a horse (medial aspect).

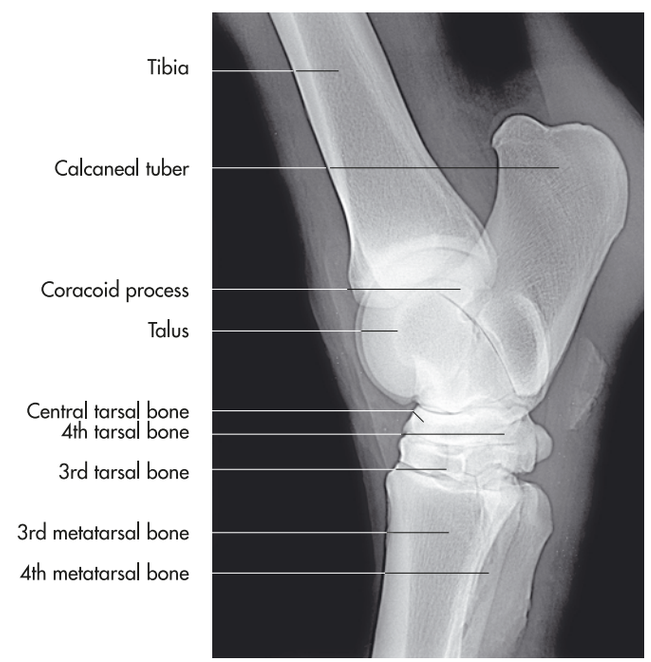


Fig. 5.50 Radiograph of the left tarsus of a horse (lateromedial projection). (source: courtesy of Prof. Dr. C. Stanek, Vienna)

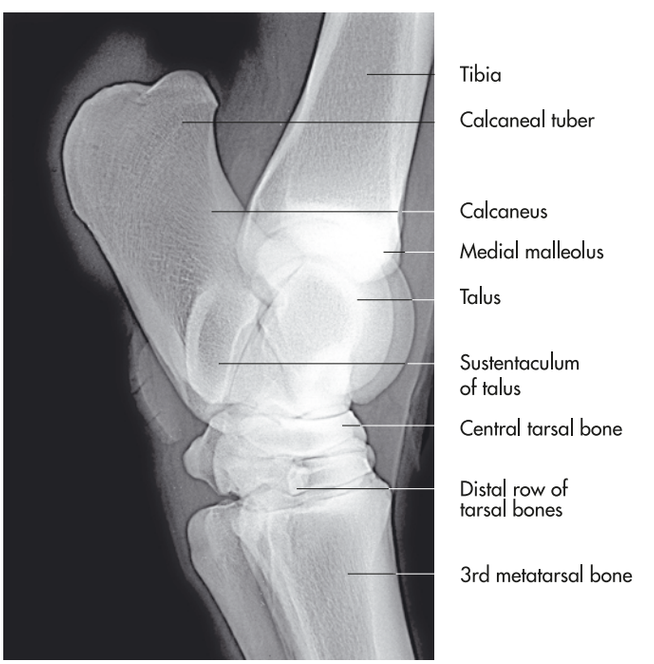


Fig. 5.51 Radiograph of the right tarsus of a horse (mediolateral projection). (source: courtesy of Prof. Dr. C. Stanek, Vienna)

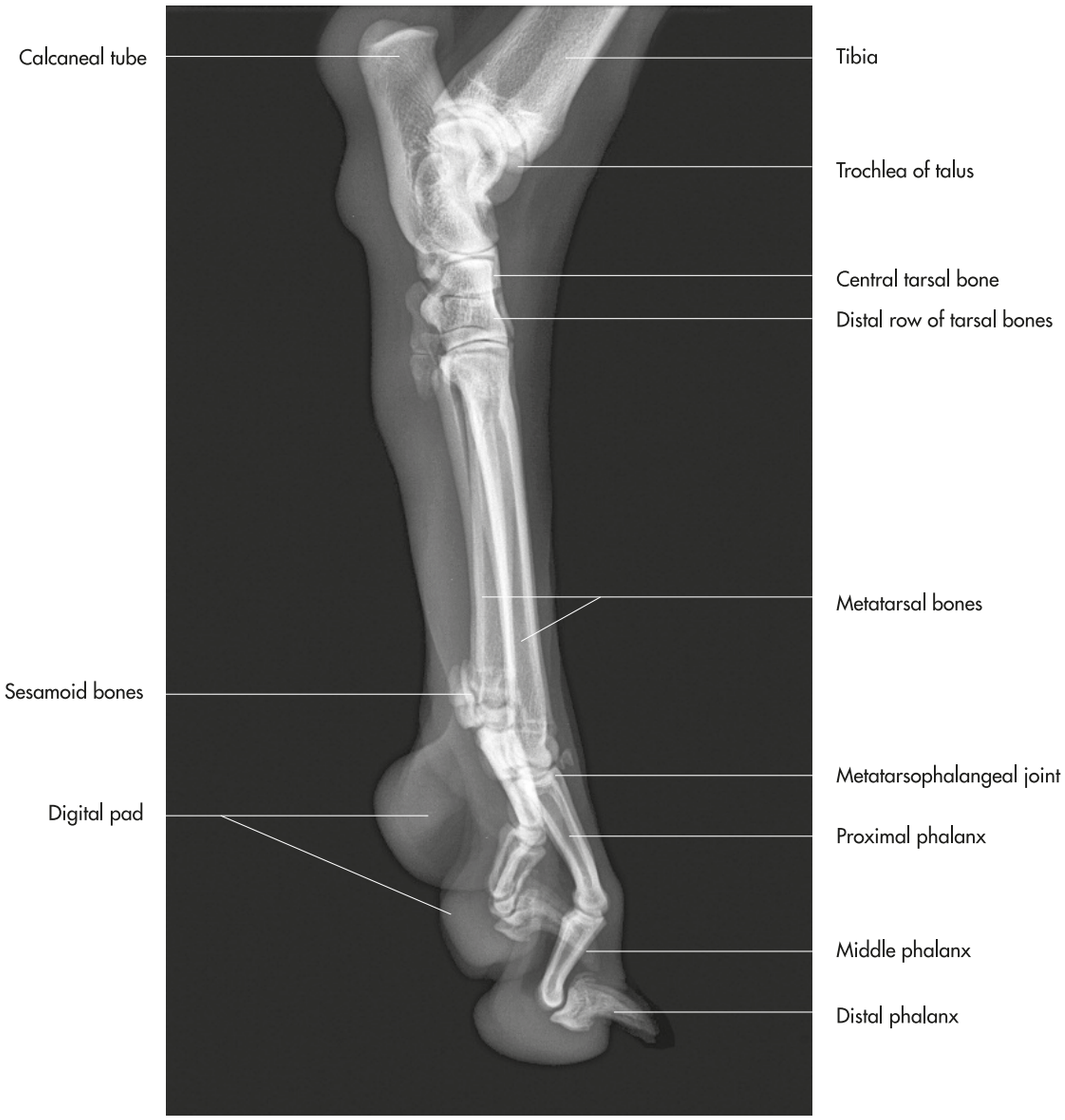


Fig. 5.52 Radiograph of the tarsal joint, the metatarsal bones and the phalangeal joints of a dog (mediolateral projection). (source: courtesy of Prof. Dr. Ulrike Matis, München)

5.2 Joints of the pelvic limb (articulationes membri pelvini)

The pelvic limb is joined to the trunk by the **pelvic girdle** (cingulum membri pelvini), which is formed from the combined ilium, ischium and pubis (▶ Fig. 5.4). The **hip bones** (ossa coxae) are united midventrally by fibrous cartilage to form the **pelvic symphysis** (symphysis pelvina). The cranial pubic symphysis ossifies with advancing age, whereas the caudal ischial symphysis remains unossified in most species. The ilium articulates dorsally with the sacrum forming the sacroiliac joint. The two hip bones, the sacrum and the first caudal vertebra constitute the bony pelvis. The cranial pubic ligament (ligamentum pubicum craniale) connnects the free borders of the pubic bones. The **obturator membrane** (membrana obturatoria) is a thin layer of fibrous tissue, which covers the obturator foramen.

5.2.1 Sacroiliac joint (articulatio sacroiliaca)

The sacroiliac joint is a tightly apposed **synovial joint** formed by the auricular surfaces (facies auriculares) of the wing of the ilium and the wing of the sacrum. The articular surfaces are covered by cartilage. The joint capsule fits closely to the joint and is enforced by the **ventral sacroiliac ligaments** (ligamenta sacroiliaca ventralia). Another **sacroiliac ligaments** (ligamenta sacroiliaca) (▶ Fig. 5.54, ▶ Fig. 5.55 and ▶ Fig. 5.56) are the:

- **interosseous sacroiliac ligaments** (ligamenta sacroiliaca interossea) extending between the iliac tuberosity of the wing of the ilium and the dorsal surface of the wing of the sacrum, and
- **dorsal sacroiliac ligaments** (ligamenta sacroiliaca dorsalia), which are divided into two branches; the **short branch** (pars breve) extends between the sacral tuber and the mammilary processes (carnivores and pig) or the spinous processes (ruminants and horse) of the sacrum; the **long branch** (pars longa) extends between the sacral tuber and the lateral part of the sacrum.



Fig. 5.53 Radiograph of the tarsal joint, the metatarsal bones and the phalangeal joints of a dog (dorsoplantar projection). (source: courtesy of Prof. Dr. Ulrike Matis, München)

The **sacrotuberous ligament** (ligamentum sacrotuberale) is another fibrous cord in the dog extending between the transverse process of the last sacral vertebrae and the ischial tuber (▶ Fig. 5.54). It is absent in the cat. In ungulates it is expanded to a broad sheet extending between the lateral part of the sacrum in the ox or the transverse processes of the first caudal vertebrae in the horse and pig, and the dorsal border of the ilium and ischium (▶ Fig. 5.55 and ▶ Fig. 5.56). It is therefore named the **broad sacrotuberous ligament** (ligamentum sacrotuberale latum).

The lesser and the greater ischiatic foramina (foramen ischiadicum majus et minus) remain uncovered to allow the passage of vessels, nerves and tendons. The caudal border of this ligament is visible under the skin in the ox, but covered by muscles in the horse and pig.

Clinical note

As well as establishing a stable connection between the pelvis and the vertebral column, the sacroiliac joints of the horse provide a degree of shock absorption, both for the load transferred from the trunk to the pelvic limbs and for the thrust forces transmitted from the limbs to the trunk. Despite the considerable stability of the sacroiliac joint, luxation can occur as a result of high-impact trauma or falls. This manifests externally as **asymmetry of the sacral tuberosities** (tuber sacrale).

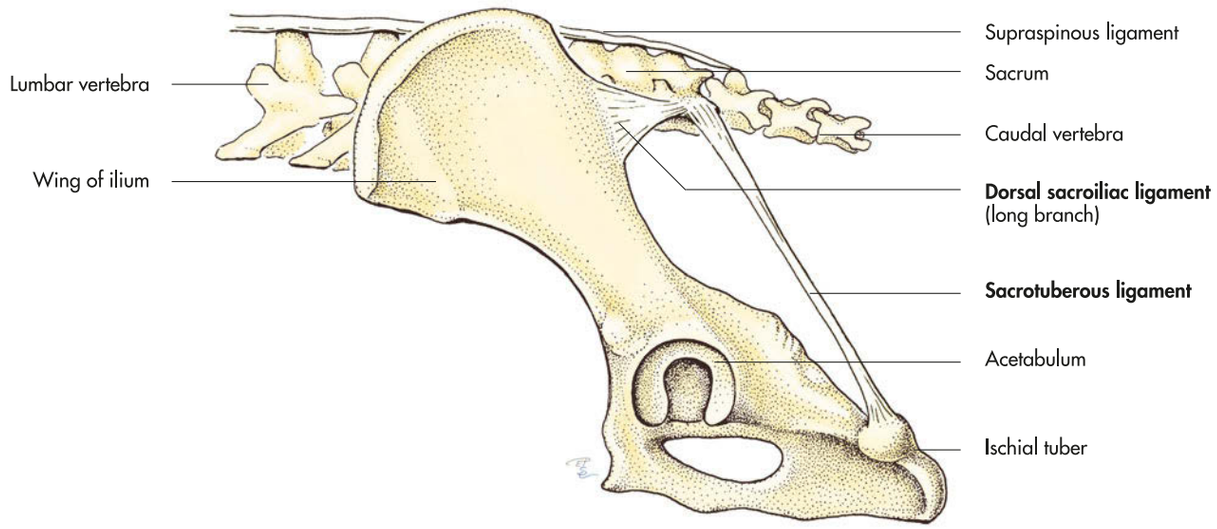


Fig. 5.54 Sacrotuberous ligament of the dog (schematic).

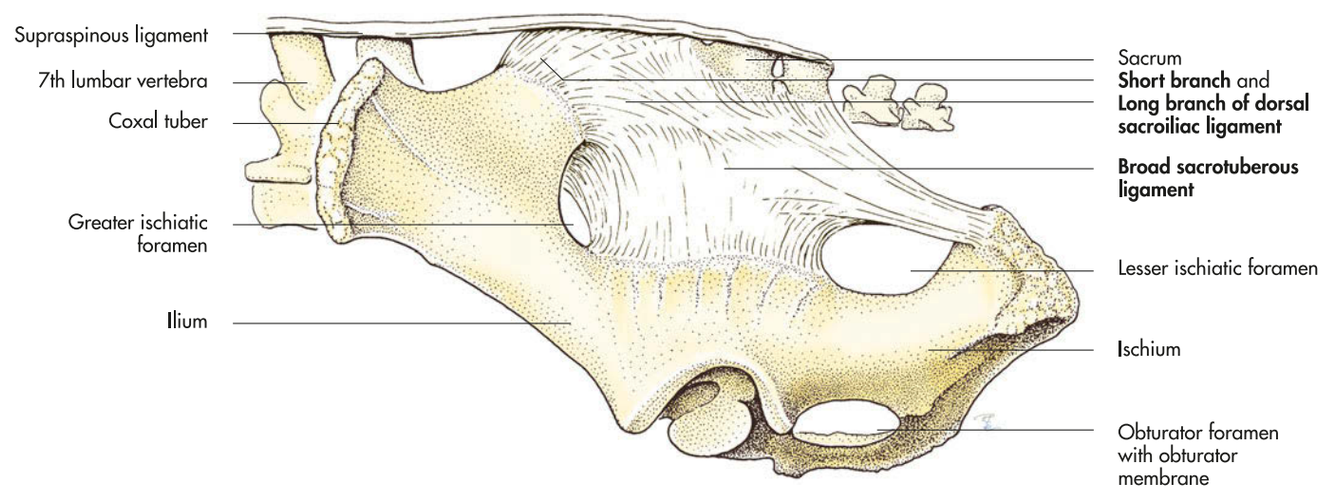


Fig. 5.55 Ligaments of the pelvis of the ox (schematic); fig. based on data from Červeny, 1980.

5.2.2 Coxofemoral or hip joint (articulatio coxae)

The hip joint is a **spheroidal joint** formed by the head of the femur articulating with the acetabulum. The acetabulum is deepened by a band of fibrocartilage, the **acetabular lip** (labrum acetabulare), which is applied to the acetabular rim.

The joint capsule is spacious and attaches to the acetabular lip. It is indented by the ligament of the **head of the femur** (ligamentum capitis ossis femoris). In ungulates the range of movement is largely restricted to flexion and extension with a limited capacity of rotation, adduction and abduction. This restriction of movement in the spheroidal hip joint is due to the shape of the femoral head, the intraarticular ligaments and the massive muscles of the thigh. These structures allow a greater range of movement in the dog and the cat compared to the other domestic species.

Ligaments of the hip joint (▶ Fig. 5.57) are:

- **ligament of the head of the femur** (ligamentum capitis ossis femoris), which extends from the fovea in the head of the femur to the acetabular fossa, it is largely intracapsular and covered by synovial membrane;
- **accessory ligament of the femur** (ligamentum accessorium ossis femoris), which is only present in the horse. It is detached from the straight muscle of the abdomen, which has its origin at the cranial pubic ligament. It passes through the acetabular notch and inserts close to the ligament of the head of the femur in the fovea of the head of the femur; and
- **transverse acetabular ligament** (ligamentum transversum acetabuli), which bridges the acetabular notch and keeps the other two ligaments in place.

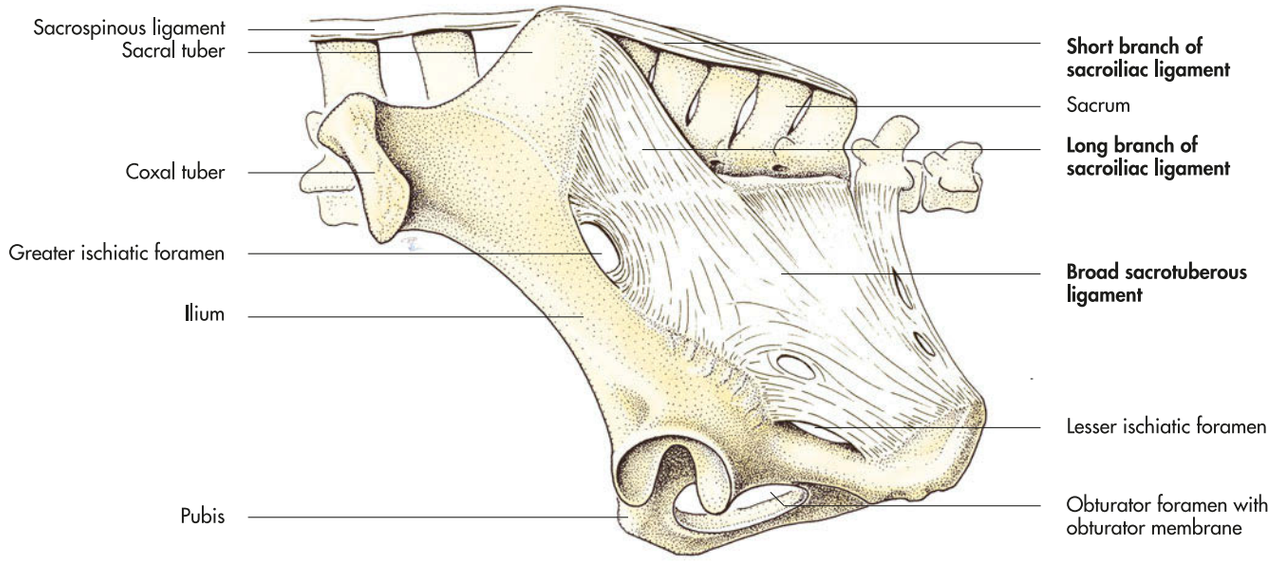


Fig. 5.56 Ligaments of the pelvis of the horse (schematic); fig. based on data from Ghetie, Pastea and Riga, 1955.

Clinical note

In the dog, **fractures, luxation and hip dysplasia (HD)** are the most clinically significant abnormalities of the hip.

Luxation of the head of the femur (caput ossis femoris) is usually accompanied by rupture of the ligament of the head of the femur and of the joint capsule. In young animals, trauma is more likely to result in separation of the femoral head at the level of the epiphyseal plate. In most cases of luxation, the femoral head is displaced craniodorsally and the major trochanter (trochanter major) can be palpated in an abnormally dorsal location. The limb appears shortened.

Hip dysplasia results in a shallow acetabulum. The associated reduction in the weight bearing surface area leads to increased pressure on the articular cartilage. Hip dysplasia is most common in large and medium-sized breeds and appears to have a genetic basis. Prophylactic radiographic examination is performed on young animals intended for breeding.

Clinical note

Injection sites

- **Dog:** The dog is put in lateral recumbency, the femur should be at a 90° angle to the vertebral column, the needle is inserted at the craniodorsal border of the greater trochanter, and is directed caudally and advanced parallel to the neck of the femur.
- **Ox:** The animal should stand squarely. A 20 cm needle is inserted just cranial to the greater trochanter and advanced in a slightly caudoventral direction.
- **Horse:** The horse should stand s atquarely and restrained within stocks. The greater trochanter should be palpated and a 15 cm needle inserted just caudal to it, into the trochanteric notch. The needle is directed in a horizontal plane craniomedially at a 45° angle to the long axis of the horse.

5.2.3 Stifle joint (articulatio genus)

The stifle joint is a **composite**, **incongruent hinge joint** (▶ Fig. 5.32, ▶ Fig. 5.58, ▶ Fig. 5.61 and ▶ Fig. 5.64). It comprises:

- the **femorotibial joint** (articulatio femorotibialis) formed by the femur and tibia and
- the **femoropatellar joint** (articulatio femoropatellaris) formed by the femur and patella.

Femorotibial joint (articulatio femorotibialis)

The femorotibial joint is formed between the condyles of the femur and the proximal end of the tibia.

To compensate for the **incongruency of the articular surfaces**, a **meniscus** (meniscus articularis) is interposed between each femoral condyle and the tibia. The menisci are semilunar fibrocartilages with a thick and convex peripheral border and a central thin and concave border. They have a concave proximal surface facing towards the femoral condyle and a flattened distal surface towards the tibia (▶ Fig. 5.62, ▶ Fig. 5.66 and ▶ Fig. 5.67).

Although a **condylar joint** with the chief movements being **flexion** and **extension**, the mobility of the menisci allows a limited degree of rotational movement to the stifle joint. The spiral configuration of the femoral condyles and the eccentric insertion of the collateral ligaments in relation to the axis of the joint movement tightens the ligaments and slows down the movement when the joint moves toward the extended position.

The **joint capsule** is spacious and its **fibrous layer** (membrana fibrosa) (▶ Fig. 5.71 and ▶ Fig. 5.72) is attached to the margin of the articular surfaces and the menisci, thus completely enclosing the femoral condyles. The **synovial layer** (membrana synovialis) of the joint capsule covers the cruciate ligaments and forms a partition, complete only in horses, between the medial and lateral femorotibial joint. The two femorotibial joint sacs are further separated by the menisci into two freely communicating compartments, a proximal and distal one.

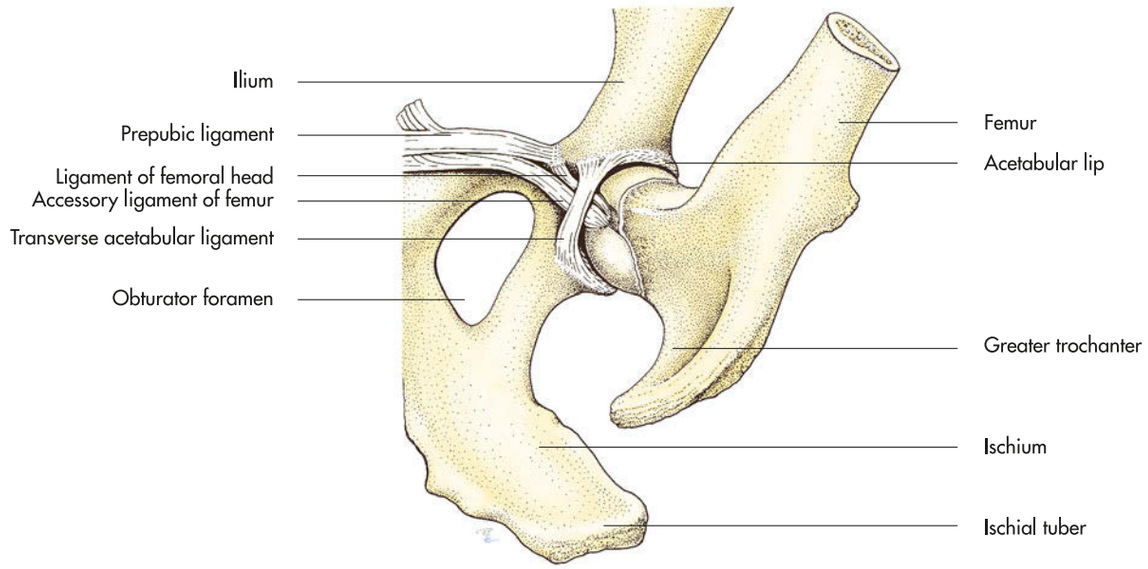


Fig. 5.57 Left hip joint of the horse (schematic); fig. based on data from Ghetie, 1967.

The lateral femorotibial joint has two pouches. One pouch ensheaths the tendon of the long digital extensor muscle at its origin from the extensor fossa; the other invests the tendon of origin of the popliteal muscle (▶ Fig. 5.71 and ▶ Fig. 5.72).

Ligaments of the femorotibial joints can be divided into:

- ligaments of the menisci and
- ligaments of the femorotibial joints.

Each mensicus is attached to the proximal tibia by cranial and caudal ligaments. The lateral meniscus has an additional ligament to the distal femur.

Meniscal ligaments (▶ Fig. 5.62, ▶ Fig. 5.63, ▶ Fig. 5.66 and ▶ Fig. 5.67) are:

- **cranial tibial ligaments of the menisci** (ligamentum tibiale craniale menisci lateralis et medialis): the **lateral and medial ligaments** extend from the cranial part of each meniscus to the lateral and medial cranial intercondylar area of the tibia;
- **caudal tibial ligaments of the meniscii** (ligamentum tibiale caudale menisci lateralis et medialis): the **lateral ligament** extends from the caudal angle of the lateral meniscus to the popliteal notch of the tibia; the **medial ligament** extends from the caudal angle of the medial meniscus to the caudal intercondylar area of the tibia;
- **femoral ligament of the lateral meniscus** (ligamentum meniscofemorale, ▶ Fig. 5.65): it passes from the caudal angle of the lateral meniscus to the inside of the medial femoral condyle; and
- **transverse ligament** (ligamentum transversum genus): it connects the cranial angles of the two menisci in carnivores and in some bovine individuals.

Femorotibial ligaments (▶ Fig. 5.58, ▶ Fig. 5.59, ▶ Fig. 5.66 and ▶ Fig. 5.67) are:

- **lateral** and **medial collateral ligaments** (ligamentum collaterale laterale et mediale): the **lateral or fibular collateral ligament** arises **ligament** from the lateral epicondyle of the femur and ends with one branch on the lateral condyle of the tibia and with a stronger branch on the head of the fibula. The **medial or tibial collateral ligament** extends between the medial epicondyle of the femur and a roughened area distal to the margin of the medial condyle of the tibia, it fuses with the joint capsule and the medial meniscus;
- **cranial** and **caudal cruciate ligaments of the stifle** (ligamenta cruciata genus, ▶ Fig. 5.62 and ▶ Fig. 5.68): the cruciate ligaments are mainly situated in the intercondylar fossa of the femur between the two synovial sacs of the femorotibial joints. The **cranial cruciate ligament** arises in the intercondylar area of the lateral femoral condyle, extends craniodistally and inserts on the central intercondylar area of the tibia. The **caudal cruciate ligament** is attached to the intercondylar area of the medial femoral condyle, is directed caudodistally and ends on the popliteal notch of the tibia; and
- **oblique popliteal ligament** (ligamentum popliteum obliquum) consists of fibrous strands embedded within the joint capsule running in a lateroproximal to mediodistal orientation.

Femoropatellar joint (articulatio femoropatellaris)

The femoropatellar joint is formed by the articular surface of the patella and the femur. Since the patella resembles a sledge sliding on the trochlea of the femur, it is classified as a **sledge joint**. The **ligaments of the femoropatellar joint** (▶ Fig. 5.58, ▶ Fig. 5.66, ▶ Fig. 5.69 and ▶ Fig. 5.70) can be divided into:

- patellar retinacula (retinacula patellae),
- femoropatellar ligaments (ligamentum femoropatellare laterale et mediale) and
- patellar ligament (ligamentum patellae).

The **patellar retinacula** are strands of connective tissue, detached from the regional fascia between the tendon of the quadriceps muscle, the patella, the femoral condyles and the trochlea of the tibia. The medial and lateral femoropatellar ligaments are bands of loose fibres, partially blended with the overlying retinacula.

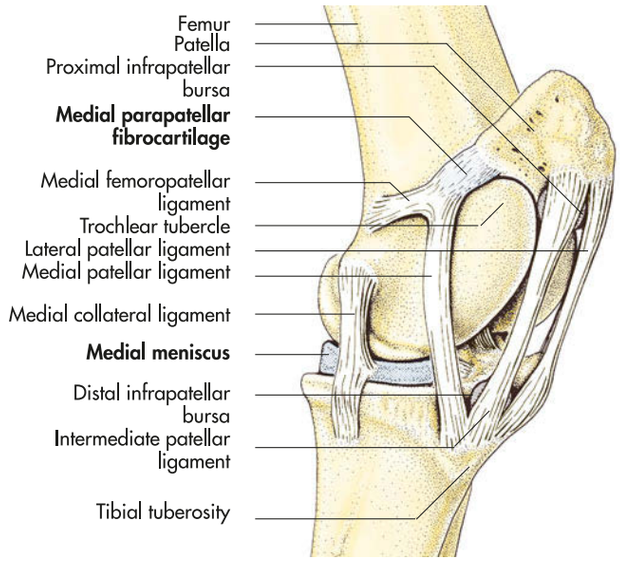


Fig. 5.58 Ligaments of the left stifle joint of the horse (schematic, medial aspect); fig. based on data from Ghetie, Pastea and Riga, 1955.

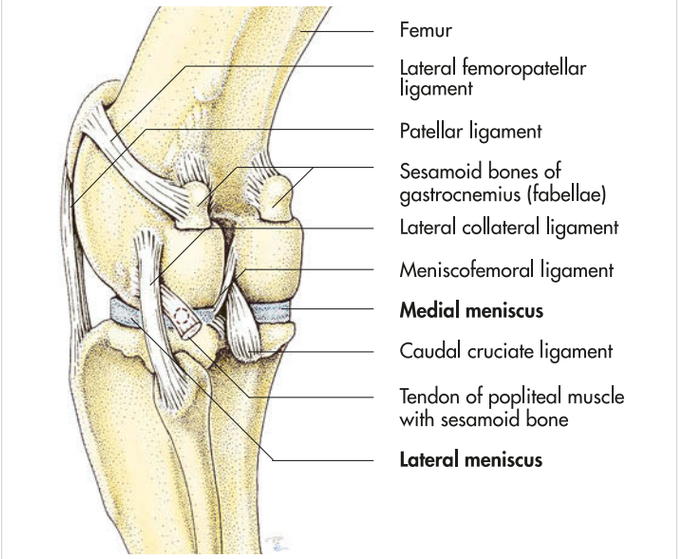


Fig. 5.59 Left stifle joint of the dog (schematic, caudolateral aspect).

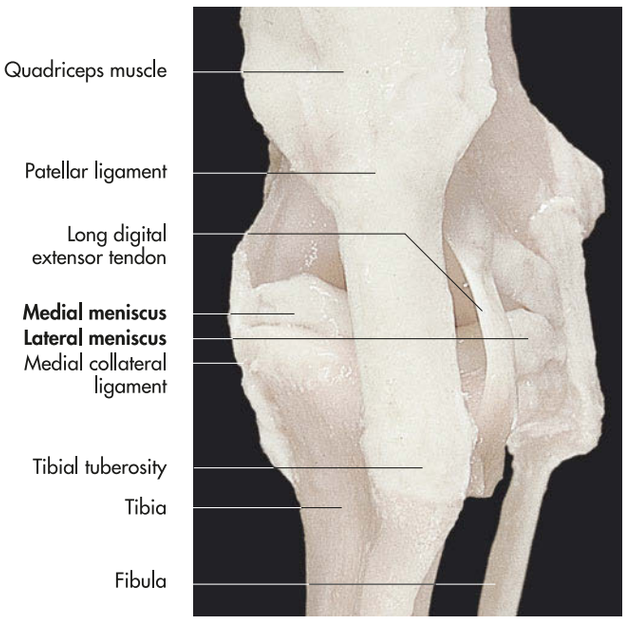


Fig. 5.60 Ligaments of the left stifle joint of a dog (cranial aspect). (source: courtesy of Dr. R. Macher, Vienna)

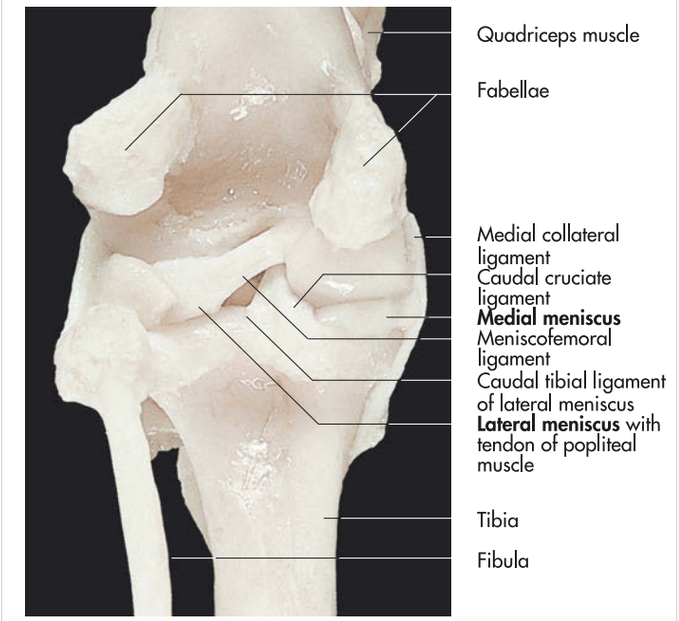


Fig. 5.61 Ligaments of the left stifle joint of a dog (caudal aspect). (source: courtesy of Dr. R. Macher, Vienna)

They extend between the epicondyles of the femur and the same side of the patella.

The patella is joined to the tibial tuberosity by a single patellar ligament in carnivores, the pig and small ruminants and by three patellar ligaments in cattle and the horse. The **single patellar ligament** of carnivores, the pig and small ruminants (▶ Fig. 5.60) is identical to the **middle patellar ligament** (ligamentum patellae intermedium) in the other species and is formed by the distal portion of the tendon of insertion of the quadriceps femoris muscle. The patellar ligament is separated from the joint capsule by a large quantity of fat, the **infrapatellar fat pad** (corpus adiposum infrapatellare). A small synovial bursa is frequently located between the distal part of the ligament and the tuberosity of the tibia (bursa infrapatellaris).

The **lateral and medial patellar ligaments** (ligamentum patellae mediale et laterale) of the ox and the horse are ligamentous thickenings of the fibrous retinaculum. The lateral patellar ligament extends from the lateral part of the cranial surface of the patella to the lateral part of the tuberosity of the tibia. It is joined to the strong tendon of the biceps muscle of the thigh. The medial patellar ligament is attached proximally to the parapatellar fibrocartilage and ends on the medial aspect of the tibial tuberosity. The middle patellar ligament extends from the cranial part of the apex of the patella to the tuberosity of the tibia.

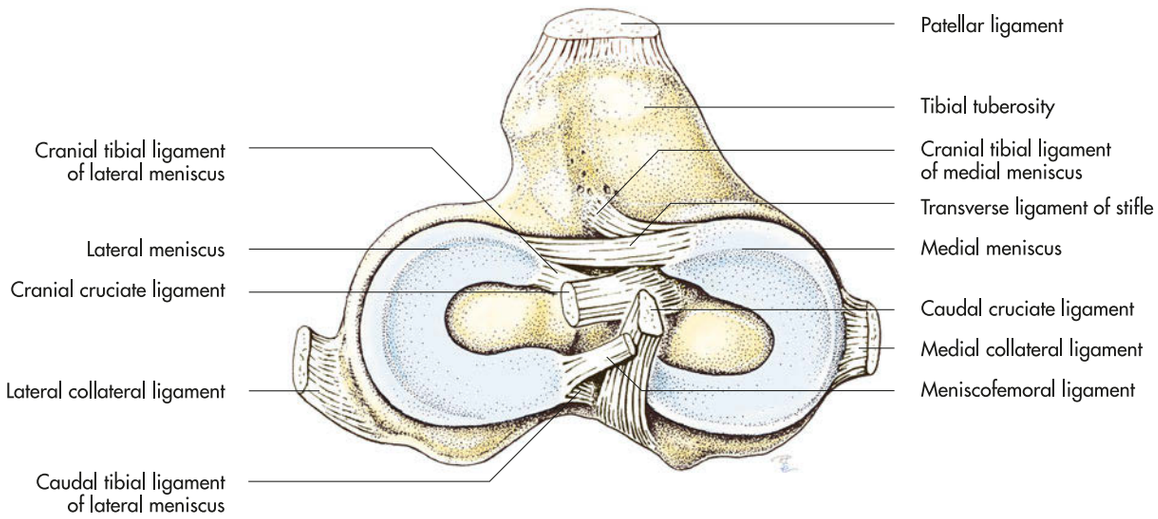


Fig. 5.62 Proximal end of the left tibia with menisci of the dog (schematic); fig. based on data from Červeny, 1980.

A **bursa** is interposed between the ligament and the groove on the tuberosity of the tibia (bursa infrapatellaris distalis). A smaller bursa is present in the horse between the proximal part of the ligament and the apex of the patella (bursa infrapatellaris proximalis). The middle patellar ligament can be palpated just proximal to the tibial plateau.

In the horse the arrangement of the stifle joint provides a **locking mechanism**, which is an important part of the passive stay apparatus, by which one hindlimb may support a greater part of the body weight while the other limb is rested. The patella and the middle and medial patellar ligaments complete a binding loop (▶ Fig. 5.66 and ▶ Fig. 5.69). Thus the patella can be hooked over the trochlea of the femur by contraction of the quadriceps muscle of the thigh in the resting position.

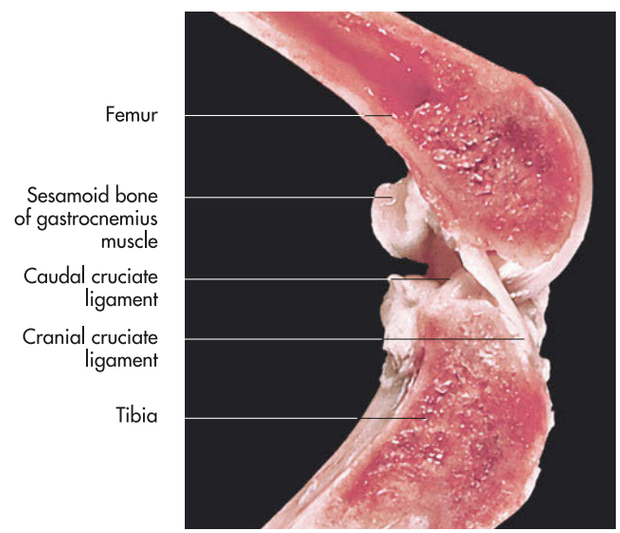


Fig. 5.63 Cruciate ligaments of a cat (paramedian section). (source: courtesy of Dr. Sabine Langer, Vienna)

The joint capsule is very spacious with pouches under the tendon of insertion of the quadriceps muscle of the thigh proximally. Distally it communicates with the femorotibial joint cavity. The femoropatellar and the femorotibial joints share a common joint capsule with three sacs, one for the femoropatellar joint, one for the medial and one for the lateral femorotibial joint, all of which intercommunicate in the carnivores and the pig. In ruminants the two femorotibial sacs communicate with each other and the medial femorotibial joint communicates with the femoropatellar joint.

While in the horse the femoropatellar joint cavity communicates only sometimes with the lateral femorotibial joint and usually with the medial joint, there is no communication between the two femorotibial joints.

In carnivores the cavities of the femorotibial joints also include the **fabellae**, **sesamoid bones** within the tendon of origin of the gastrocnemius muscle. The lateral femorotibial joint capsule extends a pouch to form the proximal tibiofibular joint capsule.

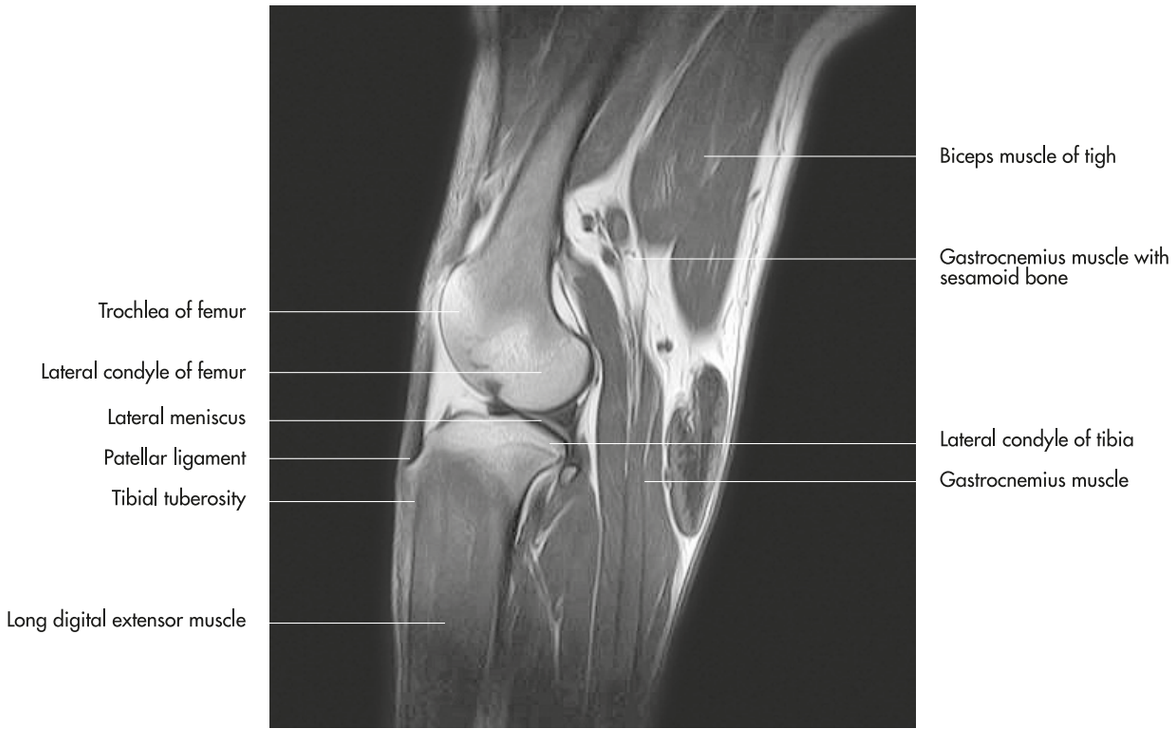


Fig. 5.64 Stifle joint of a dog (magnetic resonance imaging, T1 weighting, sagittal sectional plan). (source: courtesy of Dr. Isa Foltin, Regensburg)

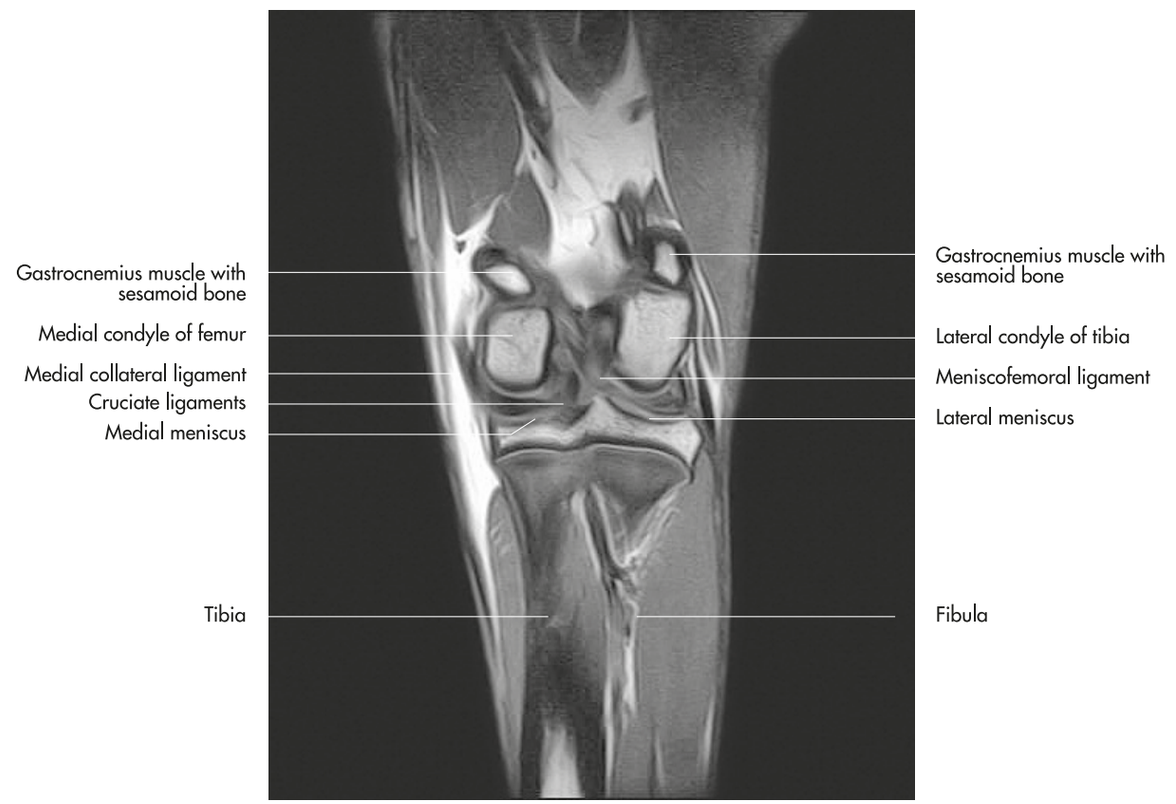


Fig. 5.65 Stifle joint of a dog (magnetic resonance imaging, T1 weighting, coronal sectional plan). (source: courtesy of Dr. Isa Foltin, Regensburg)

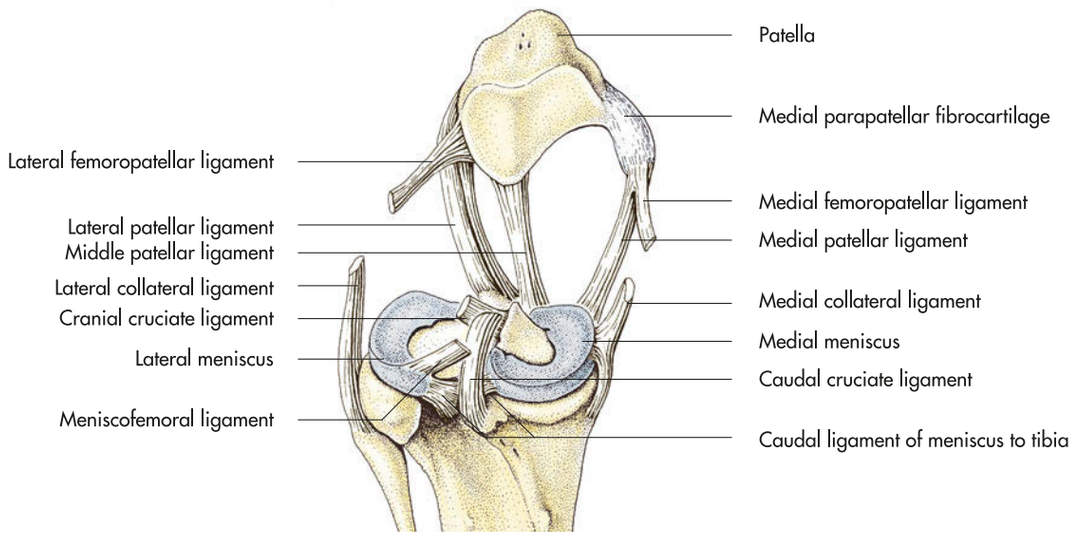


Fig. 5.66 Ligaments of the left stifle joint of the horse after removal of the distal end of the femur (schematic, caudal aspect); fig. based on data from Ghetie, 1967.

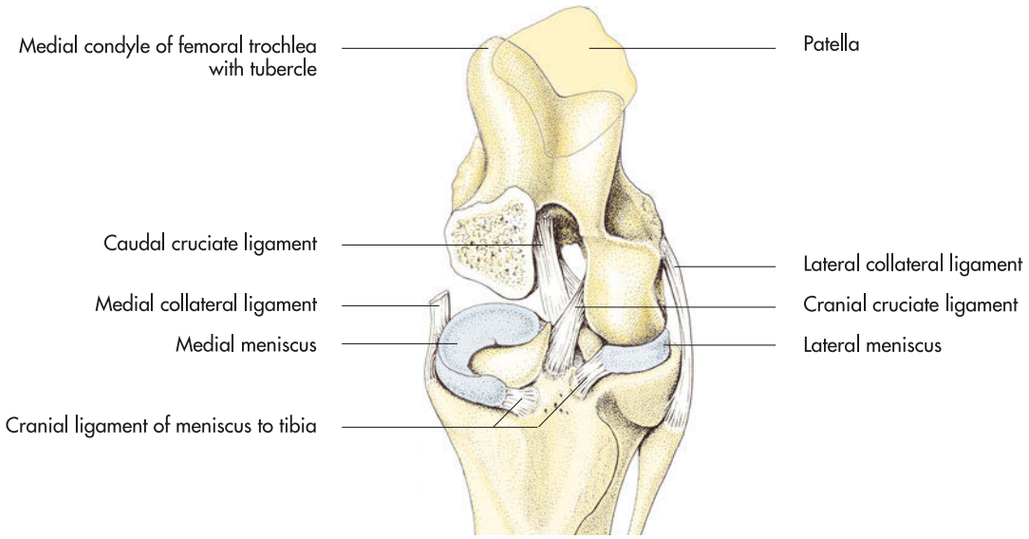


Fig. 5.67 Ligaments of the left stifle joint of the horse after removal of the medial femoral condyle (schematic, cranial aspect); fig. based on data from Červeny, 1980.

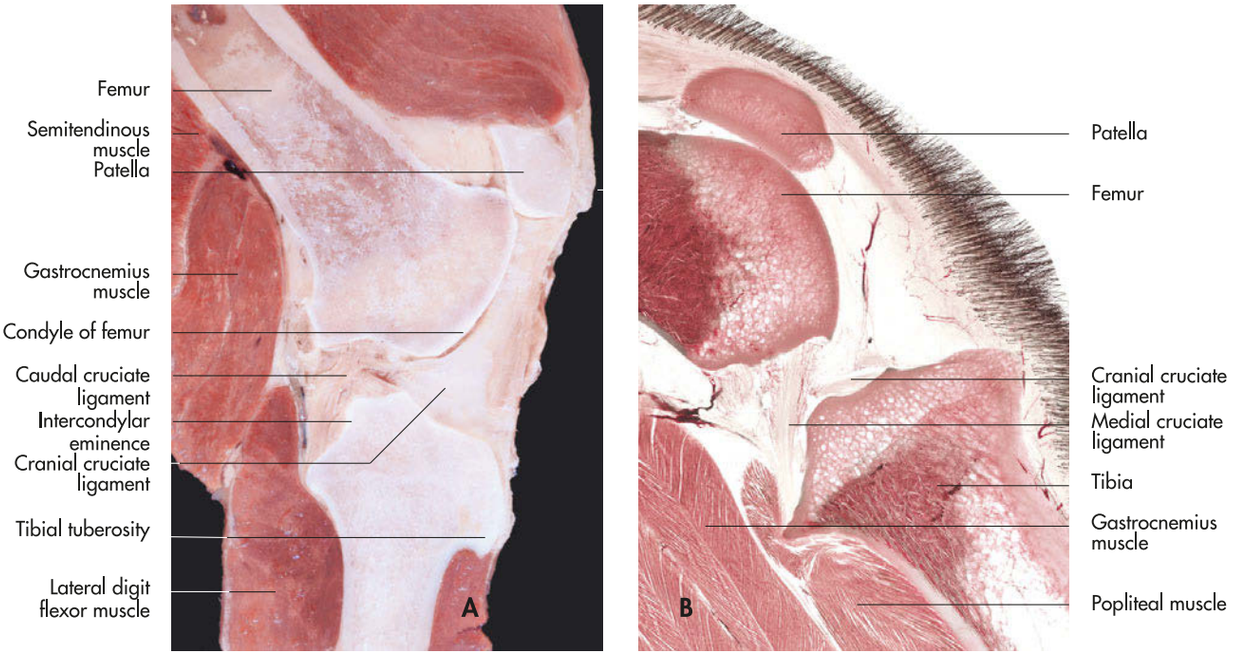


Fig. 5.68 Left stifle joint of a horse **(A)** (paramedian section); preparation L. Hnilitza, Vienna; and left stifle joint of a dog **(B)** (paramedian section, E-12 slice plastination). (source: courtesy of Prof. Dr. R. Latorre, Murcia, Espania (B))

Clinical note

Injection sites

- **Dog:** The dog is placed in lateral recumbency with the joint of interest closest to the table in a slightly flexed position. The needle is inserted on the medial border of the patellar ligament, halfway between the patella and the tibial tuberosity. The needle is advanced in a proximocaudal direction.
- **Pig:** The pig is placed in lateral recumbency. The needle is inserted just distal to the patella on the lateral border of the patellar ligament. The needle is advanced in the horizontal plane directed caudomedially.
- **Ox: Femoropatellar joint:** A 12 cm needle is inserted between the medial and middle patellar ligament, 3 cm proximal to the tibial tuberosity and advanced proximally. **Femorotibial joint:** A 6 cm needle is inserted into the lateral pouch at the cranial or caudal border of the long digital extensor muscle between the tibial tuberosity and the lateral condyle and advanced proximally.
- **Horse**: To ensure anaesthesia of **all three joint compartments** each joint should be injected separately. The **femoropatellar joint** is injected with a 3 cm long needle in the weightbearing horse just distal to the apex of the patella between the middle and medial patellar ligaments in a horizontal plane in a craniocaudal direction. The **medial femortibial joint** is injected with a 3 cm long needle in the weightbearing horse 2 cm proximal to the medial condyle of the tibia, between the medial patellar and the medial collateral ligaments in a horizontal plane in a lateral direction. The **lateral femorotibial joint** is injected with an 8 cm long needle in the weightbearing horse just proximal to the tibial tuberosity cranial or caudal to the long digital extensor tendon in a medioproximal direction.

Clinical note

Cruciate ligament rupture is **common in dogs**. Usually the **cranial ligament** is affected, allowing the tibia to be displaced cranially with respect to the femur (os femoris). Cranial cruciate rupture is often accompanied by tearing of the medial meniscus. In the less common event that the **caudal cruciate ligament** is damaged, the tibia can be displaced caudally when the thigh is stabilised. Manual displacement of the tibia with respect to the femur for diagnosis of cruciate ligament injury is referred to as the **"drawer sign"**. Management of cruciate ligament rupture requires surgical intervention. Luxation of the patella (usually medial) with significant lameness is common in small breeds of dog. This also necessitates surgical correction. Cruciate ligament rupture is considerably **less common in cats** than in dogs.

5.2.4 Tibiofibular joints

Due to the species-specific reduction of the fibula, the tibiofibular joints vary accordingly. In carnivores the fibula articulates with the tibia at each end by small and tight synovial joints, the **proximal and distal tibiofibular joints** (articulatio tibiofibularis proximalis et distalis) and forms a **syndesmosis** between the shafts of the two bones (membrana interossea cruris). The proximal joint cavity communicates with the lateral **femorotibial joint** in all domestic mammals, except the horse; the distal one, with the tarsocrural joint. In ruminants the head of the fibula is fused to the lateral condyle of the tibia and no proximal tibiofibular joint exists. The **distal tibiofibular joint** is formed by the distal end of the fibula and the lateral malleolus.

In horses only the **proximal tibiofibular joint** exists, since the distal end of the fibula is fused to the tibia to form the lateral malleolus.

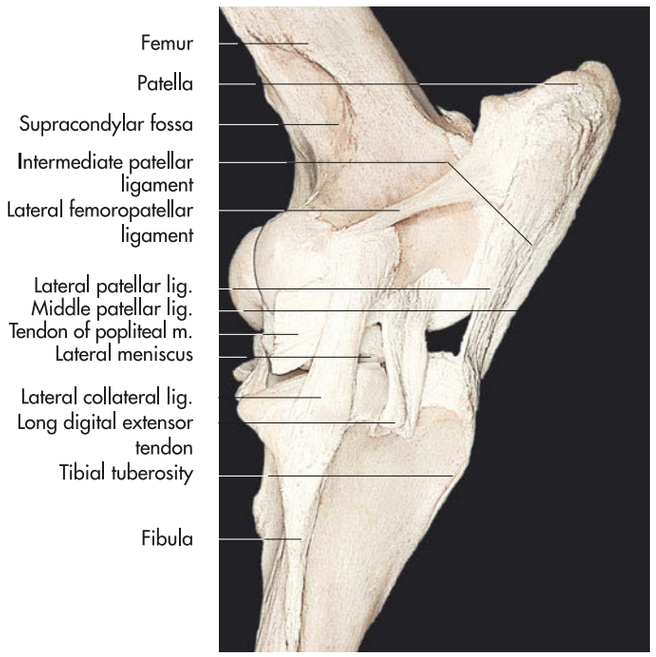


Fig. 5.69 Right stifle joint of a horse (lateral aspect). (source: courtesy of Dr. F. Teufel, Vienna)

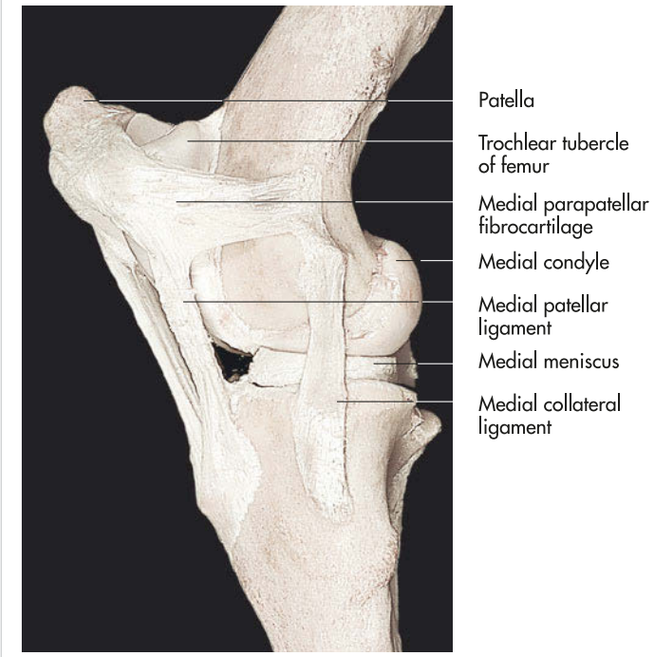


Fig. 5.70 Right stifle joint of a horse (medial aspect). (source: courtesy of Dr. F. Teufel, Vienna)

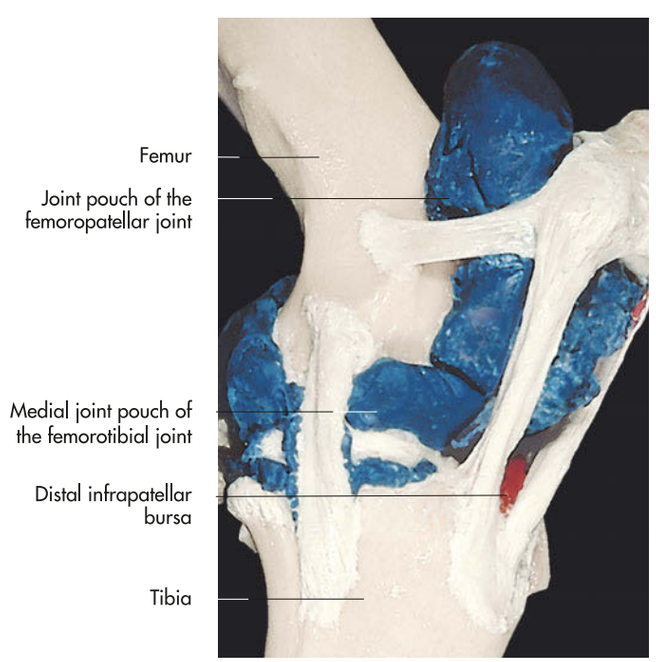


Fig. 5.71 Acrylic cast of the left stifle joint of a horse (medial aspect). (source: courtesy of Dr. F. Teufel, Vienna)

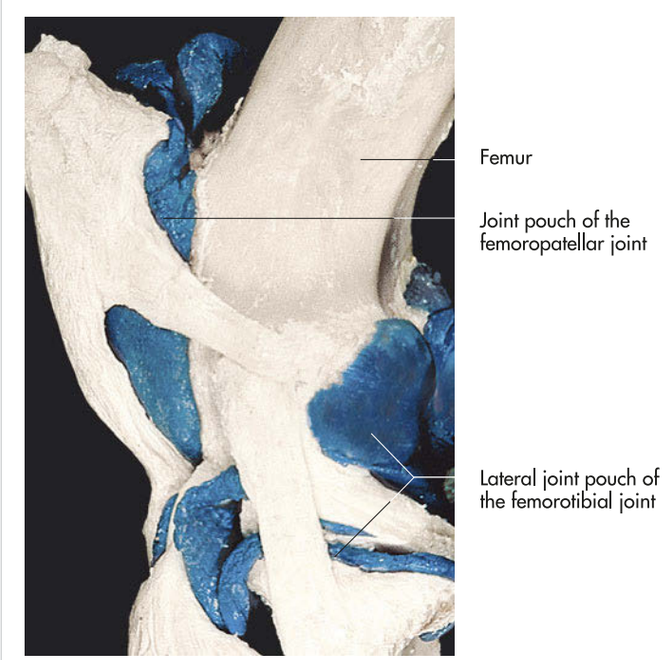


Fig. 5.72 Acrylic cast of the left stifle joint of a horse (lateral aspect). (source: courtesy of Dr. F. Teufel, Vienna)

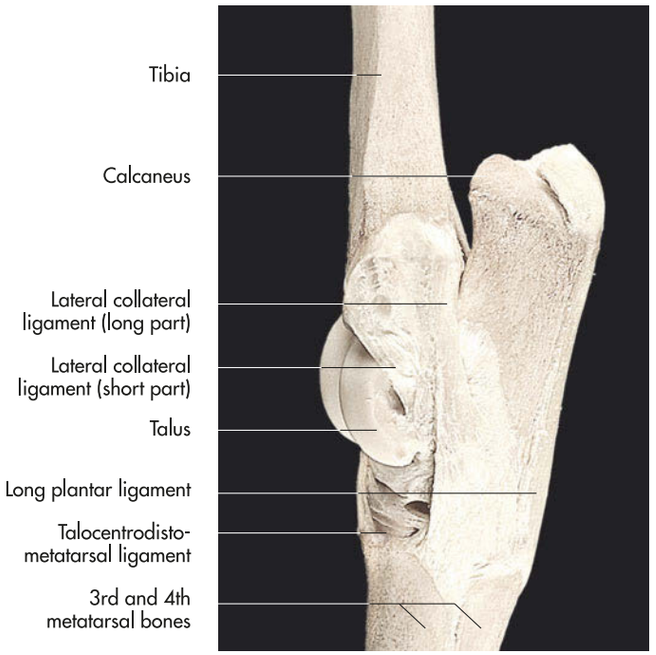


Fig. 5.73 Ligaments of the left tarsus of a horse (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

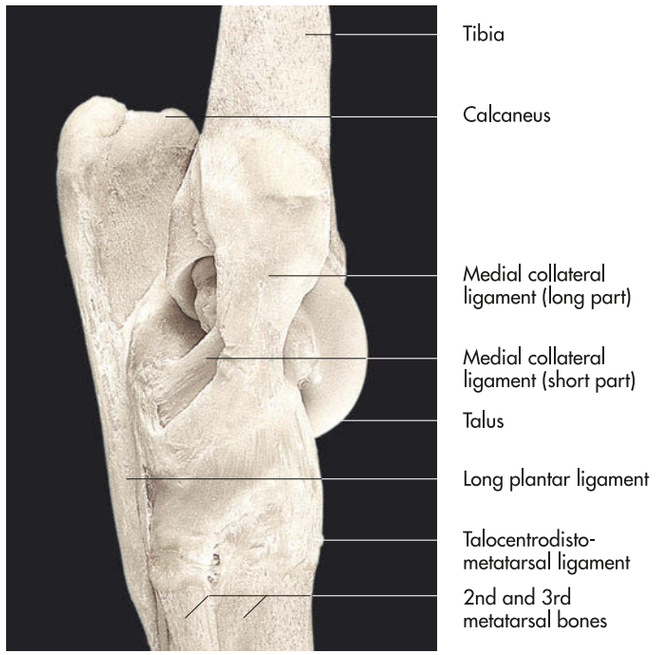


Fig. 5.74 Ligaments of the left tarsus of a horse (medial aspect). (source: courtesy of Dr. R. Macher, Vienna)

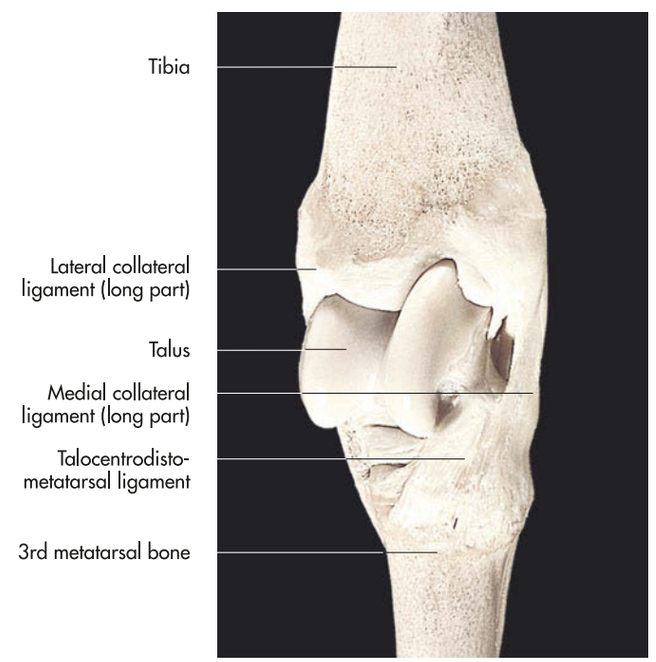


Fig. 5.75 Ligaments of the left tarsus of a horse (dorsal aspect). (source: courtesy of Dr. R. Macher, Vienna)

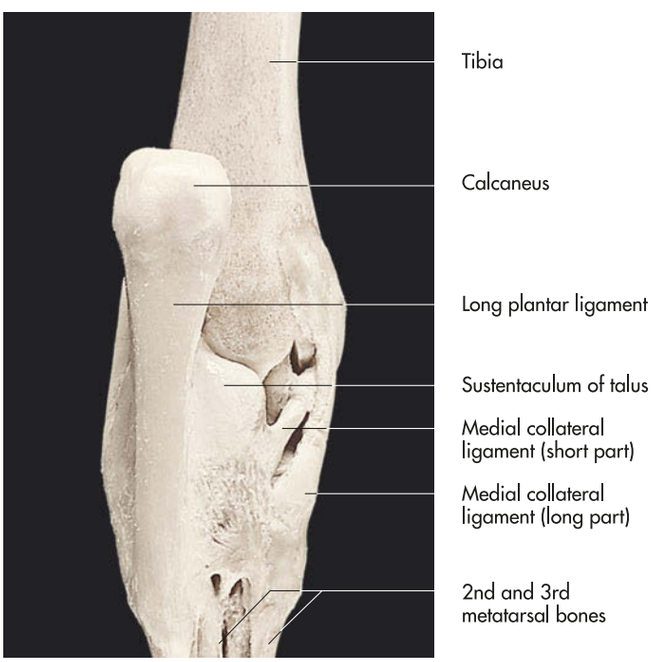


Fig. 5.76 Ligaments of the left tarsus of a horse (plantar aspect). (source: courtesy of Dr. R. Macher, Vienna)

5.2.5 Pedal joints (articulationes pedis)

Tarsal joint or hock (articulatio tarsi)

The tarsal joint is a **composite joint** formed between the tibia and fibula, the tarsal bones and the metatarsal bones with four levels of articulation (▶ Fig. 5.73).

The **fibrous layer** (membrana fibrosa) of the joint capsule extends from the distal end of the crus to the proximal part of the metatarsus, covering the whole tarsus.

The **synovial layer** (membrana synovialis) forms four synovial sacs for the four levels of articulation:

- tarsocrural joint (articulatio tarsocruralis),
- proximal intertarsal joints (articulationes intertarseae proximales),

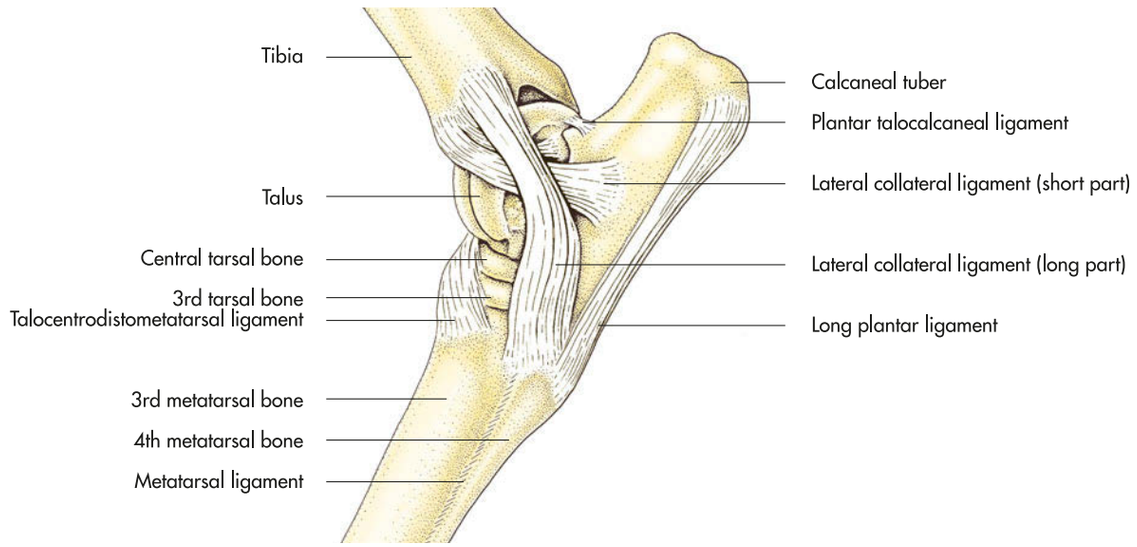


Fig. 5.77 Ligaments of the left tarsus of the horse (schematic, lateral aspect); fig. based on data from Červeny, 1980.

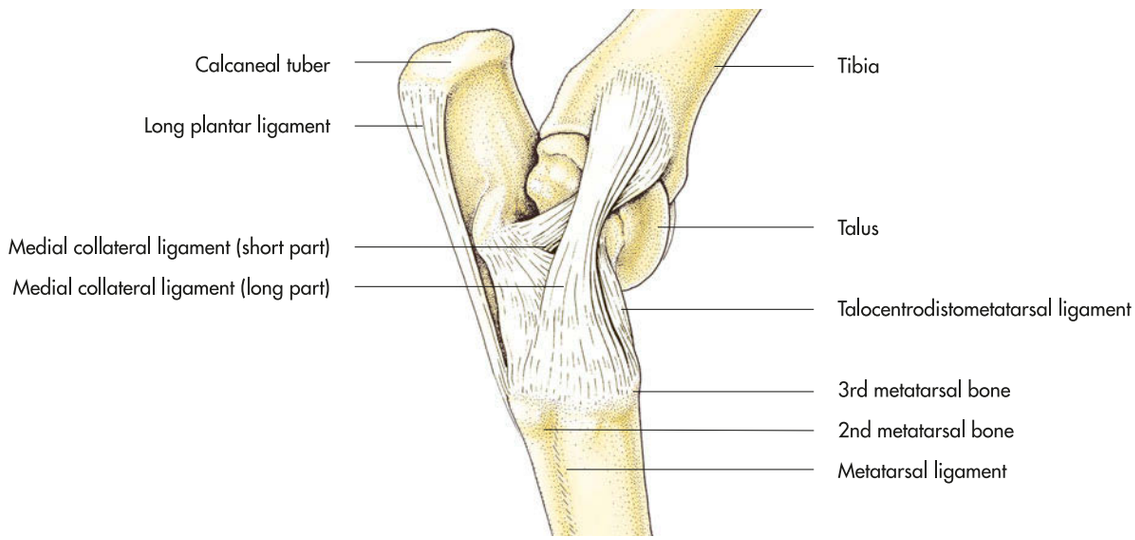


Fig. 5.78 Ligaments of the left tarsus of the horse (schematic, medial aspect); fig. based on data from Červeny, 1980.

- centrodistal joint (articulatio centrodistalis),
- distal intertarsal joints (articulationes intertarseae distales), and
- tarsometatarsal joints (articulationes tarsometatarseae).

The **tarsocrural joint** is a cochlear joint formed between the trochlea of the talus and the distal end of the tibia and between the calcaneus and the distal end of the fibula or the lateral malleolus (ruminants). Since the distal end of the fibula is incorporated within the tibia in the horse, the tarsocrural joint is only formed between the tibia and the talus.

The joint capsule is spacious and communicates with the proximal intertarsal joint. It has three pouches: two plantar pouches, which extend proximal to the medial and lateral malleoli, and a dorsal pouch, which extends under the medial tendon of the cranial tibial muscle (m. tibialis cranialis) (▶ Fig. 5.81).

The proximal intertarsal joint (articulatio intertarsea proximalis) can be subdivided into the articulation between the talus and the calcaneus proximally and the **central** and **fourth tarsal bones distally** (articulatio talocalcaneocentralis and articulatio calcaneoquartalis). In carnivores lateral movement and rotation as well as flexion and extension are possible. In ruminants only flexion and extension are possible and in the horse almost no movement occurs in the proximal intertarsal joint (▶ Fig. 5.79 and ▶ Fig. 5.80).

The **distal intertarsal joint** (articulatio intertarsea distalis) is a rigid joint formed by the central tarsal bone proximally and the small tarsal bones distally.

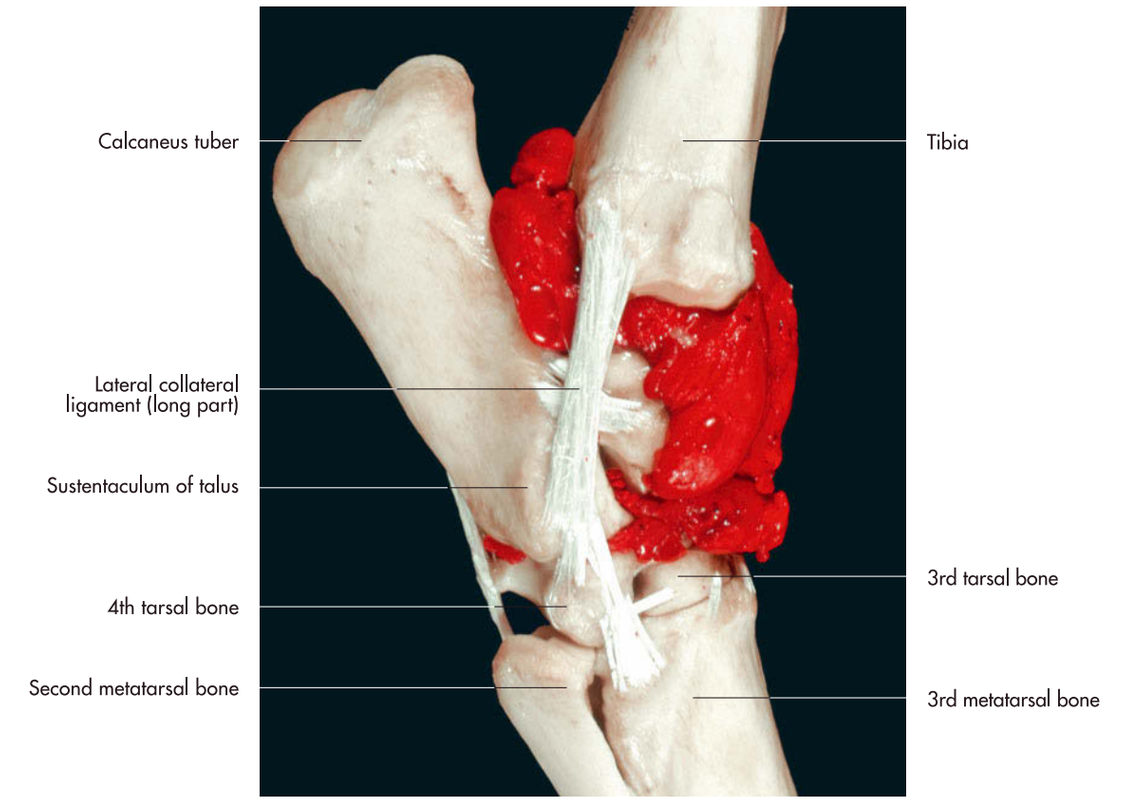


Fig. 5.79 Articular spaces of the tarsal joint of a horse (lateral view, Acrylic cast). (source: courtesy of H. Dier, Vienna)

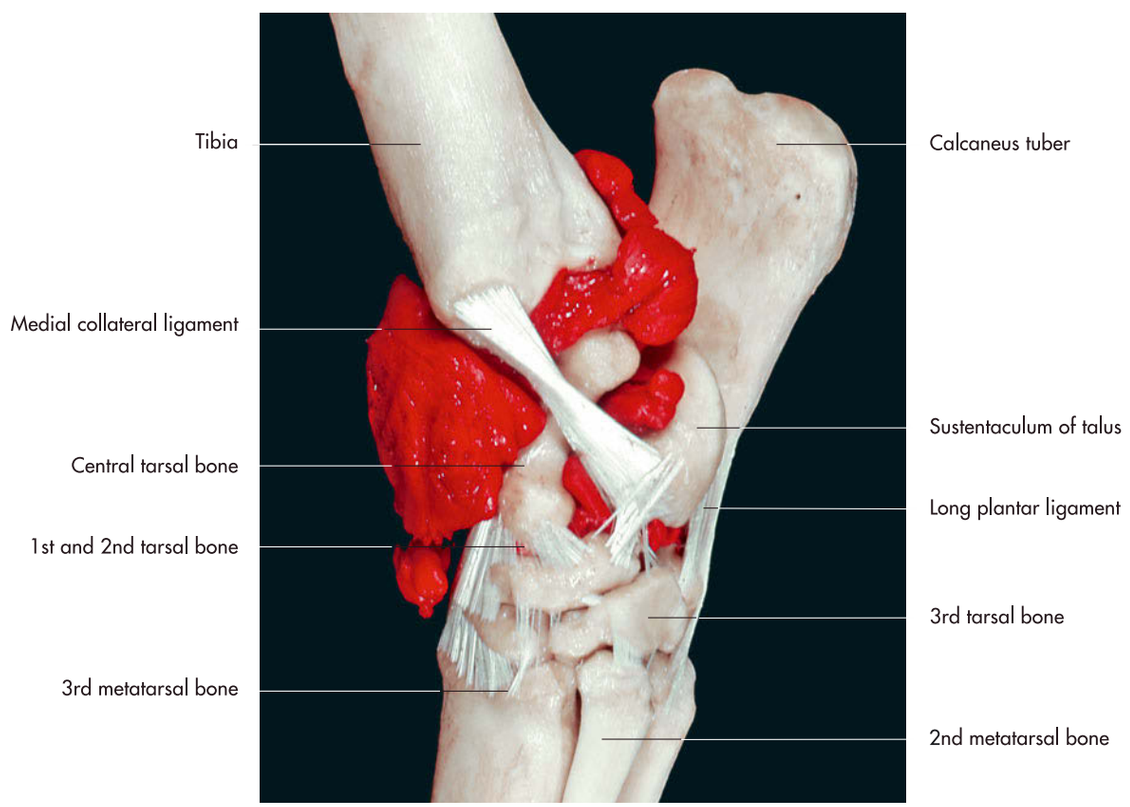


Fig. 5.80 Articular spaces of the tarsal joint of a horse (medial view, Acrylic cast). (source: courtesy of H. Dier, Vienna)

The vertical joints between the bones of the same row are called intratarsal joints and are closely opposed and allow very little movement. The distal tarsal bones articulate with the metatarsal bones, forming the rigid **tarsometatarsal joints** (articulationes tarsometatarseae). The **ligaments of the tarsus** comprise collateral ligaments, distal and proximal tarsal ligaments and fasciae (▶ Fig. 5.73, ▶ Fig. 5.74, ▶ Fig. 5.76, ▶ Fig. 5.77 and ▶ Fig. 5.78).

Collateral ligaments (ligamenta collateralia) can be further subdivided according to their length and location:

- **long lateral collateral ligament** (ligamentum collaterale tarsi laterale longum) extends between the lateral malleolus and the base of the lateral metatarsal bones, attaching also to the lateral tarsal bones along its course;
- **short lateral collateral ligament** (ligamentum collaterale tarsi laterale breve) runs deep to the long lateral collateral ligament; it arises from the lateral malleolus and attaches with one branch to the calcaneus and one branch to the talus;
- **long medial collateral ligament** (ligamentum collaterale tarsi mediale longum) extends between the medial malleolus and the base of the medial metatarsal bones, attaching also to the medial tarsal bones along its course;
- **short medial collateral ligament** (ligamentum collaterale tarsi mediale breve) arises from the medial malleolus, deep to the long one, and divides into two branches, one of which attaches to the talus and one to the calcaneus; in carnivores and ruminants an additional branch extends to the medial metatarsal bones; and
- **various ligaments** bridge the joint spaces in vertical, horizontal and oblique directions on the dorsal and plantar aspects of the hock.

The **more prominent ones** are:

- **dorsal tarsal ligament** (ligamentum tarsi dorsale or ligamentum talocentrodistometatarseum): a triangular sheath, which spreads out between the medial aspect of the talus and the central and third tarsal bones and the third and fourth metatarsal bones;
- **long plantar ligament** (ligamentum plantare longum): a very strong, flat band on the plantar aspect of the hock, extending between the distal calcaneus in carnivores or the tuber calcanei in the other domestic species and the central and fourth tarsal bones and the proximal end of the third and fourth metatarsal bones;
- various **short ligaments** bridge the joint spaces between the adjacent bones of the same level or the neighbouring level (ligamenta tarsi interossea); and
- several strong **fascia** (retinacula) are formed to keep tendons in place, and several blood vessels and nerves are embedded in this fascia. They are partly fused to the joint capsule.

Clinical note

Injection sites

- **Dog:** The dog is put in lateral recumbency and the hock extended. The needle is inserted just distal to the distal end of the fibula and dorsal to the palpable tendon of the long peroneal muscle. The needle is advanced in a distoplantar direction.
- **Pig:** The tarsocrural joint is injected by inserting the needle on the dorsal border of the lateral malleolus in a horizontal plane in a medial direction.
- **Ox:** A 6 cm needle is inserted between the lateral collateral ligament and the tendon of insertion of the cranial tibial muscle and advanced horizontally.
- **Horse:** The **tarsocrural** and **proximal intertarsal joints** are injected from the mediodorsal aspect with a 3 cm needle in the weightbearing horse. The needle is inserted into the palpable depression just distal to the medial malleolus in a horizontal plane in a lateral direction. Care has to be taken not to puncture the cranial branch of the medial saphenous vein. The **distal intertarsal joint** is injected from the medial aspect with a 3 cm needle in the weightbearing horse. A small depression is often palpable at the level of the distal part of the cunean tendon and along an imaginary line between the palpable distal tubercle of the talus and the proximal ends of the second and third metatarsal bones. The needle is inserted in a horizontal plane in a slightly caudal direction. The **tarsometatarsal joint** is injected from the lateral aspect with a 2 cm needle in the weightbearing horse. The needle is inserted 1 cm proximal to the head of the fourth metatarsal bone in a dorsal and slightly distomedial direction.

Clinical note

Fractures of the tarsus are relatively **uncommon in dogs**. Fracture sites, from most to least common, are the calcaneus, talus, central tarsal bone (os tarsi centrale) and the remaining tarsal bones. Tarsal fractures are often accompanied by rupture of the collateral ligaments. Fractures of the lateral malleolus may occur in association with osteochondrosis dissecans. In all these cases, surgical management is required.

Osteoarthritis of the low-motion joints of the tarsus (**"bone spavin"**) is **common in the horse**. Exostoses first arise at the medial articular surface of the central tarsal bone (os tarsi centrale) then subsequently appear on other bones as far distal as the cannon bone and splint bones. Physical examination often reveals enlargement of the bursa under the **medial tendon of insertion of the cranial tibial muscle** (m. tibialis cranialis) (sometimes referred to by clinicians as the cunean tendon or spavin tendon).

Metatarsal and phalangeal joints

The joints of the metatarsus and digits are similar to the corresponding joints of the thoracic limb.

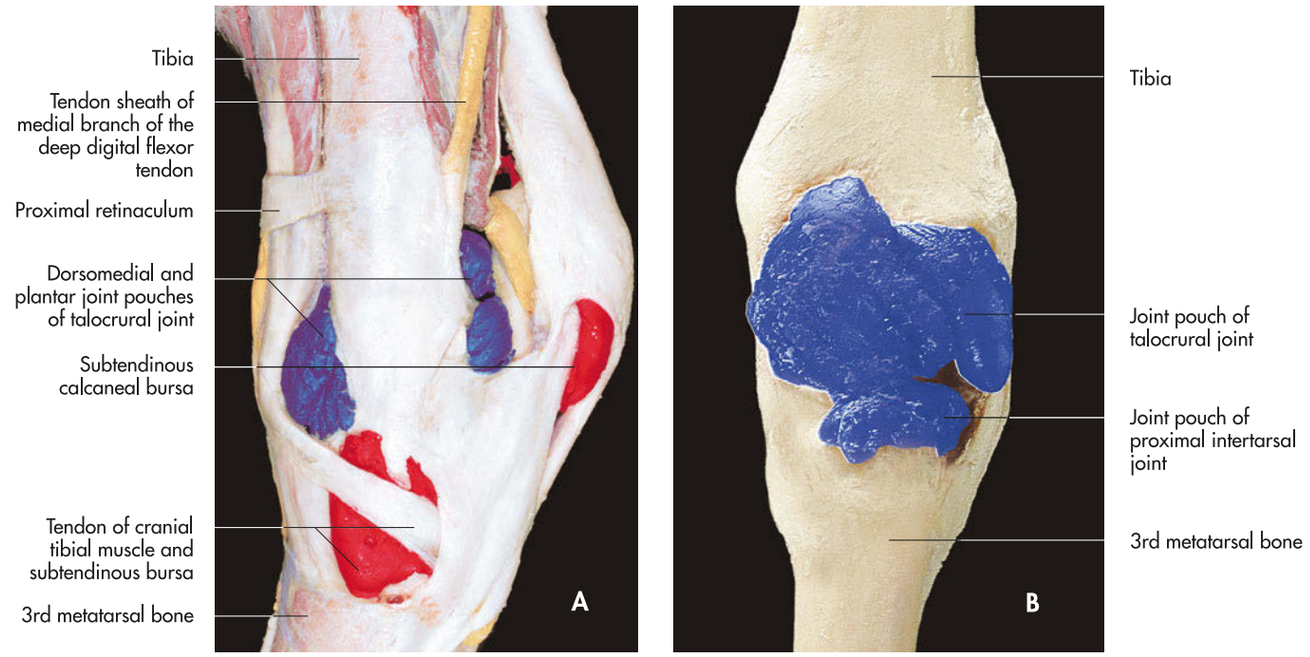


Fig. 5.81 Acrylic cast of the right tarsus of a horse: **(A)** medial and **(B)** dorsal aspect. (source: courtesy of Dr. Margit Teufel, Vienna)

5.3 Muscles of the pelvic limb (musculi membri pelvini)

The pelvic limb musculature includes the **fasciae** and both the **girdle musculature** and the **intrinsic muscles of the limb**.

5.3.1 Fasciae of the pelvis and the pelvic limb

The inner fascia of the trunk, which is termed the **transverse fascia** (fascia transversalis) in the abdomen, is continuous with the **iliac fascia** (fascia iliaca) of the pelvis. The iliac fascia forms a major part of the **muscular lacuna** (lacuna musculorum) for the passage of the iliopsoas muscle and, craniomedial to it the **vascular lacuna** (lacuna vasorum), through which the femoral artery and vein and the saphenous nerve pass. Caudally it is continuous with the inguinal ligament and the fascia of the **pelvic diaphragm** (fascia diaphragmatis pelvis). The muscles of the hindlimb are superficially covered by several layers of extensive fascia, which send multiple septa between the muscles. In the gluteal region it is termed the **gluteal fascia** (fascia glutaea), on the medial side of the femur it is termed the **femoral fascia** (fascia femoralis) and on the lateral aspect of the femur it is termed the **fascia lata**. Distally these fasciae continue as the **fascia of the stifle joint** (fascia genus) and the **crural fascia** (fascia cruris). These fasciae, divided in superficial and deep laminae, are strenghthened to form the retinacula of the stifle. The crural fascia of the tarsus holds the tendons as they pass over these joints.

5.3.2 Girdle or extrinsic musculature of the pelvic limb

The girdle muscles arise from the ventral aspect of the lumbar vertebrae and insert on the pelvis or the femur. The musculature of the pelvic girdle, also termed the sublumbar muscles, comprises:

- smaller psoas muscle (m. psoas minor),
- iliopsoas muscle (m. iliopsoas) and
- quadrate lumbar muscle (m. quadratus lumborum).

These muscles control dorsiflexion and ventriflexion of the spine and stabilise the vertebral column and the pelvis during progression. Because of the limited mobility of the sacroiliac joint, these muscles are weaker than their equivalent muscles of the thoracic limb (▶ Fig. 5.82 and ▶ Fig. 5.83; ▶ Table 5.1).

The **smaller psoas muscle** arises from the ventral aspect of the second or third caudal thoracic vertebra and the fourth or fifth cranial lumbar vertebra and inserts by means of a strong tendon to the psoas tubercle of the femoral shaft (▶ Fig. 5.83). In carnivores the smaller psoas muscle is, like the other sublumbar muscles, a strong fleshy muscle. The muscle bellies of each side border the tendons of origin of the diaphragmatic crura. The flat tendon of insertion is fused to the iliac fascia and ends on the arcuate line of the ilium extending to the iliopubic eminence. In ruminants and the horse the muscle is marked by multiple tendinous intersections.

The smaller psoas muscle steepens the pelvis when the vertebral column is fixed and flexes the vertebral column during the stance phase of movement.

The **iliopsoas muscle** is the strongest muscle of the pelvic girdle. It can be divided into the lumbar and iliac parts in all domestic mammals except in carnivores, where both portions are firmly fused:

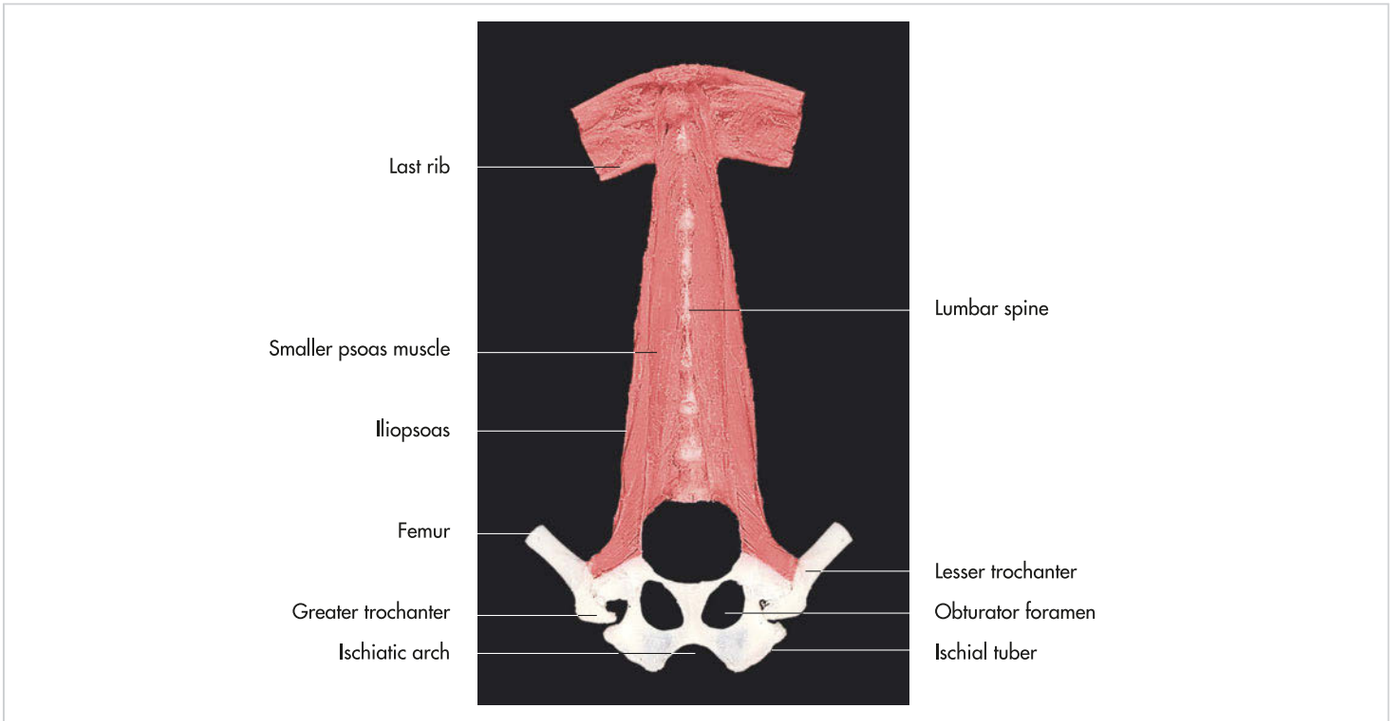


Fig. 5.82 Girdle musculature of the pelvic limb of a dog (ventral aspect).

- greater psoas muscle (m. psoas major) representing the lumbar portion and
- iliac muscle (m. iliacus) representing the iliac portion.

The **greater psoas muscle** originates from the bodies and transverse processes of the lumbar vertebrae, the last two thoracic vertebrae and the ribs and is lateral to the small lumbar muscles (▶ Fig. 5.83). It lies ventral to the quadrate lumbar muscle and dorsal to the smaller psoas muscles. It inserts on the lesser trochanter of the femur after its incorporation with the iliac muscle.

The **iliac muscle** originates on the wing and the shaft of the ilium and inserts on the lesser trochanter of the femur by the common tendon of the iliopsoas muscle. Before inserting, the iliopsoas muscle passes through the **muscular lacuna** (lacuna musculorum). This opening is formed caudal to the abdominal wall by the os coxae laterally and caudally, the rectus abdominis muscle medially and the iliac fascia cranially.

In ruminants and the horse the iliac muscle is a strong fleshy muscle, which is flat in cross-section cranially, but more rounded caudally. It arises with two heads; the stronger lateral head originates from the wing of the ilium, the smaller medial one from its shaft. The two parts enclose the greater psoas muscle, with which they unite to form the common tendon of insertion on the lesser trochanter of the femur.

The iliopsoas muscles advance the pelvic limb by flexing the hip joint and by outward rotation of the stifle joint. When the limb is fixed, in the stance phase of movement, the iliopsoas muscles flex the vertebral column. When the limb is extended the muscle causes the trunk to be drawn caudally.

The **quadrate lumbar muscle** originates from the ventral surfaces of the transverse processes of the lumbar vertebrae and the proximal ends of the ribs and inserts on the ventral surface of the wings of the sacrum and ilium (▶ Fig. 5.83).

In carnivores this muscle is stronger than in the other domestic species and has a thoracic part and a lumbar part. The thoracic part has several orgins arising from each of the bodies of the last three thoracic vertebrae and inserts on the transverse processes of the cranial lumbar vertebrae. The lumbar part extends to and inserts on the ventral border of the sacrum and iliac wing.

In ruminants and the horse, the quadrate lumbar muscle is a thin, tendinous muscle, which originates from the proximal end of the last rib and the transverse processes of the cranial lumbar vertebrae, and inserts on the transverse processes of the caudal lumbar vertebrae and the wing of the sacrum.

The quadrate lumbar muscle stabilizes the lumbar vertebral column. In animals where ventriflexion and dorsiflexion are possible, such as carnivores and the pig, it also causes ventriflexion of the sacroiliac joint.

5.3.3 Intrinsic musculature of the pelvic limb

The intrinsic muscles of the hindlimb provide the forward impetus to locomotion. The power developed by these muscles is transferred to the trunk through the coxofemoral and sacroiliac joints, which are supported by the muscles of the hindlimb.

Thus, the intrinsic musculature of the pelvic limb is further developed and shows more complex structure than the corresponding musculature of the thoracic limb. The muscle bellies of the proximal muscles are large and model the contour of the croup and thigh. The long tendinous muscles of the distal limb, similar to the forelimb, cause flexion and extension of the tarsal and digital joints (▶ Fig. 5.84 and ▶ Fig. 5.85).

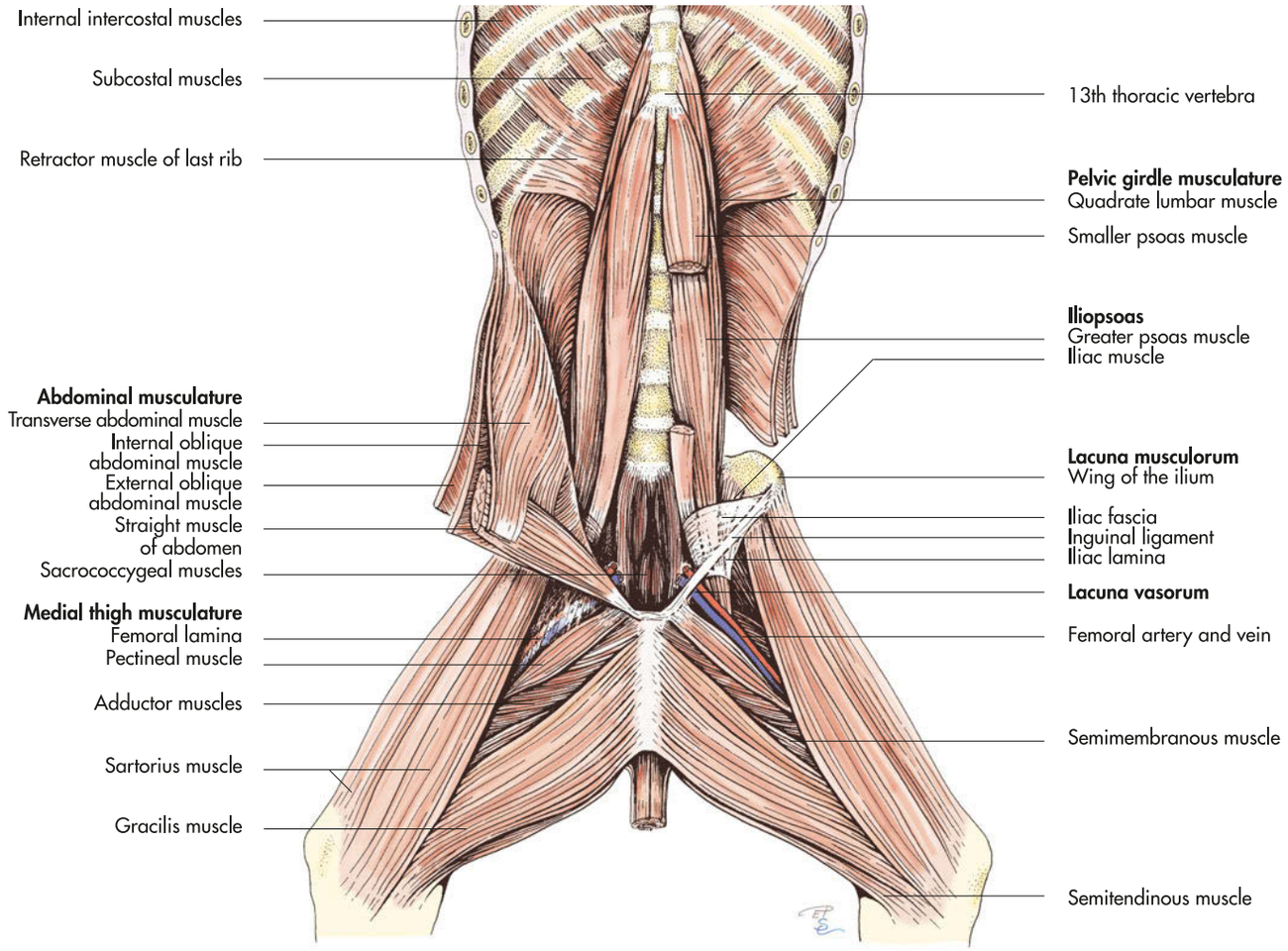


Fig. 5.83 Girdle musculature, medial muscles of the thigh of the pelvic limb and abdominal muscles of the dog (schematic, ventral aspect); fig. based on data from Ellenberger and Baum, 1943.

The **intrinsic musculature** comprises:
- muscles of the hip,
- muscles of the stifle,
- muscles of the tarsus and
- muscles of the digits.

The muscles of the hip are particularly large in the horse, where they round the contours of the croup in a distinctive fashion.

Their primary function is to extend the hip joint, but some also act as extensors of the stifle and the tarsus. These muscles are grouped according to their position.

The **hip muscles** comprise:
- rump muscles,
- caudal muscles of the thigh,
- medial muscles of the thigh and
- inner pelvic muscles.

Rump muscles

The muscles of the rump lie over the lateral and caudal parts of the pelvic wall. They extend between the ilium and the thigh and are arranged in several layers (▶ Fig. 5.84, ▶ Fig. 5.88, ▶ Fig. 5.89 and ▶ Fig. 5.97; ▶ Table 5.2). This group comprises:
- superficial gluteal muscle (m. gluteus superficialis),
- gluteofemoral muscle (m. gluteofemoralis),
- middle gluteal muscle (m. gluteus medius),
- piriform muscle (m. piriformis),
- deep gluteal muscle (m. gluteus profundus) and
- tensor muscle of the fascia lata (m. tensor fasciae latae).

Table 5.1 Girdle musculature of the pelvic limb.

Name Innervation	Origin	Insertion	Function
Smaller psoas muscle Dog: Ventral branches of 4th–5th lumbar nerves Horse: Intercostal nerves, ventral branches of lumbar nerves, genitofemoral nerve, femoral nerve	Last 3 thoracic vertebrae, 1st–4th lumbar vertebrae	Arcuate line of ilium	Fixator and flexor of the lumbar vertebral column
Iliopsoas muscle:			
• **Greater psoas muscle** Dog: Ventral branches of the 4th–5th lumbar nerves Horse: Intercostal nerves, femoral nerve	Last thoracic vertebrae, lumbar vertebrae	Lesser trochanter of femur	Flexor of the hip joint, draws hindlimb forwards
• **Iliac muscle** Lumbar nerves, genitofemoral nerve, femoral nerve	Iliac fascia, wing of ilium	Lesser trochanter of femur	
Quadrate lumbar muscle Dog: Ventral branches of 4th–5th lumbar nerves Horse: Intercostal nerves, ventral branches of lumbar nerves, genitofemoral nerve, femoral nerve	Ventral on the transverse processes of the lumbar vertebrae	Transverse processes of the lumbar vertebrae, wing of sacrum, wing of ilium	Fixator of the lumbar vertebral column

Table 5.2 Rump muscles.

Name Innervation	Origin	Insertion	Function
Superficial gluteal muscle Caudal gluteal nerve	Gluteal fascia and sacrum	Greater and third trochanters	Extensor and flexor of the hip joint
Gluteofemoral muscle Caudal gluteal nerve	2nd–4th caudal vertebrae	Fascia lata, patella	Draws limb outwards and backwards, draws the tail to the side
Middle gluteal muscle Cranial gluteal nerve	Ilial wing, sacrum and 1st lumbar vertebra	Greater trochanter	Extensor of the hip joint, draws limb outwards and backwards
Piriform muscle Cranial gluteal nerve	Last sacral vertebra and sacrotuberous ligament	Greater trochanter	Extensor of the hip joint, draws limb outwards and backwards
Deep gluteal muscle Cranial gluteal nerve	Ischiatic spine	Greater trochanter	Draws limb outwards and backwards
Tensor muscle of fascia lata Cranial gluteal nerve	Coxal tuber	Fascia lata	Draws limb forwards, tensor of the fascia

The **superficial gluteal muscle** shows species-specific variation. The muscle is only present as an isolated muscle in the carnivores, whereas in other domestic species it is fused to neighbouring muscles (▶ Fig. 5.88).

In carnivores the superficial gluteal muscle is a rectangular muscle plate, extending between the sacrum, the first caudal vertebra and the ilium proximally and the major trochanter distally. It originates from the gluteal fascia, the lateral part of the sacrum, the sacral tuber of the ilium, the first caudal vertebra and the sacrotuberous ligament. Its fibres converge to form a tendon, which runs caudodistally over the greater trochanter and inserts distal to it.

In the pig the superficial gluteal muscle has two portions, a smaller superficial and a larger deep portion. The superficial part is further subdivided into a cranial portion, which takes origin from the gluteal fascia and fuses with the tensor muscle of the fascia lata, and a caudal portion, which originates cranial to the biceps muscle of the thigh and radiates into the fascia lata. The deep portion takes its origin from the sacrum and the first caudal vertebra and joins the biceps muscle to form the **gluteobiceps muscle**. In small ruminants the superficial gluteal muscle is partly fused with the biceps muscle of the thigh and in the ox it is completely fused and is therefore termed the **gluteobiceps muscle** (▶ Fig. 5.75).

In the horse the superficial gluteal muscle originates from the gluteal fascia and covers the middle gluteal muscle. It unites with the tensor muscle of the fascia lata distal to the hip. Having passed over the greater trochanter, their common tendon of insertion attaches on the third trochanter and radiates into the femoral fascia (▶ Fig. 5.89). A synovial bursa is interposed between its tendon of insertion and the third trochanter. The superficial gluteal muscle extends the hip joint. It also retracts the limb and supports outward rotation.

The **gluteofemoral muscle** exists only in the cat. It is located as a narrow muscle band between the superficial gluteal muscle and the biceps muscle of the thigh. It originates from the second to fourth caudal vertebrae and inserts on the lateral aspect of the patella and the fascia lata by means of an aponeurosis. Its function is retraction and abduction of the limb and extension of the hip. It is also responsible for lateral movements of the tail when the limb is in a fixed position.

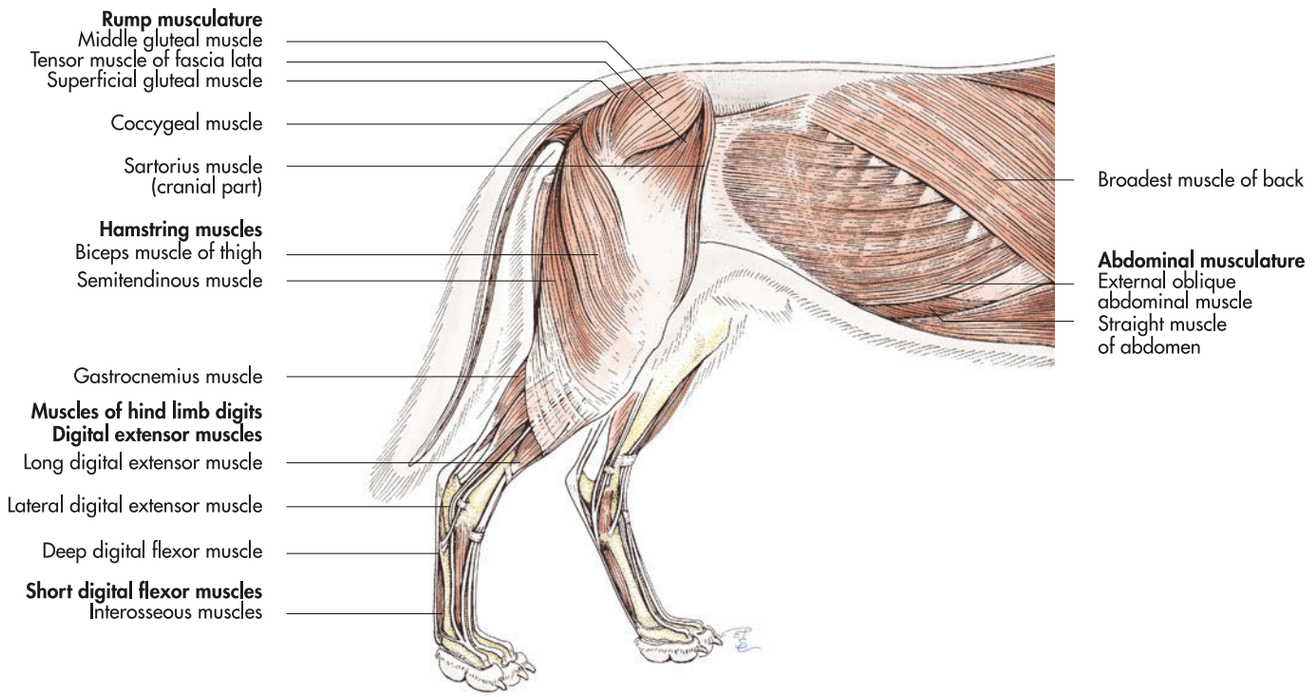


Fig. 5.84 Abdominal muscles and superficial musculature of the pelvic limb of the dog (schematic).

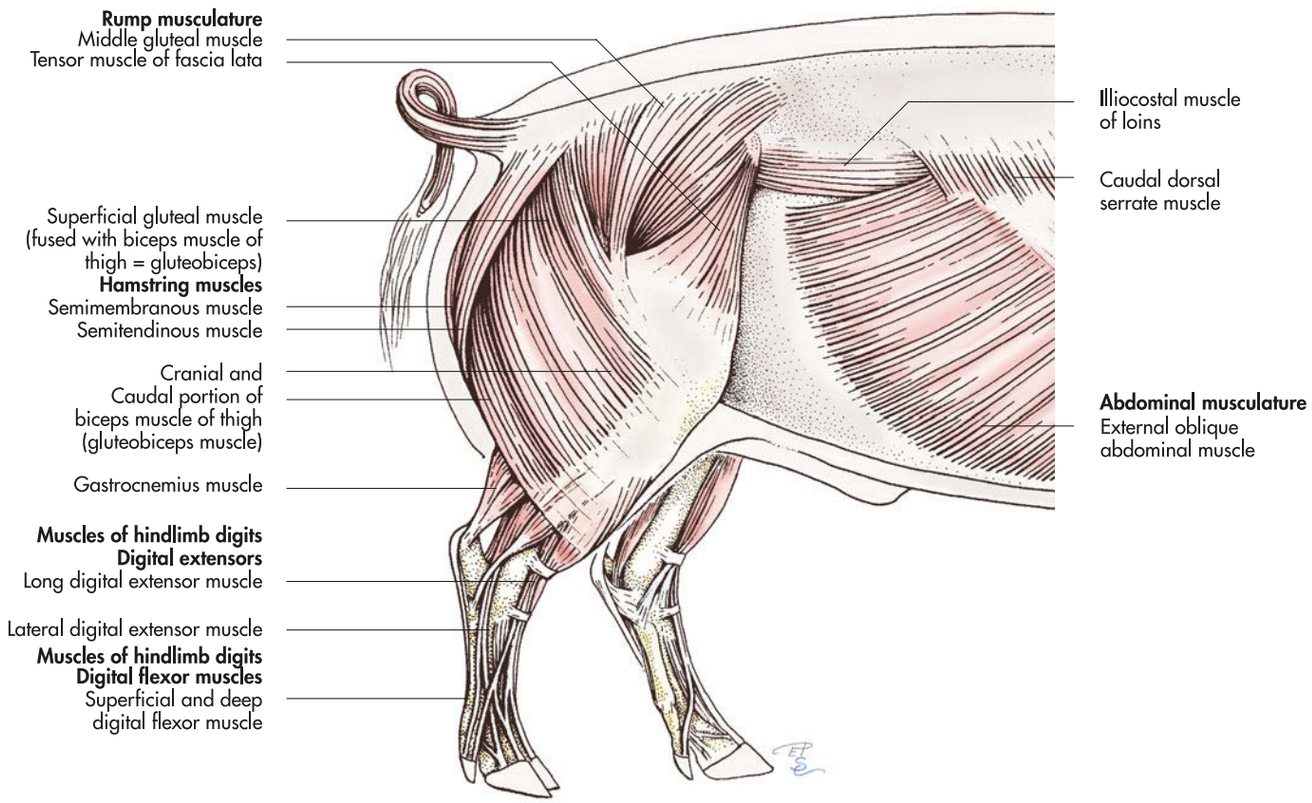


Fig. 5.85 Abdominal muscles and superficial musculature of the pelvic limb of the pig (schematic).

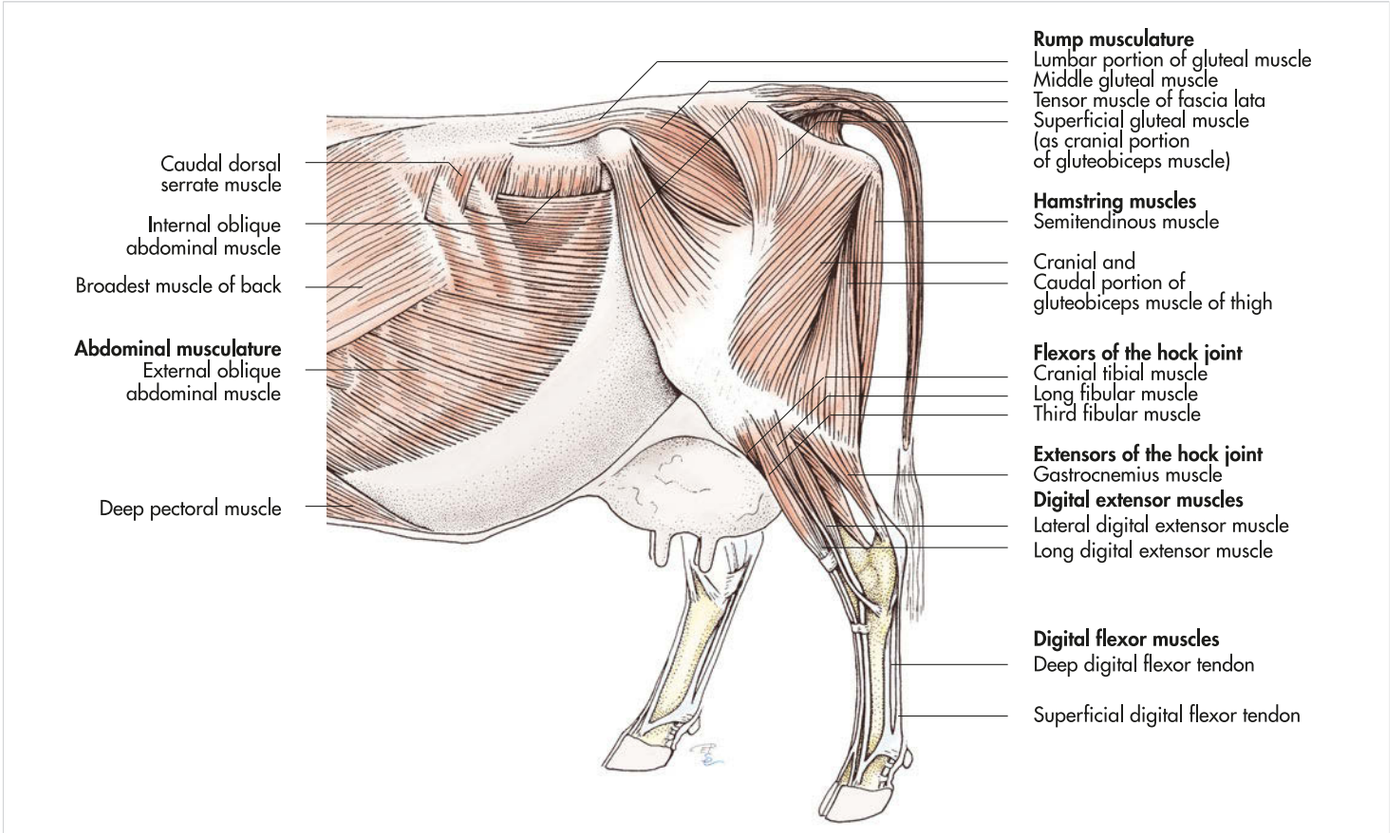


Fig. 5.86 Abdominal muscles and superficial musculature of the pelvic limb of the cow (schematic).

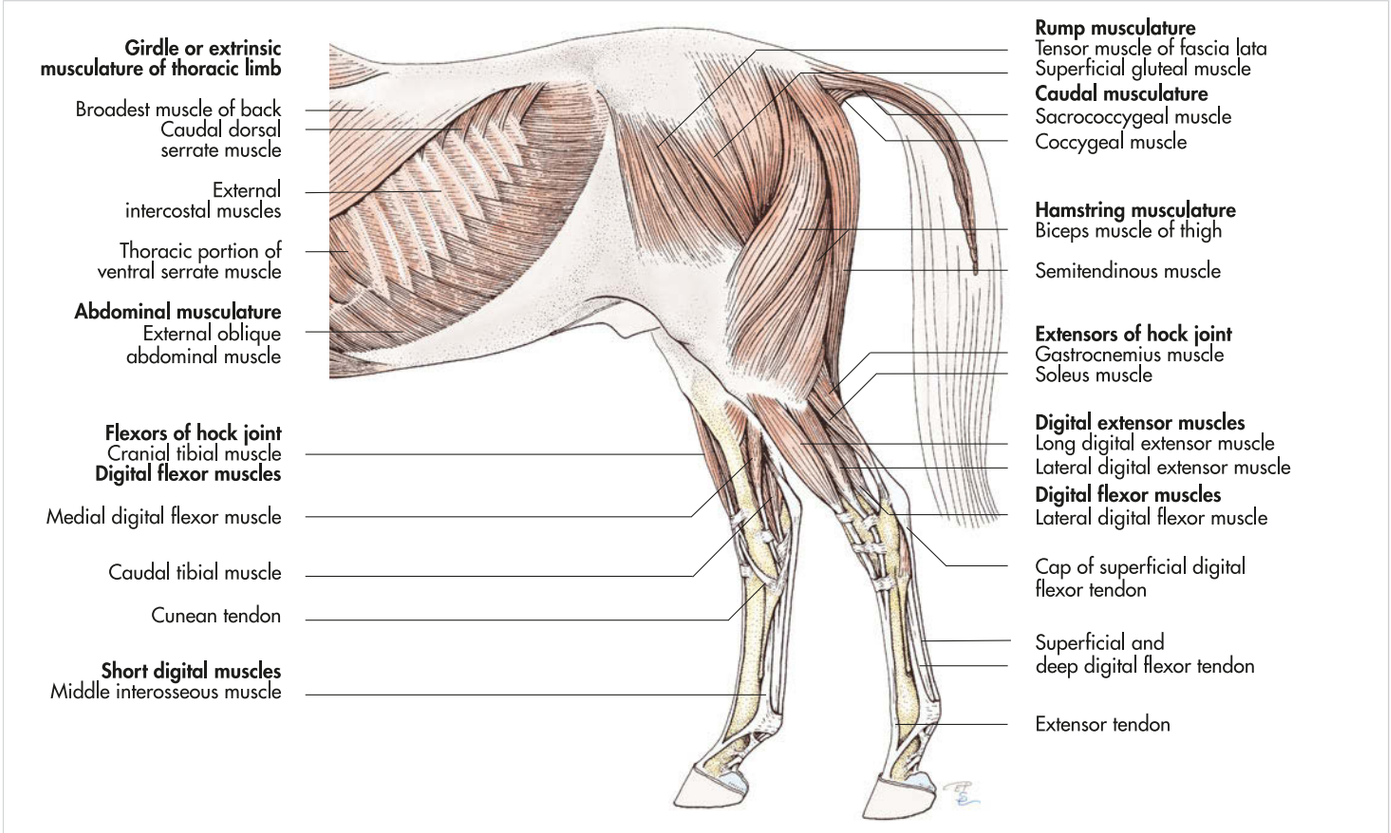


Fig. 5.87 Abdominal muscles and superficial musculature of the pelvic limb of the horse (schematic).

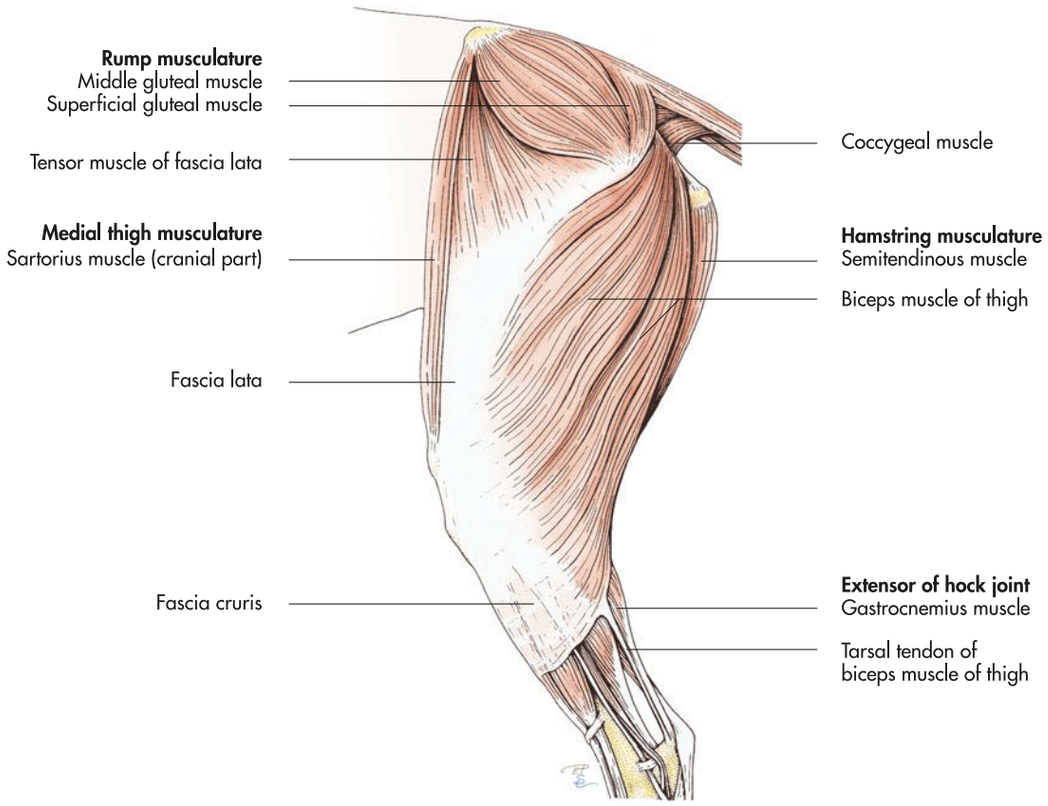


Fig. 5.88 Superficial muscles of the pelvic limb of the dog (schematic, lateral aspect); fig. based on data from Schaller, 1992.

The **middle gluteal muscle** is the largest muscle of this group except in the ox, where it is a flat muscle, responsible for the contour of the croup in this species (▶ Fig. 5.88). It lies on the lateral surface of the ilium and is covered by the superficial gluteal muscle, the gluteal fascia and partly by the thoracolumbar fascia.

In the dog, this muscle takes origin from the gluteal surface of the ilium between the iliac crest and the gluteal line. In the horse and the pig it also originates from the first lumbar vertebra, the aponeurosis of the longissimus muscle of the loins, the sacrum and the broad sacrotuberous ligament. In the ox the muscle is flat at its origin, thus the iliac crest is palpable. In ungulates the middle gluteal muscle fuses caudally with the piriformis muscle.

The middle gluteal muscle is divided into a deep and superficial part by a tendinous sheet. The superficial portion inserts with a short tendon on the greater trochanter, its tendinous deep portion inserts with one tendon on the greater trochanter and a second tendon passes further distally beneath the lateral vastus muscle and ends distal and medial to the greater trochanter in the ox and on the intertrochanteric crest in the horse. Both tendons are protected by a synovial bursa on the site of their insertion. The deep portion is termed the **accessory gluteal muscle**. The middle gluteal muscle is the most powerful extensor of the hip and retractor and abductor of the limb. In the horse the strong lumbar portion delivers the power of the hindlimb directly to the trunk, and thus has a major role when the horse rears up.

The **piriform muscle** is fused to the middle gluteal muscle in all domestic species except the carnivores. In carnivores the piriform muscle lies caudal and medial to the middle gluteal muscle and is covered by the superficial gluteal muscle. It arises from the last sacral vertebra and the sacrotuberous ligament, passes over the greater trochanter and inserts just distal to it on the lateral surface of the femur. In the horse it is fused to the middle gluteal muscle proximally, but passes over the greater trochanter with a separate tendon and inserts on the caudal aspect of the femur. It is an extensor of the hip and an abductor of the limb.

The **deep gluteal muscle** is a short, strong muscle, marked by multiple tendinous intersections. It is the deepest muscle of the gluteal group and lies directly over the hip joint (▶ Fig. 5.97 and ▶ Fig. 5.101). It originates from the lateral surface of the ilial shaft, near the iliac spine, and, in ruminants, the broad sacrotuberous ligament. It inserts with a short strong tendon on the greater trochanter or, in ruminants, distal to it on the craniolateral aspect of the femur. It supports the middle gluteal muscle in abduction of the limb.

The **tensor muscle of the fascia lata** is the most cranial of the rump muscles. It fills the triangle between the lateral angle of the ilium and the stifle joint and models the cranial border of the thigh. In carnivores it originates from the ventral part of the iliac spine and the aponeurosis of the middle gluteal muscle. It fans out and radiates with three moderately distinct parts into the fascia lata with which it continues distally to the patella (▶ Fig. 5.88). It is bordered cranially by the sartorius muscle and dorsally by the middle gluteal muscle.

In ruminants and the horse the tensor muscle of the fascia lata originates from the coxal tuber and extends distally on the cranial border of the quadriceps muscle of the thigh. It combines with the fascia lata and thus indirectly inserts to the patella, the lateral

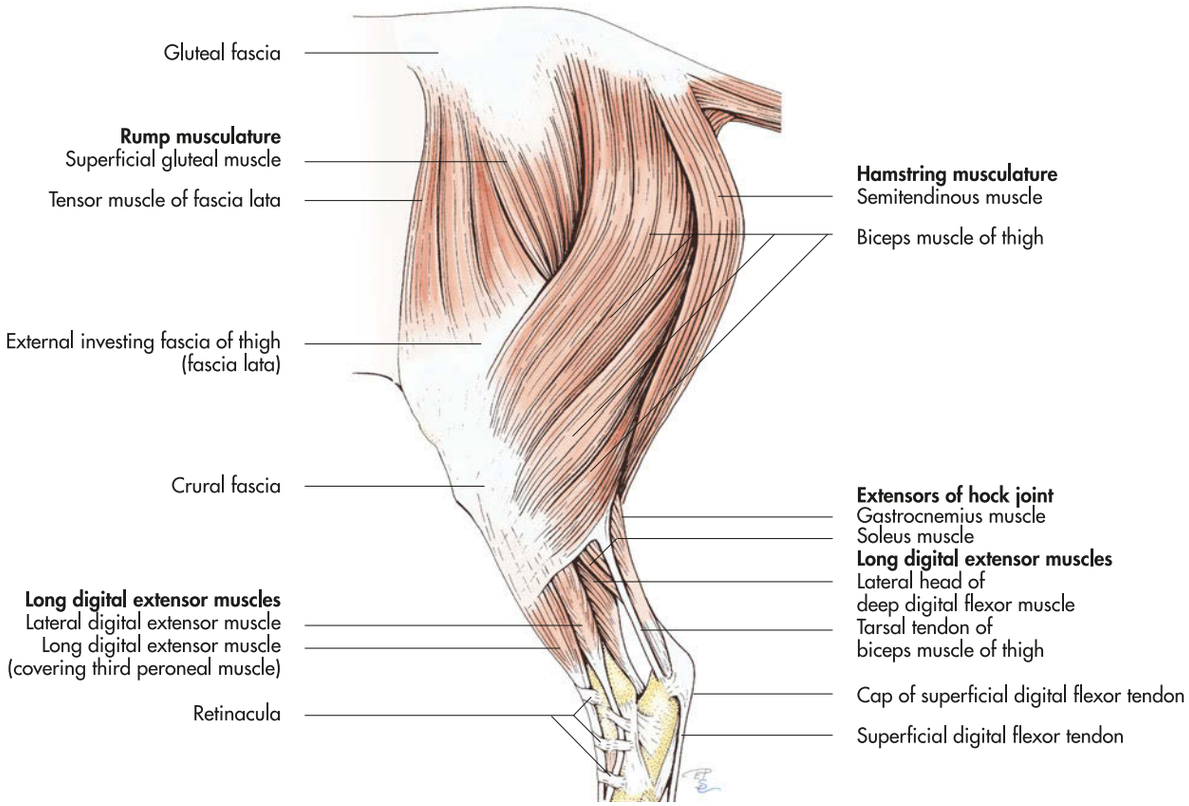


Fig. 5.89 Superficial muscles of the pelvic limb of the horse (schematic, lateral aspect); fig. based on data from Ghetie, 1955.

patellar ligament and the cranial border of the tibia. A caudodorsal detachment joins the superficial gluteal muscle, which in turn attaches to the greater trochanter of the femur (▶ Fig. 5.89). It tenses the fascia lata, thus flexing the hip and extending the stifle. It also advances the limb during the swing phase of locomotion.

Caudal muscles of the thigh

The caudal muscles of the thigh, the hamstring group of muscles, cover the caudal part of the thigh. They extend from the ischium to the tibia, and their tendinous components continue as part of the **common calcaneal tendon** (tendo calcaneus communis) to the calcaneus (▶ Fig. 5.90, ▶ Fig. 5.91 and ▶ Fig. 5.97; ▶ Table 5.3). These muscles are multiarticular, spanning the hip and the stifle joints, and some the tarsus. In ungulates some of the hamstring muscles have vertebral heads, which arise from the sacral and caudal vertebrae in addition to those heads arising from the pelvis. These vertebral heads are best developed in the horse and account for the species-specific rounded appearance of the rump. This group of muscles comprises:

- biceps muscle of the thigh (m. biceps femoris),
- abductor muscle of the thigh (m. abductor cruris caudalis),
- semitendinous muscle (m. semitendinosus) and
- semimembranous muscle (m. semimembranosus).

The **biceps muscle of the thigh** is the largest and most lateral of the caudal muscles of the thigh. It is superficial, covered only. by the fascia and skin. It consists of a strong cranial part, which arises from the sacrum and the sacrotuberous ligament (**vertebral head**), and a smaller caudal part, which arises from the ischium (**pelvic head**). In ruminants and the pig the vertebral head is firmly fused to the superficial gluteal muscle, forming the **gluteobiceps muscle** (▶ Fig. 5.86).

The united muscle belly splits into two tendons of insertion in carnivores, the pig and ruminants and three tendons of insertion in the horse. These tendons radiate into the fascia lata, the fascia of the stifle and the crural fascia with which they attach to the patella, ligaments of the stifle and the tibia. An additional **tarsal tendon** is detached for insertion on the calcaneus.

In the dog the biceps muscle of the thigh originates with a cranial superficial head from the sacrotuberous ligament and with a smaller caudal head from the lateral angle of the ischial tuber (▶ Fig. 5.90). The superficial head forms the cranial part of the muscle, the smaller deep portion emerges on the caudal aspect of the buttock.

Both muscle bellies broaden distally and unite by means of an aponeurosis with the crural fascia and the fascia of the stifle. Through this fascia they insert to the patella, the patellar ligament and the tuberosity of the tibia. A distinct distal tendon of the main muscle belly passes distally under the abductor muscle of the thigh and along the gastrocnemius muscle. It curves in front of the main part of the calcaneal tendon to insert on the calcaneal tuber after combining with a similar tendon from the semitendinous muscle.

The two heads of the biceps muscle of the thigh are less defined in ruminants and pigs than in the other domestic species. The vertebral head arises from the caudal sacral vertebrae, the broad

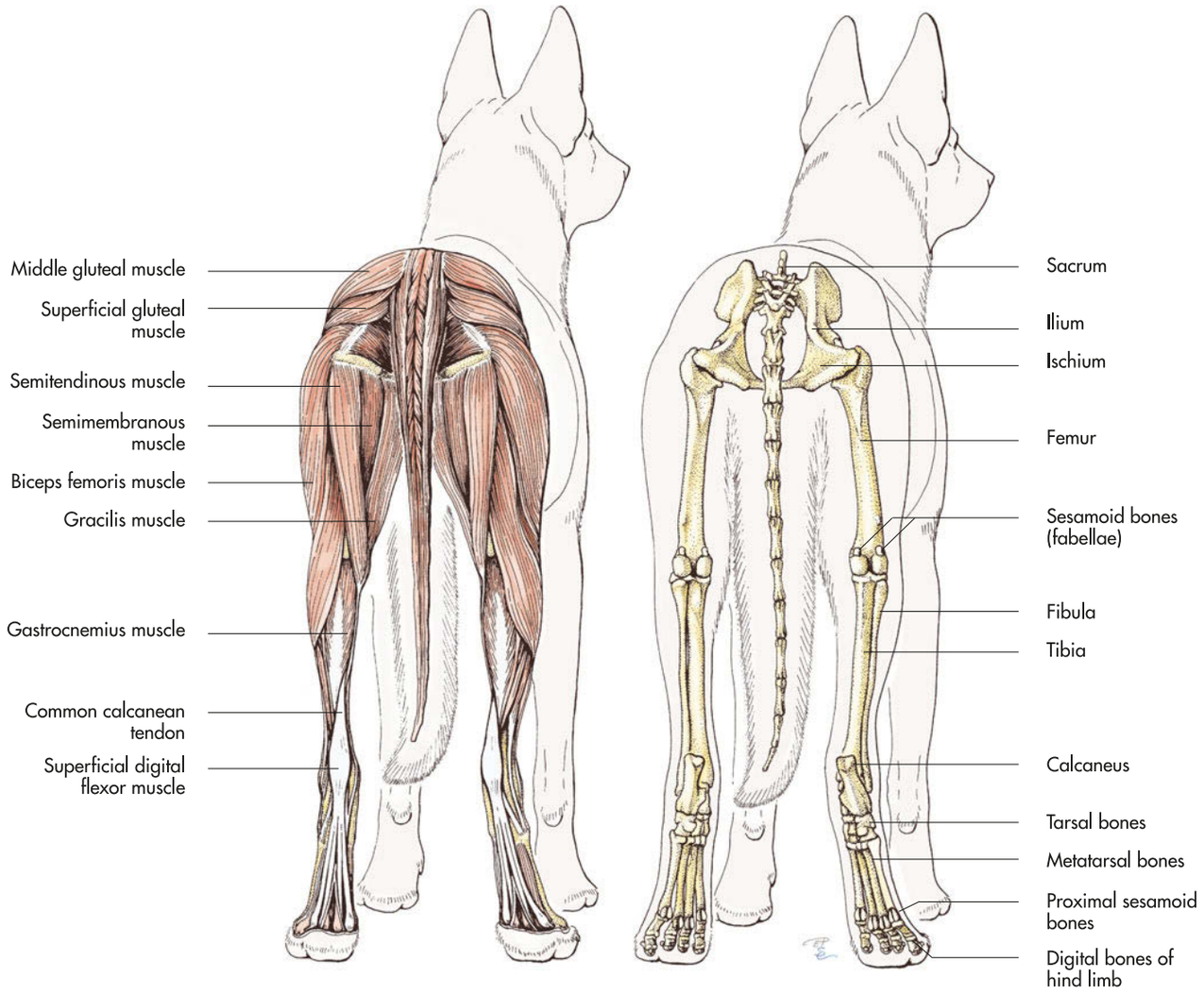


Fig. 5.90 Superficial muscles and skeleton of the pelvic limb of the dog (schematic, caudal aspect).

sacrotuberous ligament and the ischial tuber and is fused with the superficial gluteal muscle forming the **gluteobiceps muscle** (▶ Fig. 5.86). The caudal pelvic head originates from the ventrolateral aspect of the ischium extending from the ischiatic tuber to the obturator foramen. At the mid-tibia it divides into two insertions, the cranial of which attaches by way of the fascia lata and crural fascia to the patella, lateral patellar ligament and the tibial tuberosity. The cranial part forms the tarsal tendon, which inserts on the calcaneal tuber. A synovial bursa is interposed between the tarsal tendon and the lateral femoral condyle, which is of clinical significance when inflamed.

In the horse the two heads of origin are well defined (▶ Fig. 5.91). The vertebral head arises from the spinous and transverse processes of the three sacral vertebrae, from the caudal border of the broad sacrotuberous ligament and the ischial tuber. The smaller pelvic head originates from the ventral aspect and the caudal rim of the ischium. They unite and divide again distally into three parts, a cranial, middle and caudal branch, which form extensive aponeuroses. The cranial branch inserts on the caudal surface of the femur, just distal to the third trochanter and on the patella and lateral patellar ligament. The middle branch attaches on the crural fascia, the lateral patellar ligament and the cranial aspect of the tibia. The caudal branch radiates into the crural fascia and forms the strong tarsal tendon, which runs distally beneath the common cunean tendon and inserts to the calcaneus after it has combined with a similar detachment from the semitendinosus muscle.

Since the muscle is composed of several parts and has several points of insertion, the action is somewhat complex. The general action is to extend and abduct the limb. The cranial vertebral part extends the hip and the stifle, whereas the caudal pelvic head also extends the hip, but flexes the stifle. Through its attachment as the tarsal tendon it also assists in extending the tarsus.

The strap-like **abductor muscle of the thigh** is only present in carnivores. It originates from the sacrotuberous ligaments, extends distally under the caudal edge of the biceps muscle of the thigh and inserts on the crural fascia. It assists the biceps muscle of the thigh in the abduction of the limb.

The **semitendinous muscle** is a large fleshy muscle, which forms a large part of the caudal contour of the thigh (▶ Fig. 5.90 and ▶ Fig. 5.91). It orginates from the ventral surface of the ischial tuber (**pelvic head**) and inserts together with the tendons of the

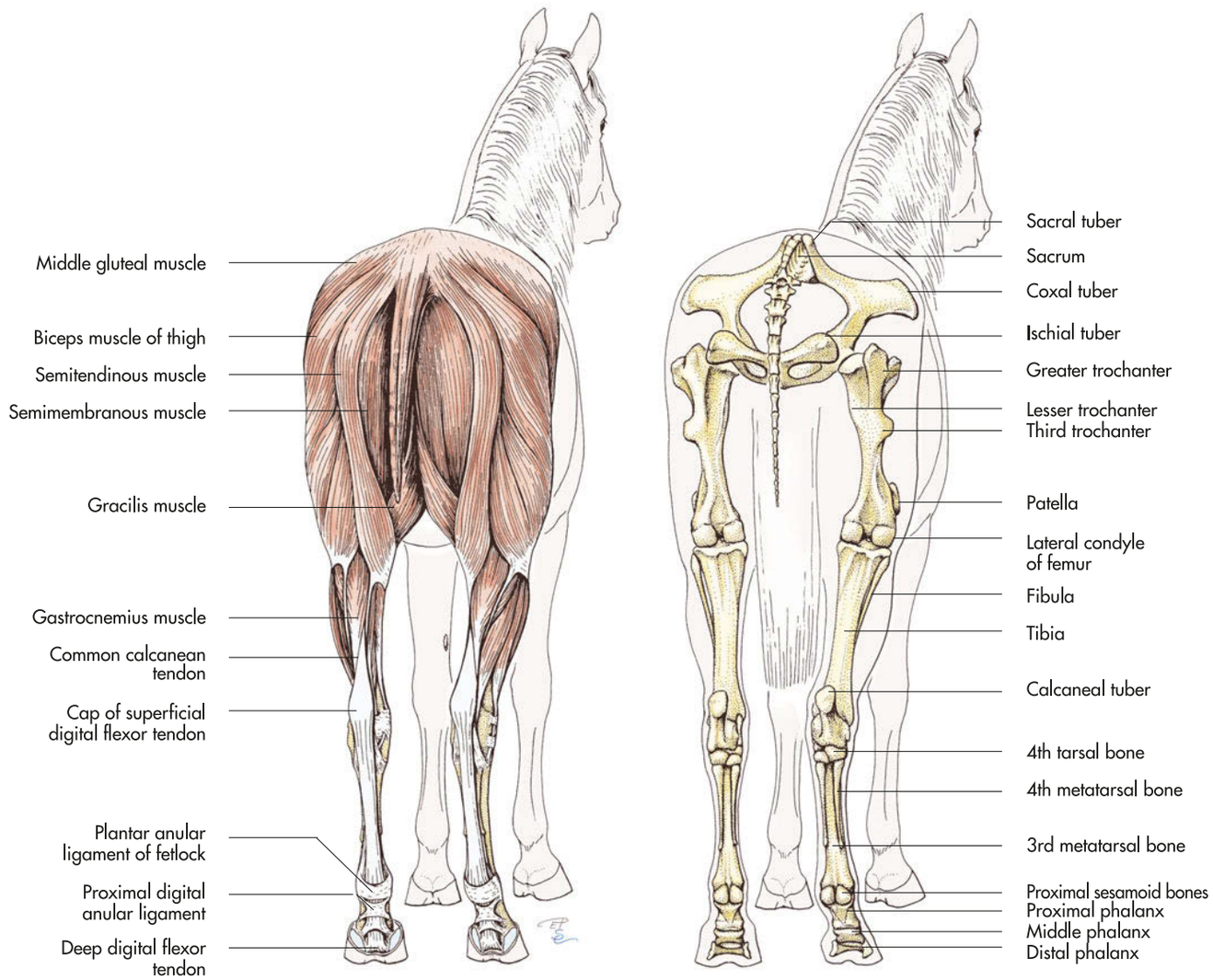


Fig. 5.91 Superficial muscles and skeleton of the pelvic limb of the horse (schematic, caudal aspect).

gracilis and sartorius muscles on the cranial margin of the tibia and with a separate tendon of insertion on the calcaneal tuber. There is an additional **vertebral head** in horses and pigs, originating from the spinous and transverse processes of the sacrum, first caudal vertebrae and the broad sacrotuberous ligament.

In carnivores the semitendinous muscle originates from the caudal and ventrolateral parts of the ischial tuber between the pelvic heads of the biceps muscle of the thigh and the semimembranous muscle. It extends distally along the caudal edge of the biceps muscle of the thigh and divides from it at the popliteal space to the medial side of the leg (▶ Fig. 5.93). The semitendinous muscle detaches a strong tendon which extends along the medial surface of the gastrocnemius muscle to the calcaneal tendon. It forms a conjoined accessory tendon of insertion together with the tarsal tendon of the biceps muscle of the thigh and the crural fascia, which inserts on the calcaneal tuber.

In ruminants the semitendinous is a flat muscle, which has a single head, and orginates from the caudoventral surface of the ischial tuber (▶ Fig. 5.86). It extends distally between the pelvic portions of the biceps muscle of the thigh and the semimembranous muscle to the popliteal space. The muscle inserts by a flat aponeurotic tendon which passes over the medial head of the gastrocnemius muscle and inserts on the cranial border of the proximal end of the tibia, the crural fascia and the tendon of insertion of the gracilis muscle. An additional tendon inserts on the calcaneal tuber.

In the horse and the pig the semitendinous muscle has two heads of origin. In addition to the pelvic head, which originates on the ventral surface of the ischial tuber, it possesses a vertebral head originating from the sacrum, the first caudal vertebra and the broad sacrotuberous ligament. Both heads unite and continue as a flat tendon to the medial aspect of the leg, where it partly radiates into the crural fascia and partly inserts to the cranial border of the tibia (▶ Fig. 5.87, ▶ Fig. 5.88, ▶ Fig. 5.89 and ▶ Fig. 5.91). The remainder of the tendon joins the tarsal tendon of the biceps muscle of the thigh, with which it inserts on the calcaneal tuber.

The semitendinosus muscle extends the hip, stifle and tarsal joints when the foot is placed on the ground, thus propulsing the trunk. It flexes the stifle and rotates the leg outward and moves it backward in the free non-weightbearing limb.

The **semimembranous muscle** is the most medial muscle of the hamstring group and, unlike in humans, is entirely fleshy

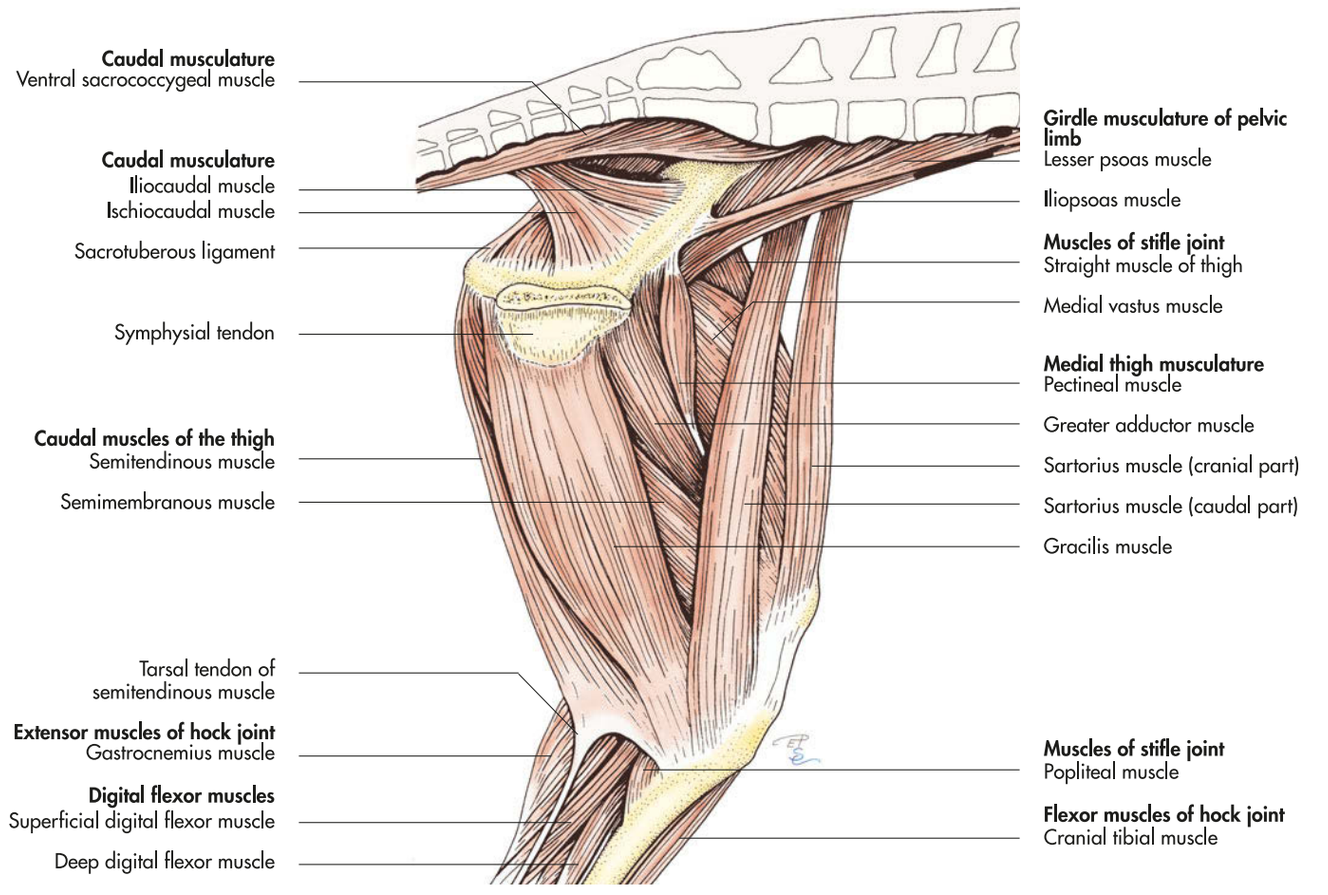


Fig. 5.92 Girdle musculature and intrinsic musculature of the pelvic limb of the dog (schematic, medial aspect); fig. based on data from Ellenberger and Baum, 1943.

(▶ Fig. 5.91). It arises with two heads, a vertebral and a pelvic head in the horse, and with a pelvic head only in the other domestic mammals. The pelvic head originates from the ventral aspect of the ischium. The muscle belly splits distally into two parts, one of which inserts with a short tendon to the medial condyle of the femur, the other with a longer tendon on the medial condyle of the tibia. In carnivores the cranial belly of the semimembranous muscle runs along the caudal border of the greater adductor muscle, largely covered by the gracilis muscle. It inserts with a short tendon on the aponeurosis of the gastrocnemius muscle and also inserts to the medial femoral condyle (▶ Fig. 5.92 and ▶ Fig. 5.93).

In the horse the semimembranous muscle is a very large muscle forming, together with the semitendinous muscle, the caudal contour of the croup and thigh (▶ Fig. 5.94). It has two heads of origin. The vertebral head takes its origin from the broad sacrotuberous ligament and the first caudal vertebra. The stronger pelvic head arises from the ventral surface of the ischial tuber. The united muscle belly passes distally, covered in part by the gracilis muscle. It inserts as a short tendon on the medial femoral condyle and the medial collateral ligament of the femorotibial joint and by means of an aponeurosis at the medial condyle of the tibia.

The semimembranous muscle extends the hip and stifle joints in the weightbearing position, thus supporting propulsion of the trunk, but adducts and retracts the limb in the non-weight bearing position.

Medial muscles of the thigh

The muscles of this group are primarily responsible for adduction of the limb. This function also embraces the prevention of unwanted abduction. They extend between the pelvic floor and the femur on the medial side of the thigh. This group (▶ Fig. 5.92, ▶ Fig. 5.93, ▶ Fig. 5.94 and ▶ Fig. 5.99; ▶ Table 5.4) comprises:

- sartorius muscle (m. sartorius),
- gracilis muscle (m. gracilis),
- pectineal muscle (m. pectineus) and
- adductor muscles (mm. adductores).

The **sartorius muscle** is a narrow strap-like muscle, which lies superficially on the craniomedial contour of the thigh (▶ Fig. 5.92).

In the dog the sartorius muscle consists of two parts. The cranial part originates on the iliac crest, passes distally in front of the tensor fascia latae muscle and turns to the medial surface of the thigh, where it unites with the femoral fascia and the fascia of the stifle.

The caudal portion originates from the ventral iliac spine and passes distally, parallel and medial to the cranial belly. It blends with the aponeurosis of the gracilis muscle and ends on the cranial border of the tibia. In carnivores the sartorius muscle does not cover the femoral triangle and thus it is a favourable site for taking the pulse.

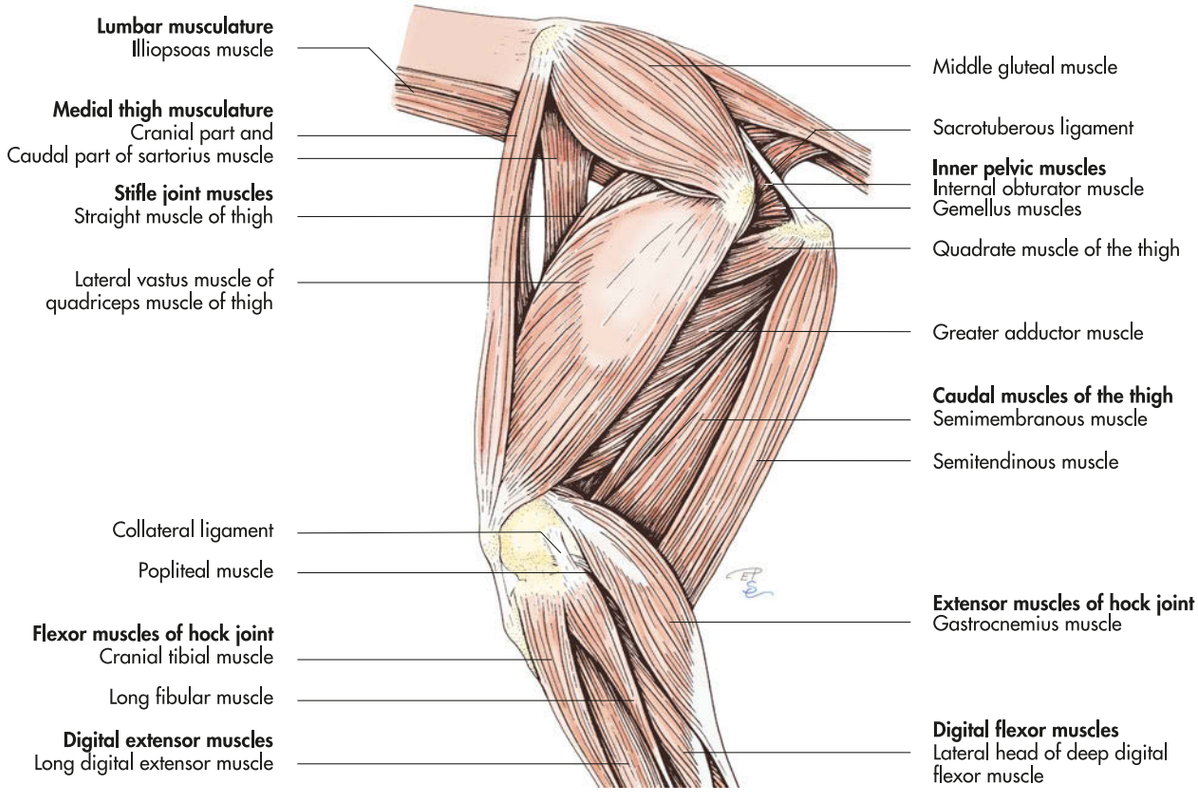


Fig. 5.93 Deep muscles of the pelvic limb of the dog (schematic, lateral aspect); fig. based on data from Anderson and Anderson, 1994.

In ruminants this muscle is divided at its origin into two heads by the passage of the femoral vessels. In the horse it originates with a single head by the iliac fascia and the tendon of the smaller psoas muscle (▶ Fig. 5.94). It passes together with the iliopsoas through the muscular lacuna, continues distally on the medial side of the femur close to the gracilis and medial vastus muscles and unites with the medial patellar ligament and the crural fascia, thereby inserting to the tuberosity of the tibia.

The sartorius muscle flexes the hip and advances and adducts the limb. It also extends the stifle through its union with the crural fascia and the fascia of the stifle.

The **gracilis muscle** forms an extensive, broad muscular sheet, which covers the greater part of the caudal part of the medial surface of the thigh (▶ Fig. 5.92). It takes an aponeurotic origin from the region along the pelvic symphysis, the tendons of insertion of the straight muscle of the abdomen and, in the horse, from the accessory ligament of the head of the femur. Tendinous fibres of this aponeurosis unite with fibres from the opposite side in the pelvic symphysis, forming a median unpaired tendinous plate (tendo symphysialis). This plate also serves as the origin for the adductor muscles.

Its insertion, also aponeurotic, merges with the crural fascia through which it attaches to the tibial crest.

The gracilis muscle is a strong adductor of the limb. It can also move the whole rump sideways, when the foot is placed firmly on the ground. It assists extension of the stifle.

Contracture of the gracilis muscle is occasionally seen in intensively trained performance dogs. This manifests as hyperextension of the tarsus.

The **pectineal muscle** is a small fusiform muscle, which extends between the pecten of the pubis, the iliopubic eminence of the pelvic floor and the middle of the medial border of the femur (▶ Fig. 5.94). In the dog it is situated cranial to the greater adductor muscle. A tendinous origin arises from the prepubic tendon and a fleshy origin from the iliopubic eminence. It passes distally between the vastus medialis and the greater adductor muscle to form a tendinous attachment on the popliteal surface of the femur.

The pectineal muscle functions as a flexor of the hip and adductor and supinator of the limb. A common surgical procedure in dogs suffering from hip dysplasia is to dissect the pectineal muscle to prevent adduction of the limb.

Table 5.3 Caudal muscles of the thigh.

Name Innervation	Origin	Insertion	Function
Biceps muscle of the thigh:			
• **Vertebral head** Caudal gluteal nerve	Sacrum and pelvis	Patella, deep fascia of leg	Flexor of stifle joint; extensor of tarsus
• **Pelvic head** Tibial nerve	Ischium	Common calcaneal tendon	Abductor of the hindlimb
Abductor muscle of thigh Fibular nerve	Sacrotuberal ligament	Deep fascia of leg	Draws the limb outward
Semitendinous muscle Caudal gluteal nerve, tibial nerve	Vertebral and pelvic heads	Cranial border of tibia, common calcaneal tendon	Flexor of the stifle joint; extensor of the hip joint
Semimembranous muscle Caudal gluteal nerve, tibial nerve	Vertebral head, pelvic head (only in the horse)	Medial condyle of femur and tibia	Extensor of the stifle joint; draws limb inwards

Table 5.4 Medial muscles of the thigh.

Name Innervation	Origin	Insertion	Function
Sartorius muscle Femoral nerve	Coxal tuber; shaft of ilium or tendon of lesser psoas muscle	Deep fascia of the leg	Adducts and draws hindlimb forwards
Gracilis muscle Obturator nerve	Aponeurosis on the symphysis	Deep fascia of the leg	Adduction
Pectineal muscle Obturator and femoral nerves	Iliopubic eminence	Medial border of the femur	Adduction
Adductor muscles Obturator nerve	On the ventral surface of the pelvis and on the tendon of the gracilis	Medial border of the femur	Adduction

Clinical note

Pectineal myectomy, or resection of the pectineus muscle is performed as part of surgical management of **hip dysplasia**. Removal of the muscle eliminates its action as an adductor, resulting in improved positioning of the femoral head within the acetabulum.

The **adductor muscles** arise on the ventral aspect of the pelvic floor and the aponeurosis of origin of the gracilis muscle. They insert on the medial aspect of the femur and to the fascia and ligaments of the medial aspect of the stifle. This group is divided into several individually named parts in the different domestic species.

Carnivores have a strong **greater adductor muscle** (m. adductor magnus), which originates from the entire pelvic symphysis and symphysal tendon. It runs distally, covered by the gracilis muscle close to the medial vastus muscle, and inserts on the lateral supracondylar tuberosity and the popliteal fossa (▶ Fig. 5.92).

A small **short adductor muscle** (m. adductor brevis) extends between the pubic tubercle and the caudal surface of the femur. The **long adductor muscle** (m. adductor longus) is fused to the pectineal muscle in the dog, but remains a separate muscle in cats.

In the pig the **greater** and **short adductor muscles** are fused to form a strong united muscle. At their origin they are gender specific in cross section, being oval in females, and triangular in males. This is occasionally used to identify the sex of pigs in the slaughter house.

In the horse the adductor group comprises a cranial short adductor muscle and a caudal greater adductor muscle. They are situated between the pectineal and the semimembranous muscles, covered by the gracilis muscle. They insert along the whole medial aspect of the femur, extending from the lesser trochanter to the medial condylus and to the medial collateral ligament of the stifle.

Their major function is the adduction of the limb, but they also retract the limb and move the rump forward and sideways.

Inner pelvic muscles

The inner pelvic muscles form a rather heterogenous group of small muscles, which are situated close to the hip joint. They have minor function in coordinating the movements of the hindlimb. These muscles, with the exception of the articular muscle of the hip joints are also called the small pelvic association. They extend between the pelvis and the trochanteric fossa of the femur. This group (▶ Table 5.5) comprises:

- internal obturator muscle (m. obturatorius internus),
- external obturator muscle (m. obturatorius externus),
- gemellus muscles (mm. gemelli),
- quadrate muscle of the thigh (m. quadratus femoris) and
- articular muscle of the hip joint (m. articularis coxae).

The **internal obturator muscle** exists in carnivores and the horse (▶ Fig. 5.96, ▶ Fig. 5.97 and ▶ Fig. 5.101). In carnivores, it arises from the ischium, pubis and the ischiatic arch and covers the obturator foramen internally. It passes over the lesser sciatic notch and forms a strong tendon, which extends distally between the gemellus and the quadrate muscles of the thigh to insert on the trochanteric fossa. In the horse the internal obturator muscle originates with a small tendinous pubic head from the cranial

and medial borders of the obturator foramen, the pelvic symphysis and the ischium and with a larger fleshy head from the pelvic surface of the body of the ilium. The tendon emerges through the lesser sciatic notch and inserts together with the gemellus muscles in the trochanteric fossa. This muscle rotates the femur laterally and assists in extending the hip.

The **external obturator muscle** is a pyramidal muscle, which arises close to the obturator foramen from the ventral pelvic surface and terminates in the trochanteric fossa (▶ Fig. 5.96, ▶ Fig. 5.97 and ▶ Fig. 5.101). Ruminants and the pig have an additional intrapelvic part, which arises from the body of the ilium, the pubis and the ischium. The external obturator muscle acts as a supinator of the femur and adductor of the limb.

The **gemellus muscles** are two small muscle bundles that extend from the ischiatic spine to the trochanteric fossa. While they remain separated in the cat, in the other domestic species they are fused to form a single muscle, which unites partly with the internal obturator muscle. It assists in rotating the limb laterally (▶ Fig. 5.96, ▶ Fig. 5.97 and ▶ Fig. 5.101).

The **quadrate muscle of the thigh** is a narrow, small muscle, which passes from the ventral aspect of the pelvis to end on the caudal side of the femoral shaft, close to the trochanteric fossa (▶ Fig. 5.96 and ▶ Fig. 5.101). It assists in extending the hip and retracting the limb.

The **articular muscle of the hip joint** is a thin muscle lying directly on the craniolateral aspect of the hip joint in carnivores and the horse (▶ Fig. 5.101). It tenses the joint capsule and thus prevents damage to the peri-articular structures of this joint.

Muscles of the stifle

Most of the hip muscles, especially the hamstring group, act on the stifle joint since they insert either on structures which are part of the jtoint or which are located distal to this joint. There are only two muscles acting primarily on the stifle joint:

- the quadriceps muscle of thigh (m. quadriceps femoris) and
- the popliteal muscle (m. popliteus).

The **quadriceps muscle of the thigh** forms the bulk of muscle cranial to the femur (▶ Fig. 5.92, ▶ Fig. 5.93, ▶ Fig. 5.94, ▶ Fig. 5.95 and ▶ Fig. 5.97; ▶ Table 5.6). It is covered by the tensor muscle of the fascia lata, the sartorius muscle, the fascia lata and the medial femoral fascia. It consists of four portions, which are separate at their origin, but converge to form a single tendon that includes the **patella as a sesamoid bone** within it and ends at the tibial tuberosity as the straight ligament of the patella. The origins of the **four heads** are the same in all domestic mammals: the straight muscle of the thigh originates on the shaft of the ilium, whereas the other three originate on the femur. Int the dog the division in four portions is less distinct than in the other species. The **quadrate muscle** can be further subdivided in:

- lateral vastus muscle (m. vastus lateralis),
- medial vastus muscle (m. vastus medialis),
- intermediate vastus muscle (m. vastus intermedius) and
- straight muscle of thigh (m. rectus femoris).

The **lateral vastus muscle** lies on the craniolateral side of the femur, arising from the lateral aspect of the proximal end of the femur.

The **medial vastus muscle** resembles the preceding muscle on the craniomedial side of the femur (▶ Fig. 5.92 and ▶ Fig. 5.94).

The **intermediate vastus muscle** is the weakest portion of the quadriceps muscle of the thigh, situated on the cranial surface of the femur, entirely covered by the other heads of the quadriceps muscle.

The **straight muscle of the thigh** originates from the shaft of the ilium, just cranial to the acetabulum. It passes distally on the cranial side of the femur flanked by the medial vastus muscle on the medial side and the lateral vastus muscle on the lateral side (▶ Fig. 5.92, ▶ Fig. 5.94 and ▶ Fig. 5.95).

In the horse the straight muscle of the thigh is the largest portion of the quadrate muscle covering the cranial and lateral aspects of the femur. It originates with two strong tendons on the cranial rim of the acetabulum and passes distally enclosed between the lateral and medial vastus muscles, covering the intermediate muscle. A strong tendinous layer covers its surface. Its fibres converge to form the strong tendon of insertion, together with the fascia of the stifle and distal end of the muscle. The tendon of insertions is joined by the tendons of the other portions of the quadrate muscle to attach to the tibial tuberosity as the middle patellar ligament. A **synovial bursa** is interposed between the ligament and the tibial tuberosity. The quadrate muscle of the thigh is the strongest extensor of the stifle joint. It propulses the rump and stabilises the stifle. The straight muscle of the thigh assists in flexing the hip.

Table 5.5 Inner pelvic muscles.

Name Innervation	Origin	Insertion	Function
Internal obturator muscle Sciatic nerve	Inner surface of the obturator foramen	Trochanteric fossa	Draws hindlimb outwards
External obturator muscle Obturator nerve	Outer surface of the obturator foramen	Trochanteric fossa	Draws hindlimb outwards
Gemellus muscles Sciatic nerve	Ischium	Trochanteric fossa	Draws hindlimb outwards
Quadrate muscle of thigh Sciatic nerve	Ischium	Trochanteric fossa	Draws hindlimb outwards
Articular muscle of the hip joint Sciatic nerve	Hip joint capsule	Hip joint capsule	Tensor of the joint capsule

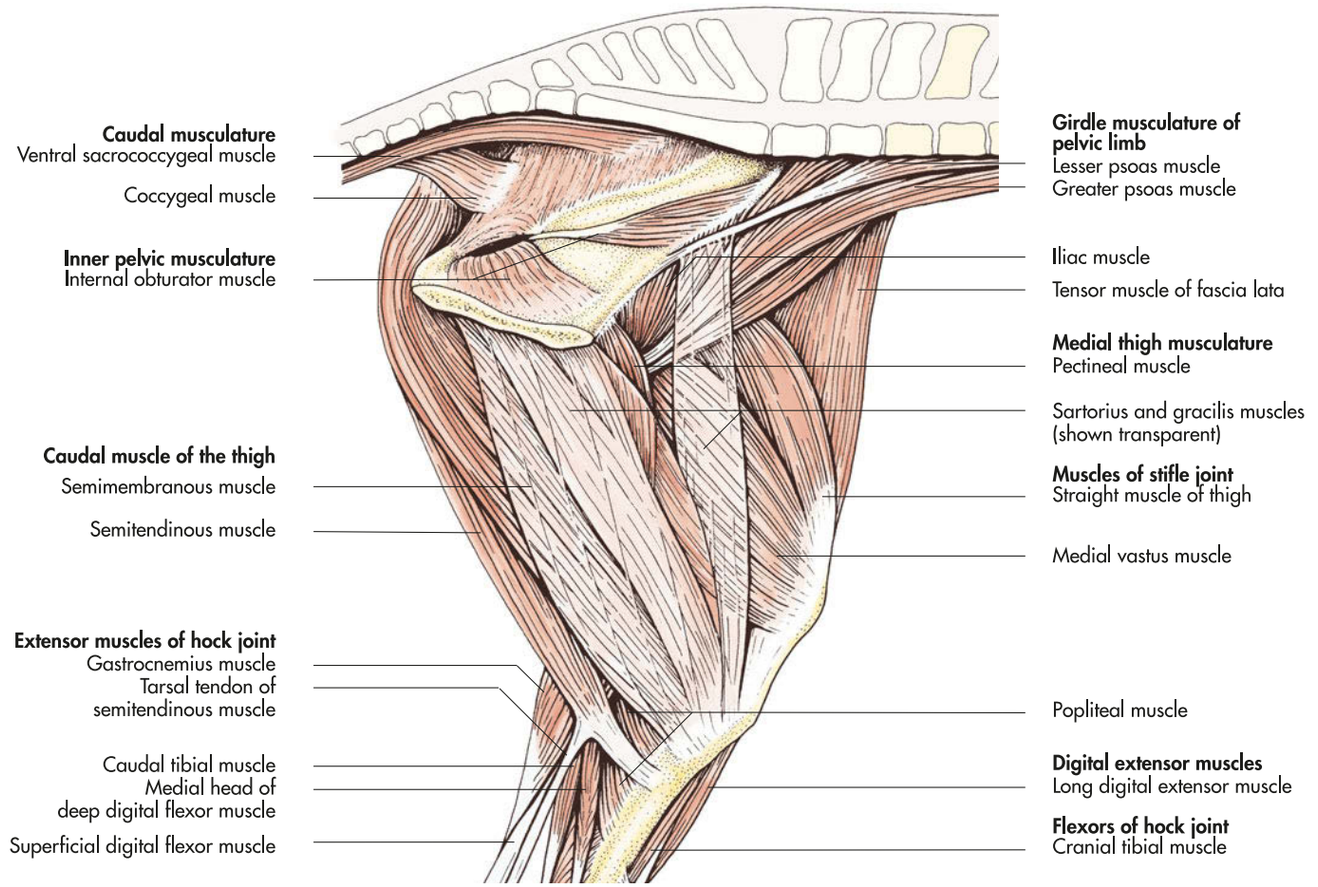


Fig. 5.94 Girdle musculature and intrinsic musculature of the pelvic limb of the horse (schematic, medial aspect); fig. based on data from Ellenberger and Baum, 1943.

Table 5.6 Muscles of the stifle.

Name Innervation	Origin	Insertion	Function
Quadrate muscle of the thigh: Femoral nerve			
• **Straight muscle of the thigh**	Shaft of ilium	Patella, tibial tuberosity	Extensor of the stifle joint; flexor of the hip joint
• **Lateral vastus muscle**	Lateral surface of femur	Patella, tibial tuberosity	Extensor of the stifle joint
• **Medial vastus muscle**	Medial surface of femur	Patella, tibial tuberosity	Extensor of the stifle joint
• **Intermediate vastus muscle**	Cranial surface of femur	Patella, tibial tuberosity	Extensor of the stifle joint
Popliteal muscle Tibial nerve	Lateral condyle of femur	Medial border of tibia	Flexor of the stifle joint; draws limb inwards

The small **popliteal muscle** lies directly over the caudal aspect of the stifle joint (▶ Fig. 5.102). It has a tendinous origin arising from the lateral condyle of the femur. It passes underneath the lateral collateral ligament and extends between this and the lateral meniscus of the stifle. It inserts as a broad tendon on the caudal and medial surfaces of the proximal end of the tibia. Its tendon of origin contains a sesamoid bone in carnivores. It is a flat triangular muscle in the horse, covered by the gastrocnemius muscle and the superficial digital flexor tendon. Its tendon of origin is invested by a reflection of the synovial membrane of the femorotibial joint capsule, which functions as a tendon sheath. It acts as a flexor of the stifle and pronator of the leg.

5.3.4 Muscles of the crus

The muscles of the crus comprise **extensors and flexors of the tarsus** and **extensors and flexors of the digit**. They are grouped in two masses according to the location of their bellies, one on the craniolateral aspect of the tibia, the other one on the caudal aspect of the tibia, whereas the medial surface is left free of muscular bellies (planum cutaneum). Unlike the carpal joints of the forelimb, the tarsal joints are set at an angle opposite to that of the digital joints. The flexor side of the tarsal joints is dorsal, whereas the flexor side of the digital joints is plantar. The muscles on the craniolateral side of the crus are flexors of the tarsus and extensors of the digits, whereas the muscles on the caudal side acts as flexors of the digits and extensor of the tarsus.

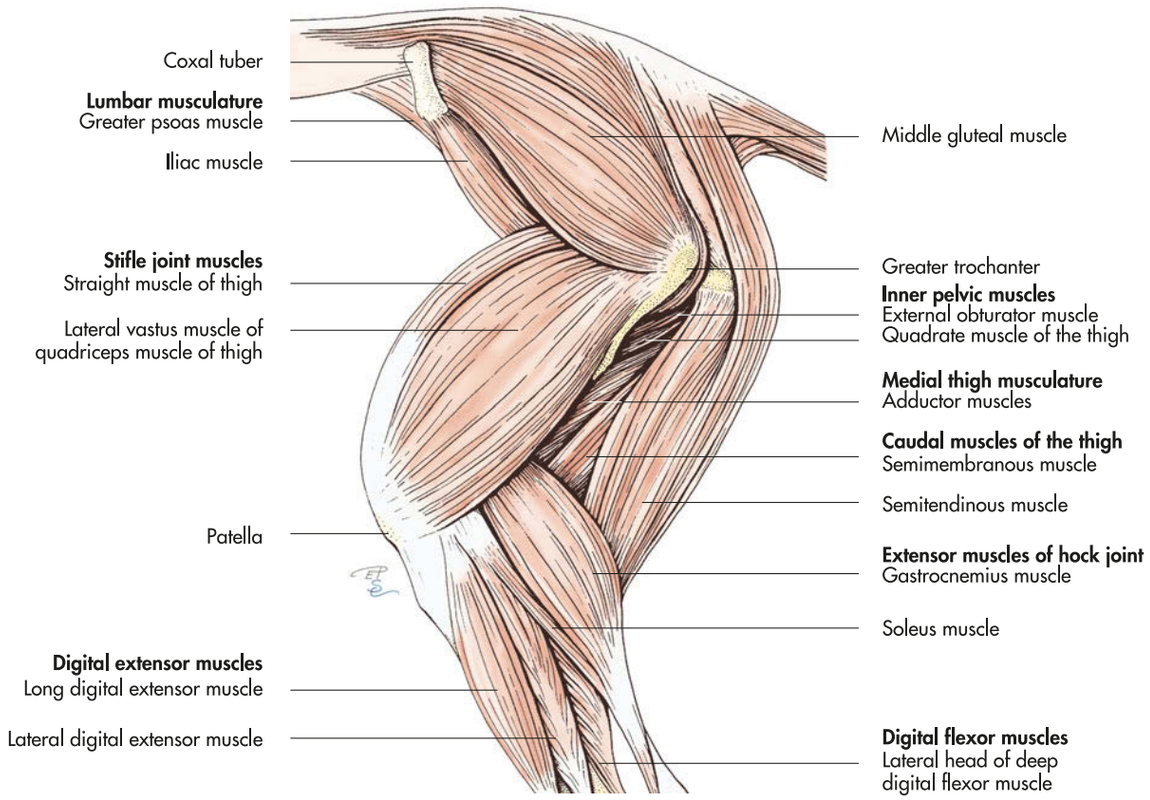


Fig. 5.95 Deep muscles of the pelvic limb of the horse (schematic, lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

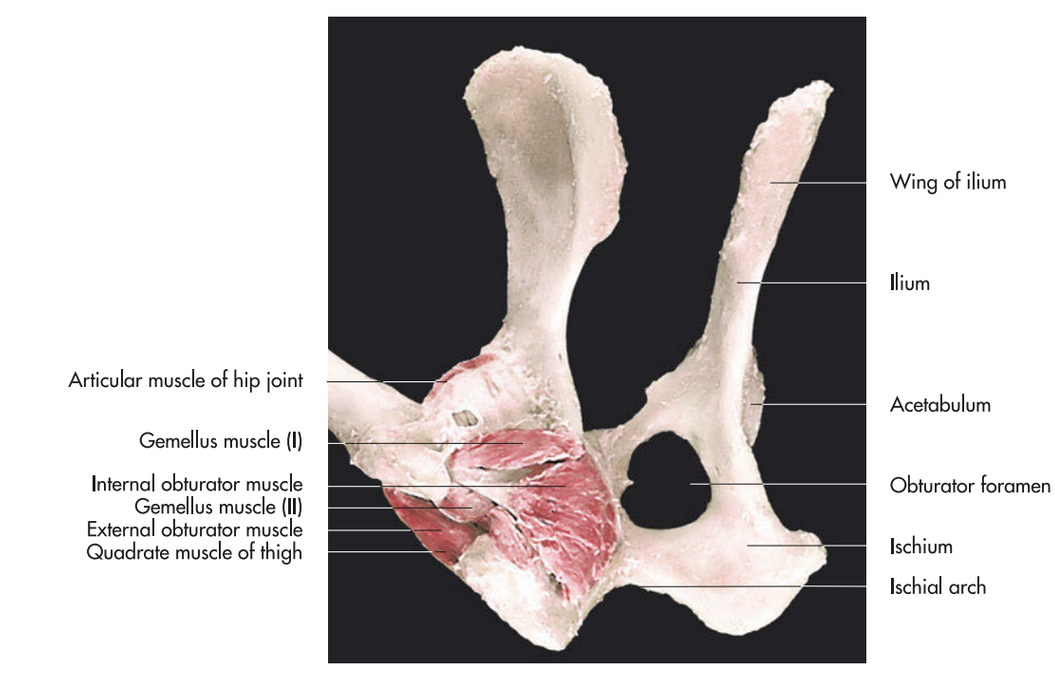


Fig. 5.96 Inner pelvic muscles of a dog (dorsolateral aspect).



Fig. 5.97 Musculature of the left pelvic limb of a dog (proximal portion, lateral aspect). (source: courtesy of Christine Bretscher, Munich)

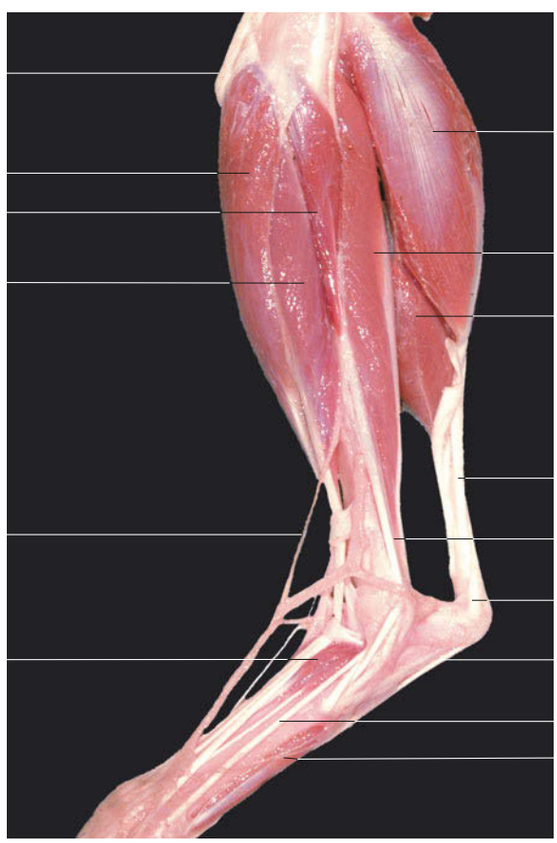


Fig. 5.98 Musculature of the left pelvic limb of a dog (distal portion, lateral aspect). (source: courtesy of Insa Biedermann and M. Heiden, Munich)

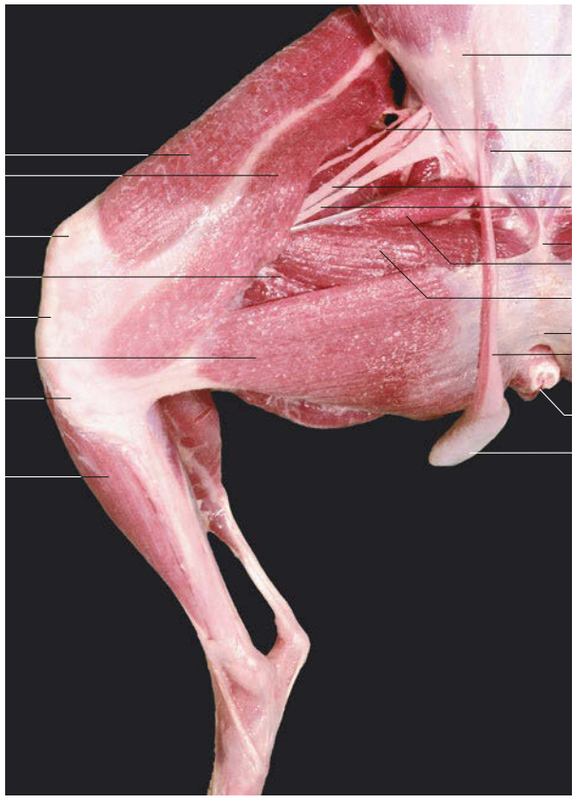


Fig. 5.99 Musculature of the right pelvic limb of a dog with superficial vessels and vaginal process (proximal portion, medial aspect). (source: courtesy of Sandra Draaisma and Caroline Hofbeck, Munich)

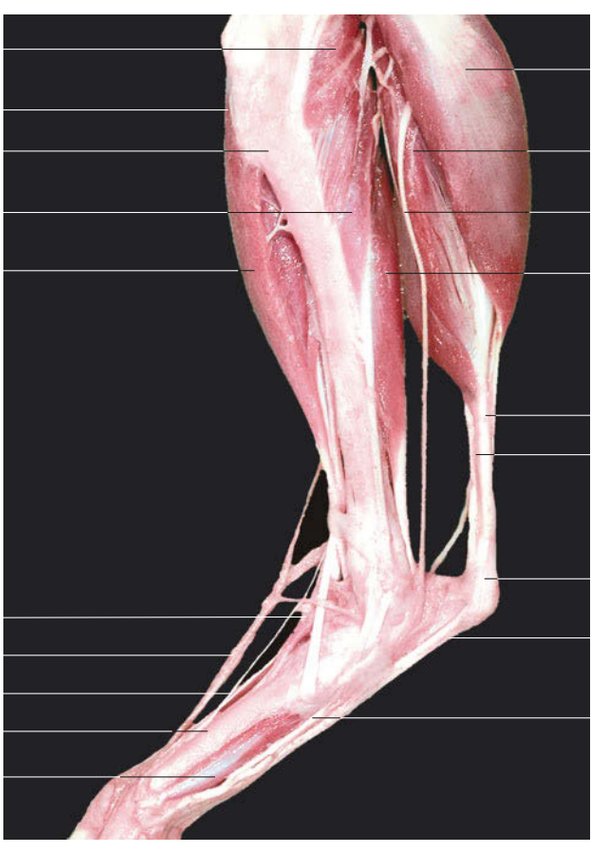


Fig. 5.100 Musculature of the right pelvic limb of a dog (distal portion, medial aspect). (source: courtesy of Insa Biedermann and M. Heiden, Munich)

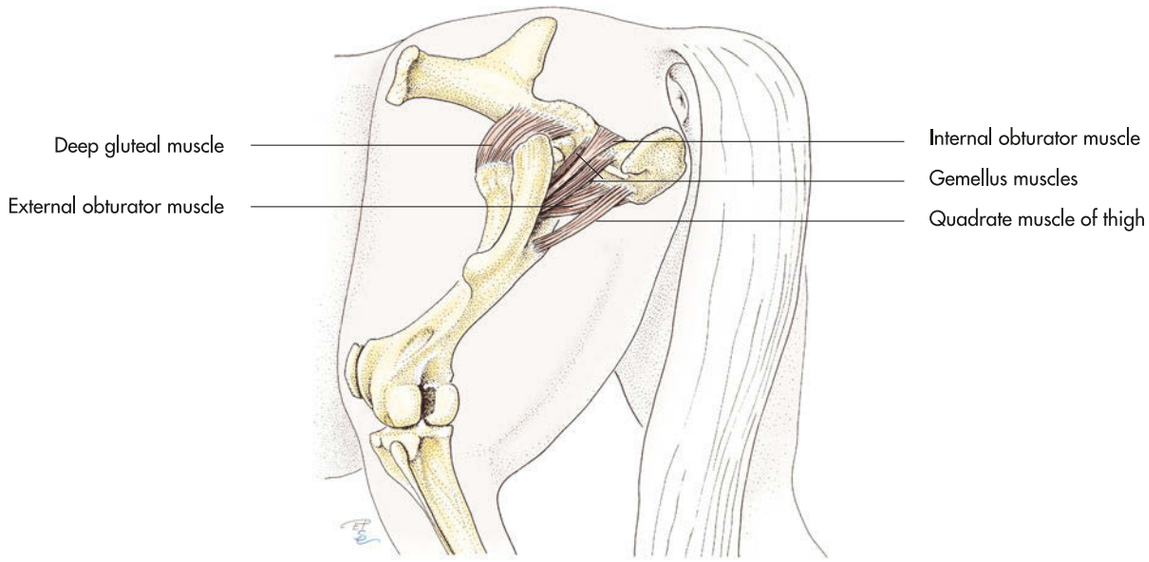


Fig. 5.101 Inner pelvic muscles of the horse (schematic, lateral aspect); fig. based on data from Ghetie, 1967.

Craniolateral muscles of the crus

The craniolateral crural muscles have long, extended fleshy bellies and arise either from the distal end of the femur or from the proximal end of the tibia or fibula (▶ Fig. 5.98, ▶ Fig. 5.100 and ▶ Fig. 5.103). Their tendons of insertion are multiarticular and divide into a branch for each functional digit that inserts either to the metatarsus or the phalanges. They are innervated by the fibular nerve (n. fibularis).

This group (▶ Table 5.7) can be divided into:

Flexors of the tarsus with:

- cranial tibial muscle (m. tibialis cranialis),
- long fibular muscle (m. fibularis longus),
- short fibular muscle (m. fibularis brevis) and
- third fibular muscle (m. fibularis tertius).

Extensors of the digits with:

- long digital extensor muscle (m. extensor digitorum longus),
- lateral digital extensor muscle (m. extensor digitorum lateralis) and
- long extensor muscle of first digit (m. extensor hallucis longus).

The **cranial tibial muscle** is the most medial muscle on the cranial aspect of the tibia and is partly covered by the third fibular muscle and the long digital extensor muscle (▶ Fig. 5.100 and ▶ Fig. 5.103; ▶ Table 5.7). It originates from the lateral condyle of the tibia and the proximal end of the fibula and inserts on the medial aspect of the tarsus or proximal metatarsus.

In carnivores the cranial tibial muscle is a superficial, strong muscle, which is covered proximally by the skin and the crural fascia only. It becomes a flat tendon at the distal third of the tibia. This tendon extends obliquely over the flexor side of the tarsus, passes under the extensor retinaculum of the crus and inserts on the rudiment of the first metatarsal bone, the first tarsal bone and to the proximal end of the second metatarsal bone. The tendon of insertion of the cranial tibial muscle and the long extensor muscle of the first digit are surrounded by a synovial sheath at the level of the tarsus (▶ Fig. 5.98, ▶ Fig. 5.99, ▶ Fig. 5.100, ▶ Fig. 5.103, ▶ Fig. 5.105, ▶ Fig. 5.106 and ▶ Fig. 5.108).

In the horse the cranial tibial muscle is united by tendinous and fleshy fibres with the third fibular muscle proximal to the tarsus. At the level of the tarsus the cranial tibial muscle continues as a strong tendon, which emerges between the middle and medial branches of the third fibular muscle and bifurcates into a medial and lateral branch. The lateral branch inserts to the proximal end of the metatarsus. The medial, stronger branch passes mediodistally over the medial branch of the third fibular muscle and inserts at the fused first and second tarsal bone, where a synovial bursa is interposed. This branch is also called the cunean tendon and its resection is recommended by some clinicians for the relief of spavin (▶ Fig. 5.103, ▶ Fig. 5.104, ▶ Fig. 5.111 and ▶ Fig. 5.112).

The **long fibular muscle** is a weak muscle on the lateral surface of the crus arising from the proximal end of the fibula, the lateral condyles of the tibia and the lateral collateral ligament of the stifle joint (▶ Fig. 5.103). Its long tendon of insertion passes over the lateral aspect of the flexor side of the tarsus and runs over a groove between the fourth tarsal and fourth metatarsal bones to the plantar surface of the metatarsus, where it inserts on the proximal parts of the medial metatarsal bone. It is not present in the horse.

In the dog the long fibular muscle is the strongest of the fibular group of muscles (▶ Fig. 5.98 and ▶ Fig. 5.107). Its thin tendon of insertion crosses the tendons of insertion of the lateral digital extensor and the short fibular muscle at the lateral side of the tarsus superficially. It passes in a sharp curve medially to the plantar surface of the metatarsus to insert to the proximal end of the medial metatarsal bone.

In ruminants the long fibular muscle tapers to a long flat tendon at the proximal half of the tibia and runs distally between the lateral and common digital extensor tendon. It crosses over

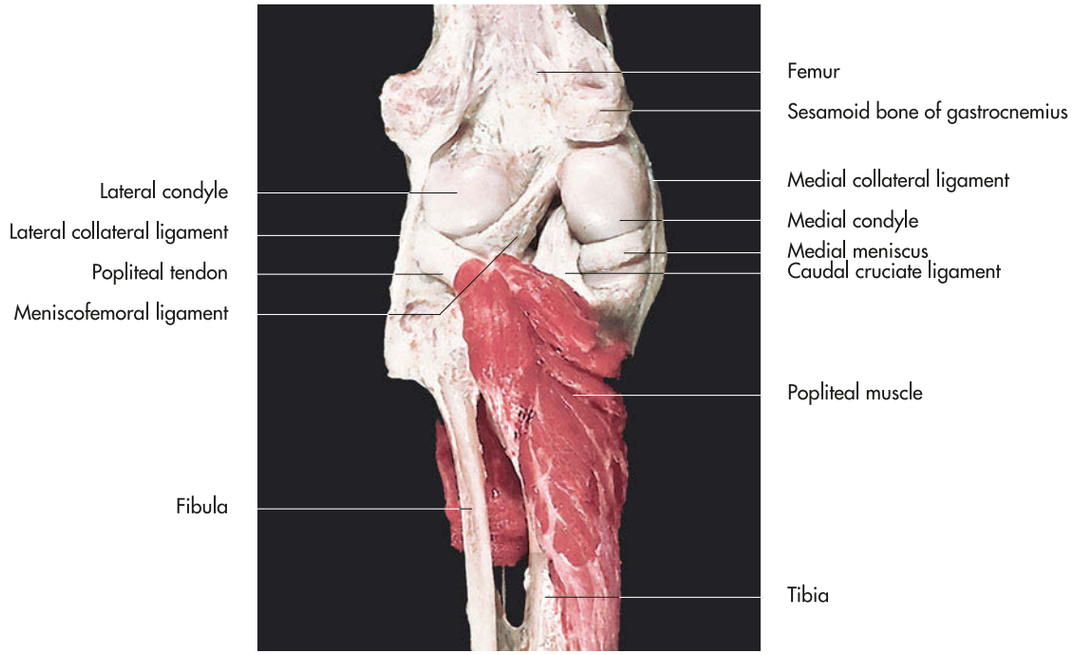


Fig. 5.102 Left stifle joint and popliteal muscle of a dog (caudal aspect). (source: courtesy of Dr. R. Macher, Vienna)

the lateral digital extensor tendon and under the lateral collateral ligament of the tarsus to the medial surface of the tarsus, where it inserts on the first tarsal bone.

The **short fibular muscle** is only present in carnivores. It is the deepest muscle of the fibular group of muscles. It originates, covered by the long fibular muscle, on the distal half of the fibula and tibia. Its tendon passes distally deep to the lateral collateral ligament of the tarsus and the tendon of the long fibular muscle to insert on the proximal end of the fifth metatarsal bone (▶ Fig. 5.103 and ▶ Fig. 5.105).

The **third fibular muscle** is an exclusively tendinous muscle in the horse and a strong fleshy muscle in ruminants, where it is fused to the long digital extensor muscle at its origin (▶ Fig. 5.103 and ▶ Fig. 5.112). It is not present in carnivores. It originates from the extensor fossa of the lateral femoral condyle and inserts on the distal tarsus or the proximal metatarsus. The third fibular muscle is important in the horse, where it constitutes an essential component of the **reciprocal apparatus** ; see Chapter 6 "Statics and dynamics" (p. 309)). The tendon links the action of the stifle and hock; thus it is not possible to flex or extend one of these joints without the other. It originates by the means of a strong tendon with the long digital extensor tendon from the extensor fossa of the lateral femoral condyle, where a pouch of the femorotibial joint capsule passes beneath the tendon. It is bound, together with the long digital extensor tendon, by the extensor retinaculum at the dorsal aspect of the tarsus. The tendon passes distally under the long digital extensor tendon in the extensor groove of the tibia, partly fused to the cranial tibial muscle, and divides into three branches. The lateral branch inserts on the calcaneus and the fourth tarsal bone. The broad middle branch passes parallel to the lateral branch of the cranial tibial muscle and inserts on the third tarsal bone, the central tarsal bone and the cannon bone. The medial branch fans out to insert also to the third tarsal bone, the central tarsal bone and the third metatarsal bone.

The **long digital extensor muscle** arises together with the third fibular muscle from the extensor fossa of the lateral femoral condyle and inserts on the flexor side of the tarsus (▶ Fig. 5.98, ▶ Fig. 5.103, ▶ Fig. 5.104, ▶ Fig. 5.105, ▶ Fig. 5.111 and ▶ Fig. 5.112). The tendon of insertion divides into a branch for each functional digit further distally to end on the extensor process of the distal phalanx.

In carnivores the muscle belly of the long digital extensor muscle usually lies superficially between the cranial tibial and the long fibular muscle (▶ Fig. 5.103 and ▶ Fig. 5.106). An outpouching of the femoro-tibial joint capsule extends between the tibia and the long digital extensor tendon at its origin. It divides into four tendons of insertion at the level of the tarsus, where they are bound by two transverse fibrous bands, the proximal and distal extensor retinaculum, and enclosed in a common synovial sheath. The tendons of insertion extend distally along the dorsal surfaces of the metatarsal bones and digits. They attach to the distal phalanx of the second to fifth digits after they have received a branch from the interosseous muscle.

In ruminants the long digital extensor muscle (▶ Fig. 5.103) has a common origin with the cranial tibial muscle, which covers it. It divides into two bellies, which continue distally as the lateral and medial tendons of insertion. The medial tendon inserts to the middle phalanx of the medial digit after fusing with a branch from the interosseous muscle. The lateral tendon bifurcates at the level of the fetlock joint to insert on the distal phalanx of the two main digits. These tendons are enclosed by synovial sheaths.

In the horse the long digital extensor muscle shares a common tendon of origin with the third fibular muscle under which an outpouching of the femorotibial joint extends 12 to 15 cm distally (▶ Fig. 5.103, ▶ Fig. 5.111 and ▶ Fig. 5.112). The long tendon of insertion is held in place at the level of the tarsus by proximal, middle and distal transverse bands and is surrounded by a synovial sheath from the midtarsus to 3–4 cm beyond the tarsus distally. It is joined by the tendon of the lateral digital extensor muscle in

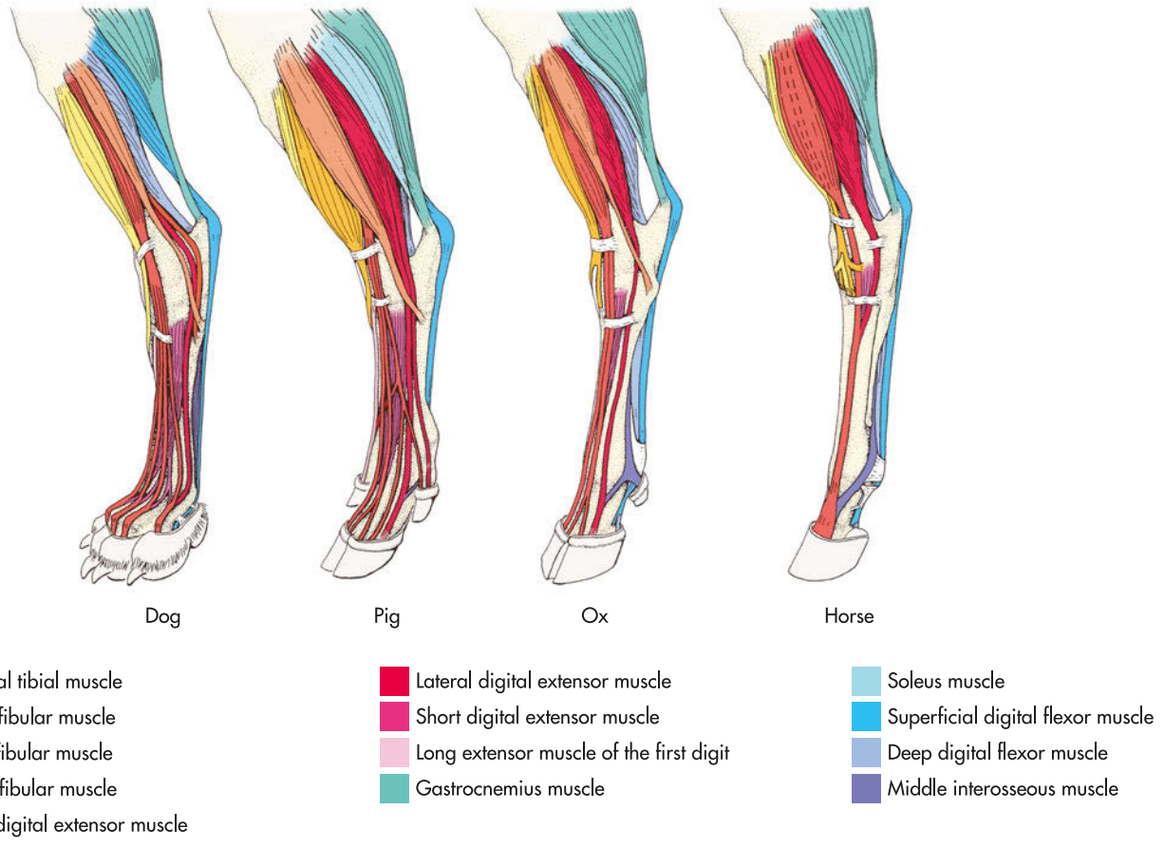


Fig. 5.103 Muscles of the crus (schematic, lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

the middle of the third metatarsal bone and receives two branches from the interosseous muscle before it inserts on the extensor process of the distal phalanx.

The long digital extensor extends the digits and assists in flexing the tarsus.

The **lateral digital extensor muscle** originates from the proximal part of the fibula and the lateral collateral ligament of the stifle (▶ Fig. 5.103 and ▶ Fig. 5.111). It lies deep to the long fibular muscle in carnivores, but superficially in the other domestic mammals.

In carnivores its small belly continues distally as a thin tendon, which crosses over the lateral malleolus, passes deep to the lateral collateral ligament over the lateral surface of the tarsus and passes distally on the dorsolateral side of the metatarsus and digits to join the tendon of the long digital extensor muscle, with which it inserts to the distal phalanx of the fifth digit. In the pig the tendon splits into two branches, one for each principal digit (▶ Fig. 5.103).

In ruminants the lateral digital extensor muscle takes its origin from the lateral collateral ligament of the stifle and from the lateral condyle of the tibia. Its strong tendon passes under the long fibular muscle to the lateral side of the tarsus and extends on the dorsolateral aspect of the metatarsus and inserts on the middle phalanx of the fourth digit after receiving a branch from the interosseous muscle (▶ Fig. 5.103).

In the horse the lateral digital extensor muscle lies superficially between the long digital extensor muscle and the long flexor muscle of the first digit. Its round tendon passes over the lateral malleolus to the lateral aspect of the hock, where it is held in place by the proximal and distal retinacula and protected by a synovial sheath. It inserts by joining the tendon of the long digital extensor muscle (▶ Fig. 5.103, ▶ Fig. 5.111 and ▶ Fig. 5.112).

The lateral digital extensor muscle extends the digits and assists in flexing the hock.

The **long extensor muscle of the first digit** forms a separate delicate muscle in carnivores, sheep and pigs, while in the goat, cattle and the horse it is fused to the cranial tibial muscle. In carnivores it lies directly over the tibia, covered by the long fibular muscle. It originates from the proximal part of the fibula and the interosseous membrane. Its thin tendon, which occasionally broadens into an aponeurosis, passes over the dorsal surface of the tarsus and the second metatarsal bone to the metatarsophalangeal joint of the second and if present of the first digit. It extends the second and also the first digit, if it attaches to it and assists in flexing the tarsus (▶ Fig. 5.103).

Caudal muscles of the crus

The extensors of the tarsus and flexors of the digits lie on the caudal side of the crus. They arise from the distal ends of the femur and/or from the proximal end of the tibia and fibula. The extensors of the tarsus insert on the calcaneus; the flexors of the digits continue to the middle and distal phalanges. All muscles of this group are innervated by the tibial nerve.

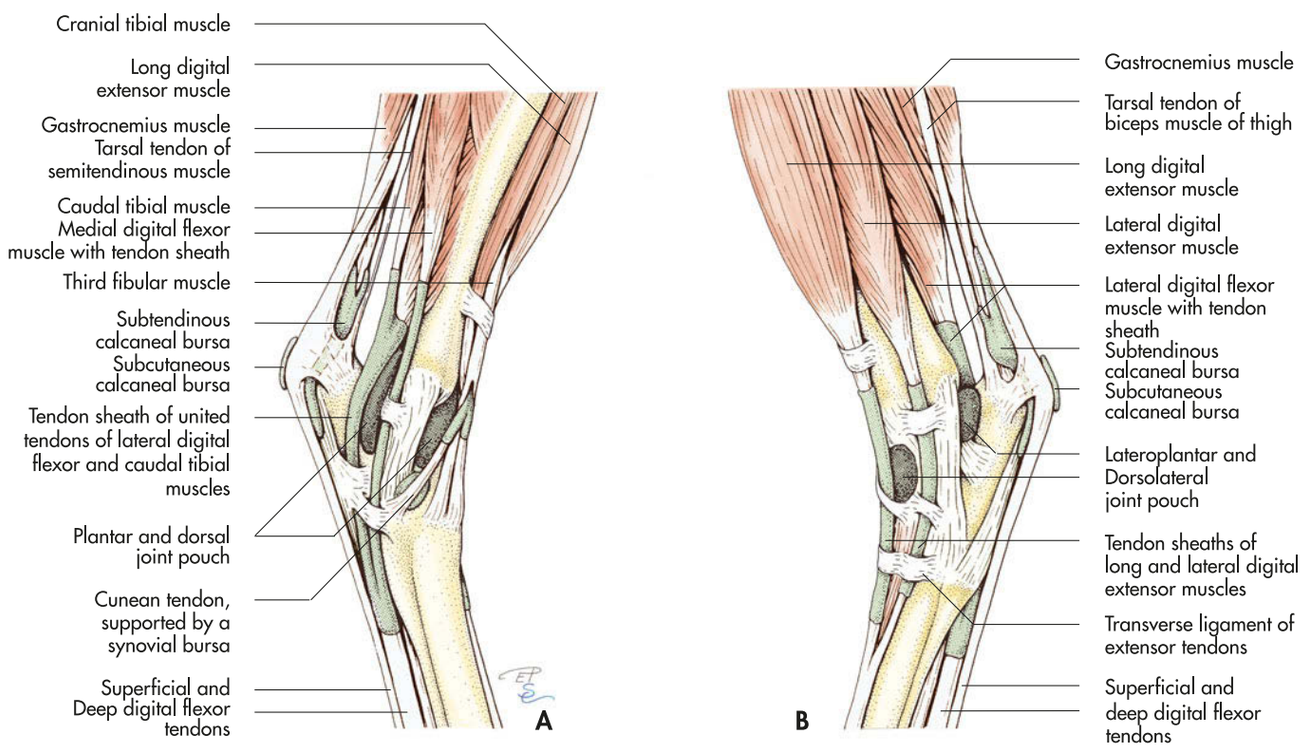


Fig. 5.104 Tendon sheaths and synovial bursae of the left tarsus of the horse: **(A)** medial aspect and **(B)** lateral aspect (schematic); fig. based on data from Ellenberger and Baum, 1943.

This group (▶ Table 5.8) comprises:

Extensors of the tarsus with:

- gastrocnemius muscle (m. gastrocnemius) and
- soleus muscle (m. soleus).

Flexors of the digits with:

- superficial digital flexor muscle (m. flexor digitorum superficialis) and
- deep digital flexor muscle (m. flexor digitorum profundus), which can be further subdivided into **three heads**:
  - caudal tibial muscle (m. tibialis caudalis),
  - lateral digital flexor (m. flexor digitorum lateralis, formerly called m. flexor hallucis longus), and
  - medial digital flexor (m. flexor digitorum medialis, formerly called m. flexor digitorum longus).

The **gastrocnemius muscle** is a strong muscle, which originates with two heads from the caudolateral and caudomedial aspect of the femur proximal to the condyles. The heads terminate in a **common tendon** (tendo gastrocnemius), which constitutes the principal part of the **common calcaneal tendon** (tendo calcaneus communis) and inserts on the calcaneus (▶ Fig. 5.104, ▶ Fig. 5.107, ▶ Fig. 5.109, ▶ Fig. 5.111 and ▶ Fig. 5.113).

In carnivores the **medial head** arises from the medial lip of the distal extremity of the femur and the **lateral head** from the lateral lip. In the cat the muscle originates from the patella and the fascia lata. Each head encloses a prominent sesamoid bone, the lateral and medial sesamoid bones of the gastrocnemius muscle, also called fabellae. The two heads run distally in close relationship to the superficial digital flexor tendon and are united by a strong tendinous plate before they combine further distally to form a common tendon. The tendon of insertion passes under the superficial digital flexor tendon and inserts beneath the latter to the calcaneus. A **synovial bursa** is interposed between the tendon of insertion and the calcaneus.

In the horse the gastrocnemius muscle arises with two strong fusiform heads, which contain multiple tendinous intersections. They originate, covered by the muscles of the hamstring group, from the lateral and medial sides of the supracondylar fossa of the femur. The two heads almost completely enclose the superficial digital flexor tendon and combine distally to continue as a single strong tendon to the calcaneus, where it inserts deep to the superficial digital flexor tendon.

The gastrocnemius muscle extends the tarsus and assists in flexing the stifle.

The **soleus muscle** is a weak muscular band, which is not present in the dog. In ruminants and horses it originates from the proximal rudiment of the fibula, fans out in a distocaudal direction and fuses with the lateral head of the gastrocnemius to become part of the gastrocnemius tendon (▶ Fig. 5.103 and ▶ Fig. 5.111).

The **superficial digital flexor muscle** takes its origin from the supracondylar fossa on the caudal aspect of the femur. It first passes deeply, enclosed between the two heads of the gastrocnemius (▶ Fig. 5.103). At the middle of the crus it winds medially to a more superficial position on the caudal surface. At the calca-

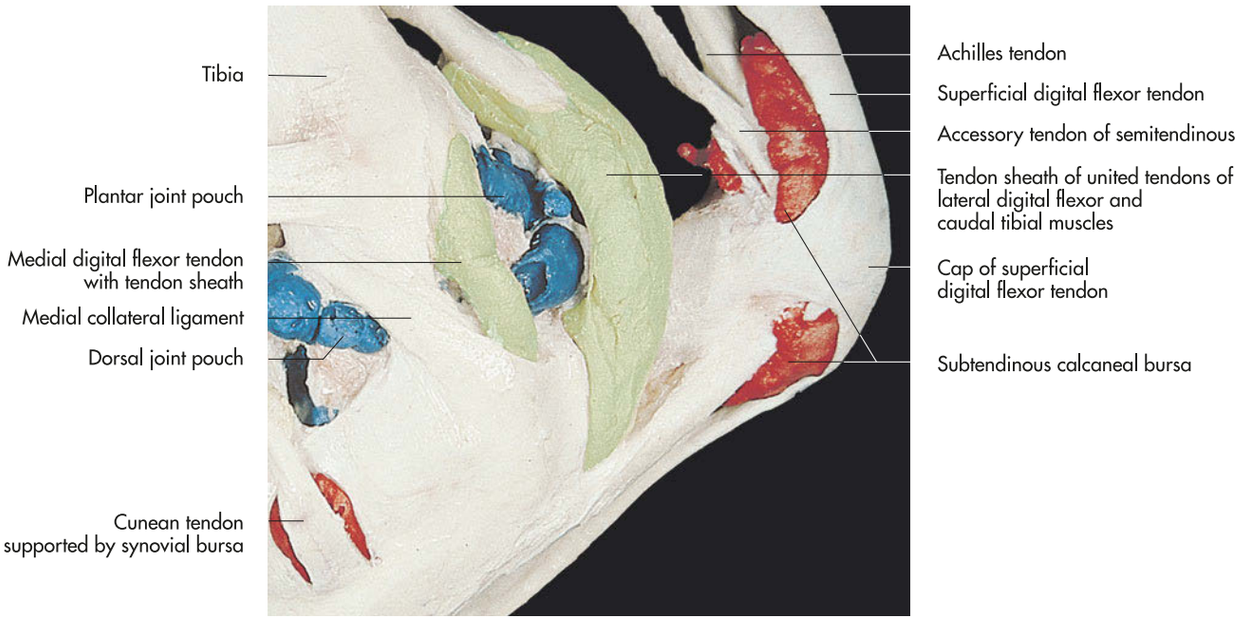


Fig. 5.105 Acrylic cast of the synovial structures of the tarsus of a horse (medial aspect). (source: courtesy of H. Dier, Vienna)

neus it broadens to form a **cap**, which is held in place by medial and lateral retinaculae. A **synovial bursa** lies between the cap and the calcaneal tuber (bursa subtendinea calcanei). The superficial digital flexor tendon continues distally and divides into a branch for each functional digit at the distal tarsus which inserts on the middle phalanx. At the level of the metatarsophalangeal joints, the tendons of insertion form cylinders (**manica flexoria**) as on the thoracic limb, which surround the corresponding branches of the deep digital flexor tendon. The distal part of the deep digital flexor tendon basically corresponds to the forelimb.

In carnivores the deep digital flexor muscle arises, firmly united with the lateral head of the gastrocnemius muscle, on the lateral supracondylar tuberosity of the femur (▶ Fig. 5.90, ▶ Fig. 5.92 and ▶ Fig. 5.98). At the middle of the tibia the tendinous fibres of the fleshy muscle belly converge to form a strong tendon, which passes medially around the gastrocnemius tendon to the caudal surface of the point of the hock, where it forms a broad cap. The tendon continues over the plantar aspect of the hock and divides twice at the distal row of the tarsal bones. The resulting four branches extend distally over the second to fifth metatarsal bones and insert to the middle phalanx of these digits.

In ruminants and pigs the terminal tendons insert to the middle phalanx of the principal digits.

In the horse the superficial digital flexor muscle is almost entirely tendinous and constitutes a major component (tendo plantaris) of the common calcanean tendon (tendo calcaneus communis), the caudal part of the **reciprocal apparatus**. The superficial digital flexor muscle arises from the supracondylar fossa of the femur, where it is intimately attached to the lateral head of the gastrocnemius muscle. At the distal third of the tibia it passes around the medial surface of the gastrocnemius tendon to occupy a position caudal to it. It widens out at the point of the hock to form a cap over the calcaneal tuber, to which it detaches a band on either side. A large synovial bursa (bursa subtendinea calcanei) is interposed between the calcaneal tuber and the superficial digital flexor tendon, which can be injected from the medial side, about 3 cm dorsal to the calcaneus. Further distally it is arranged as in the thoracic limb and attaches to the middle phalanx.

The superficial digital flexor muscle extends the digits it inserts to, but also assists in extending the hock and flexing the stifle. In the horse it is a major component of the caudal part of the reciprocal apparatus (▶ Fig. 5.92, ▶ Fig. 5.100 and ▶ Fig. 5.101).

The **deep digital flexor muscle** (▶ Fig. 5.103, ▶ Fig. 5.104, ▶ Fig. 5.105, ▶ Fig. 5.107, ▶ Fig. 5.109, ▶ Fig. 5.110, ▶ Fig. 5.111, ▶ Fig. 5.113 and ▶ Fig. 5.114) consists of **three separate heads**:

- caudal tibial muscle (m. tibialis caudalis),
- lateral digital flexor muscle (m. flexor digitorum lateralis) and
- medial digital flexor muscle (m. flexor digitorum medialis).

The three heads lie on the caudal surface of the tibia and fibula from which they take origin. They unite to form a strong tendon, the **deep digital flexor tendon**, either at the middle of the crus or distal to the tarsus in different species. The common tendon continues distally on the plantar aspect of the metatarsus and inserts with a branch for each functional digit on the flexor surface of the distal phalanges, thus resulting in four tendons of insertion in carnivores and pigs, two in ruminants and one in the horse. The individual branches are surrounded by synovial sheaths at the level of the tarsus.

In carnivores, the lateral digital flexor muscle occupies the caudolateral side of the crus. Its strong tendon fuses with the weaker tendon of the medial digital flexor muscle on the plantar surface of the tarsus to form the deep digital flexor tendon. It divides into four branches which insert on the second to fifth digit at the middle of the metatarsus. These tendons of insertion are similar to the branches of the deep digital flexor tendon of the thoracic limb.

The medial digital flexor muscle lies medial to the lateral digital flexor muscle and originates on the head of the fibula and the popliteal line of the tibia. Its fine tendon passes distally along the tendon of the caudal tibial muscle to the tarsus, where it unites with the tendon of the lateral digital flexor muscle. The caudal

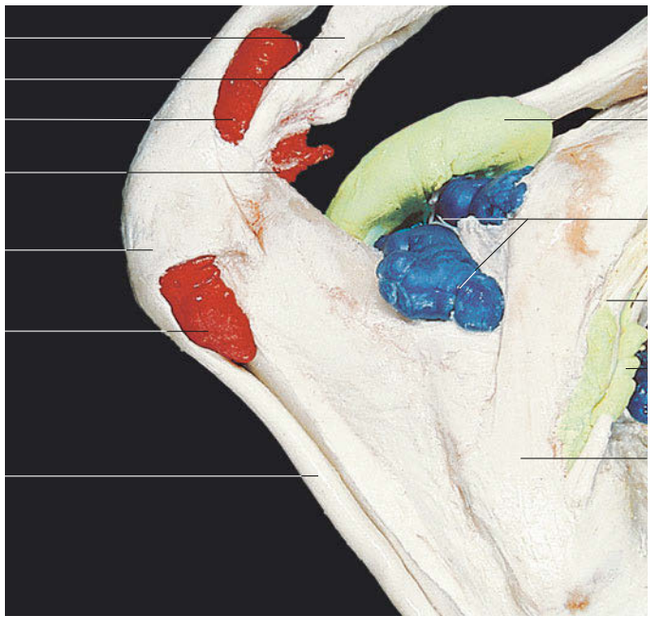


Fig. 5.106 Acrylic cast of the synovial structures of the tarsus of a horse (lateral aspect). (source: courtesy of H. Dier, Vienna)

tibial muscle is a weak muscle, which lies directly on the caudomedial surface of the tibia. In carnivores its delicate tendon radiates into the medial ligamentous mass of the tarsus and does not participate in the formation of the deep digital flexor tendon as it does in the other domestic species.

In ungulates the lateral digital flexor muscle originates from the lateral tibial condyle and the caudal surface of the tibia, covered by the caudal tibial muscle proximally. Its strong tendon unites with the tendon of the caudal tibial muscle at the distal third of the crus and then passes over the sustentaculum of the talus. The common tendon is joined by the tendon of the medial digital flexor muscle at the proximal part of the metatarsus.

The medial digital flexor muscle runs along the medial surface of the lateral digital flexor muscle and passes, as a round tendon, over the medial aspect of the tarsus to the metatarsus, where it joins the common deep digital flexor tendon. The deep digital flexor tendon ends as the corresponding tendon of the forelimb. In the horse the deep digital flexor tendon runs over the distal sesamoid bone, where its passage is faciliated by the **navicular bursa** (bursa podotrochlearis), to insert on the distal phalanx. The deep digital flexor flexes the digits and assists in extending the tarsus.

5.3.5 Short digital muscles

The short digital muscles are similar to the like-named muscle in the thoracic limb. In general these muscles are well-developed in carnivores, but rudimentary or missing in the other domestic mammals, with the exception of the interosseous muscles. The short digital muscles comprise:

- short digital extensor muscle (m. extensor digitorum brevis),
- short digital flexor muscle (m. flexor digitorum brevis),
- interflexor muscles (mm. interflexorii),
- interosseous muscles (mm. interossei),
- lumbrical muscles (mm. lumbricales) and
- plantar quadrate muscle (m. quadratus plantae).

The **short digital extensor muscle** lies on the dorsal side of the metatarsal bones and lateral to the long digital extensor tendon. It is a weak muscular band in ruminants and horses, stronger in pigs and carnivores. In carnivores it splits into several branches, which insert together with the corresponding tendons of the common extensor tendon after they have combined with branches from the interosseous muscles.

The **short digital flexor muscle** consists of some muscular fibres in the dog, but a more extensive muscle plate in the cat within the superficial digital flexor tendon. The **interflexor muscles** are two muscle bundles in the dog and three in the cat, which are located between the deep and superficial flex- or tendons, extending from the middle of the tarsus to metatarsophalangeal joints.

The **interosseous muscles** and **lumbrical muscles** are similar to the corresponding muscles in the thoracic limb.

The **plantar quadrate muscle** is stronger in the cat than in the dog. It arises from the lateral aspect of the calcaneus, extends mediodistally to the deep digital flexor tendon and radiates into the medial digital flexor tendon.

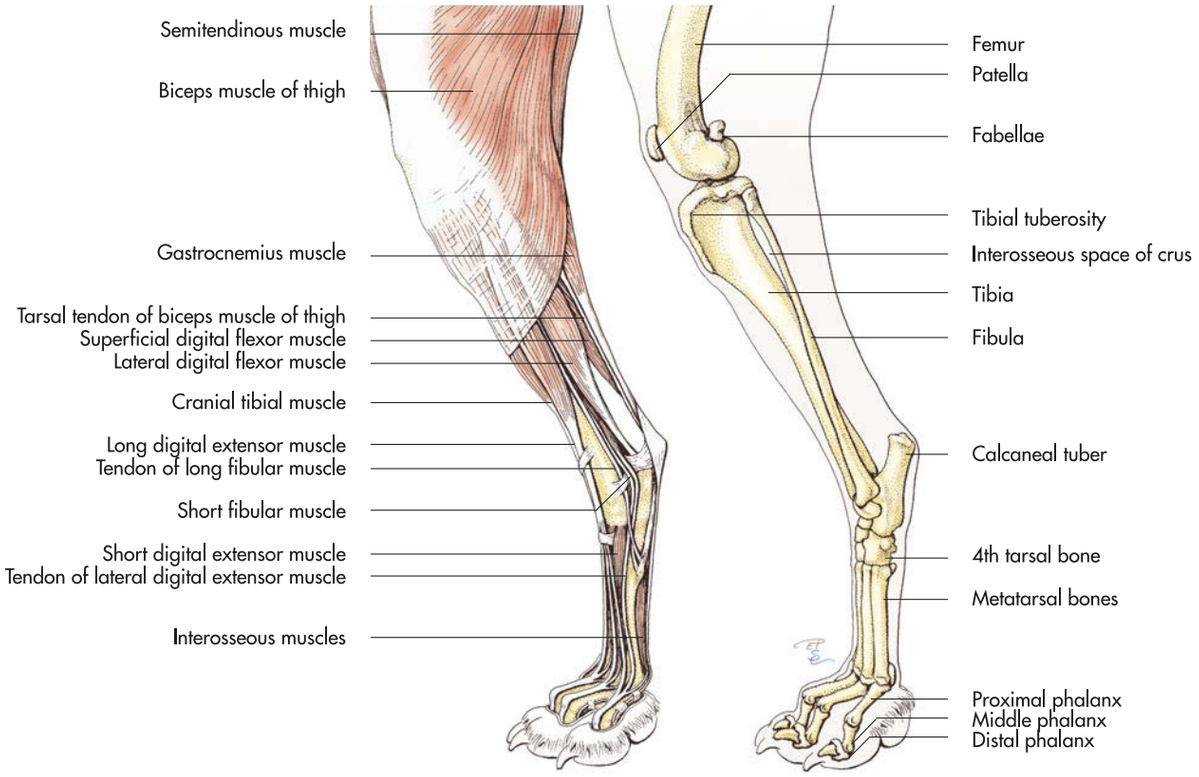


Fig. 5.107 Muscles and skeleton of the hindlimb of the dog (schematic, lateral aspect).

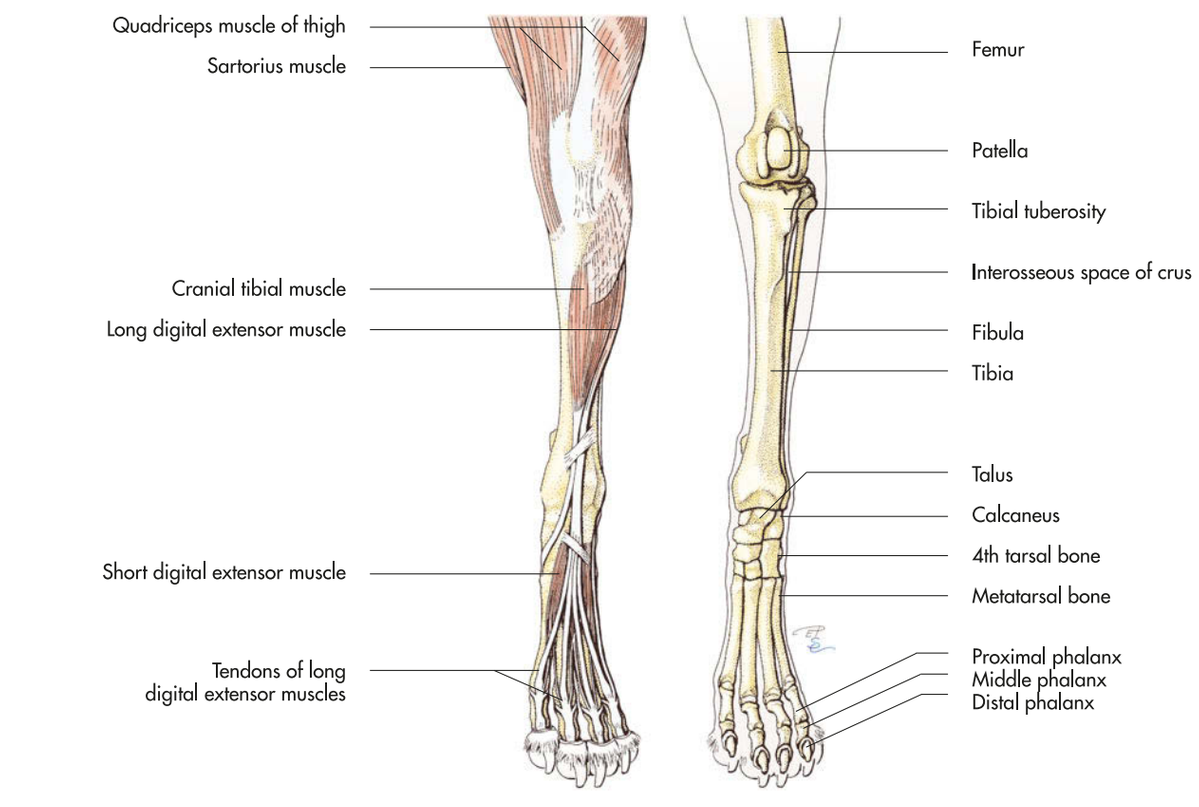


Fig. 5.108 Muscles and skeleton of the hindlimb of the dog (schematic, cranial aspect).

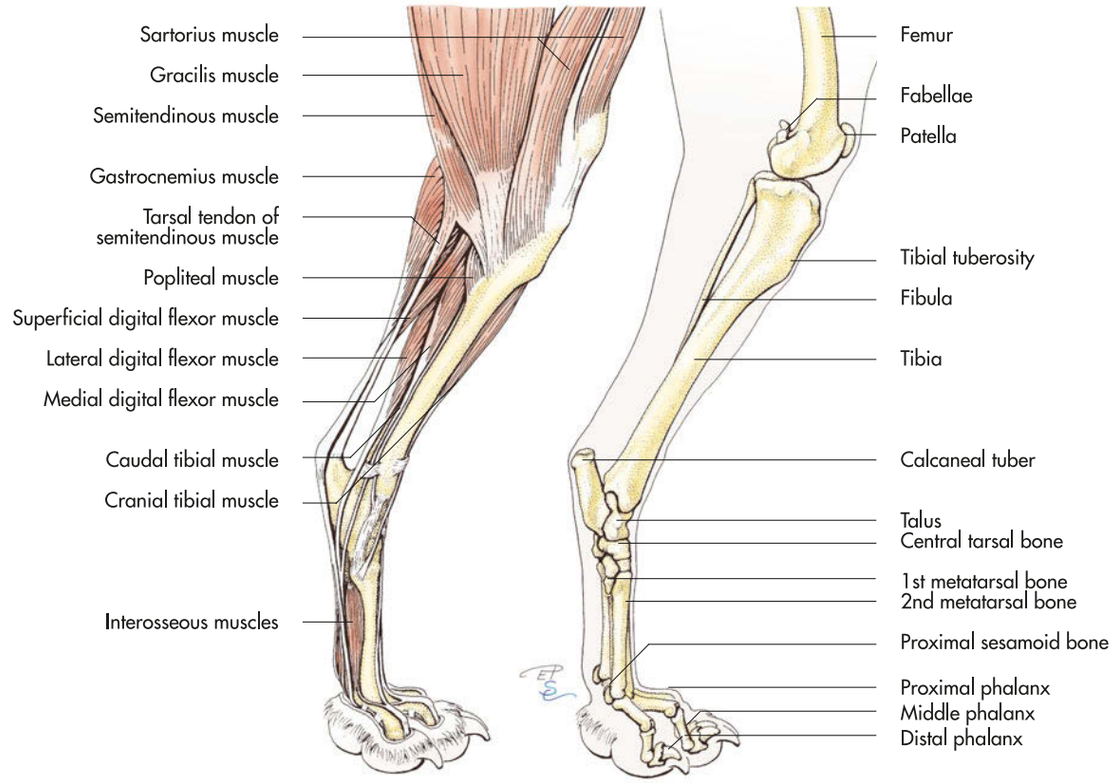


Fig. 5.109 Muscles and skeleton of the hindlimb of the dog (schematic, medial aspect).

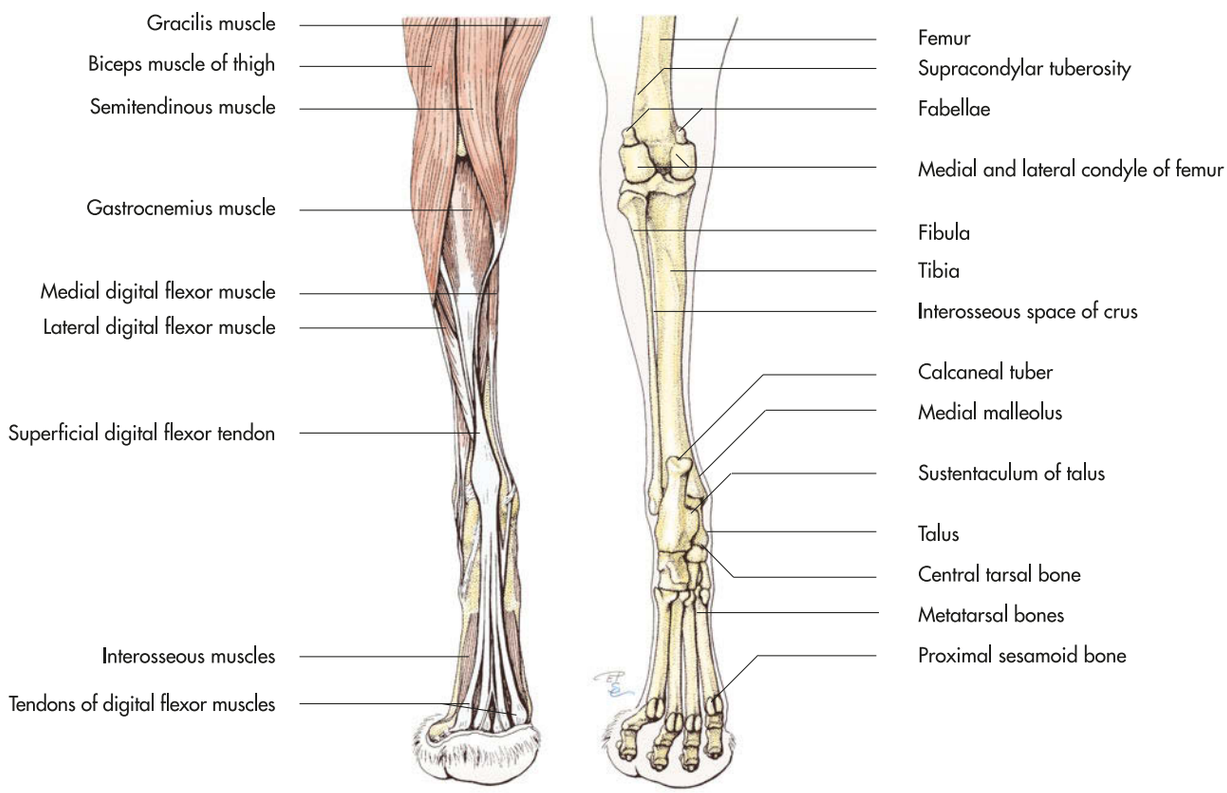


Fig. 5.110 Muscles and skeleton of the hindlimb of the dog (schematic, caudal aspect).

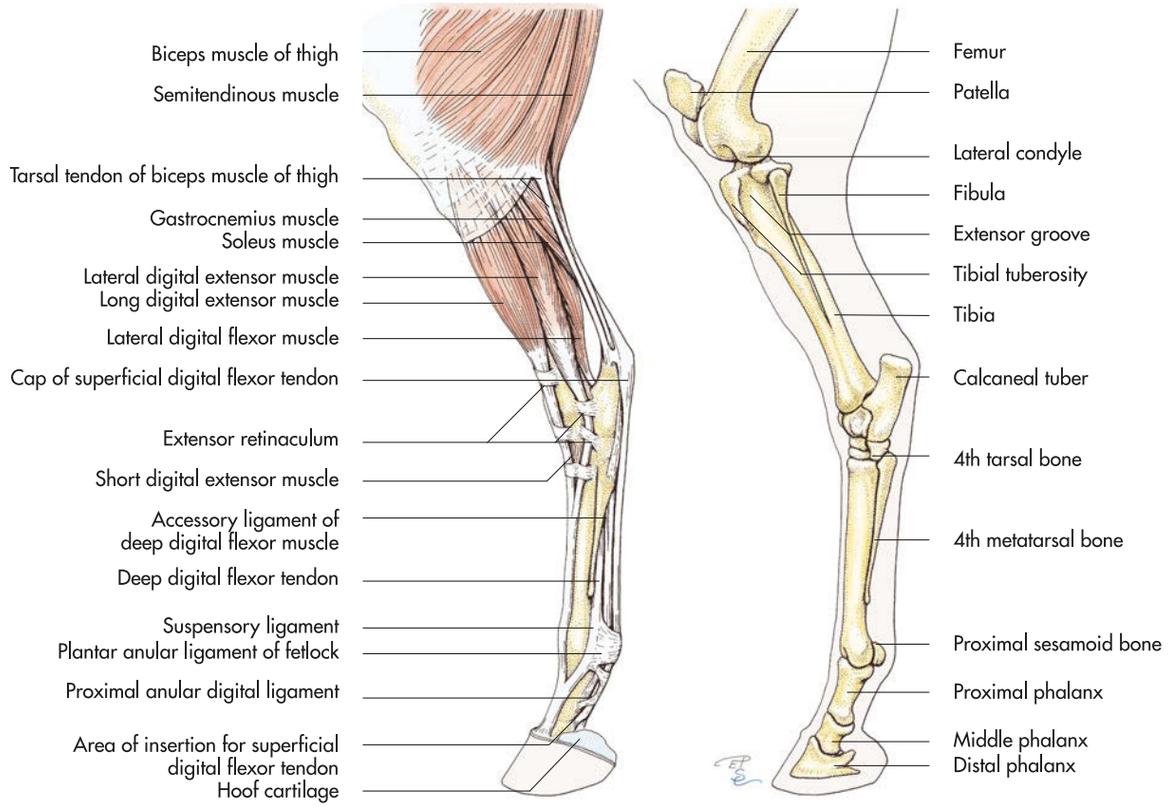


Fig. 5.111 Muscles and skeleton of the hindlimb of the hindlimb of of the horse (schematic, lateral aspect).

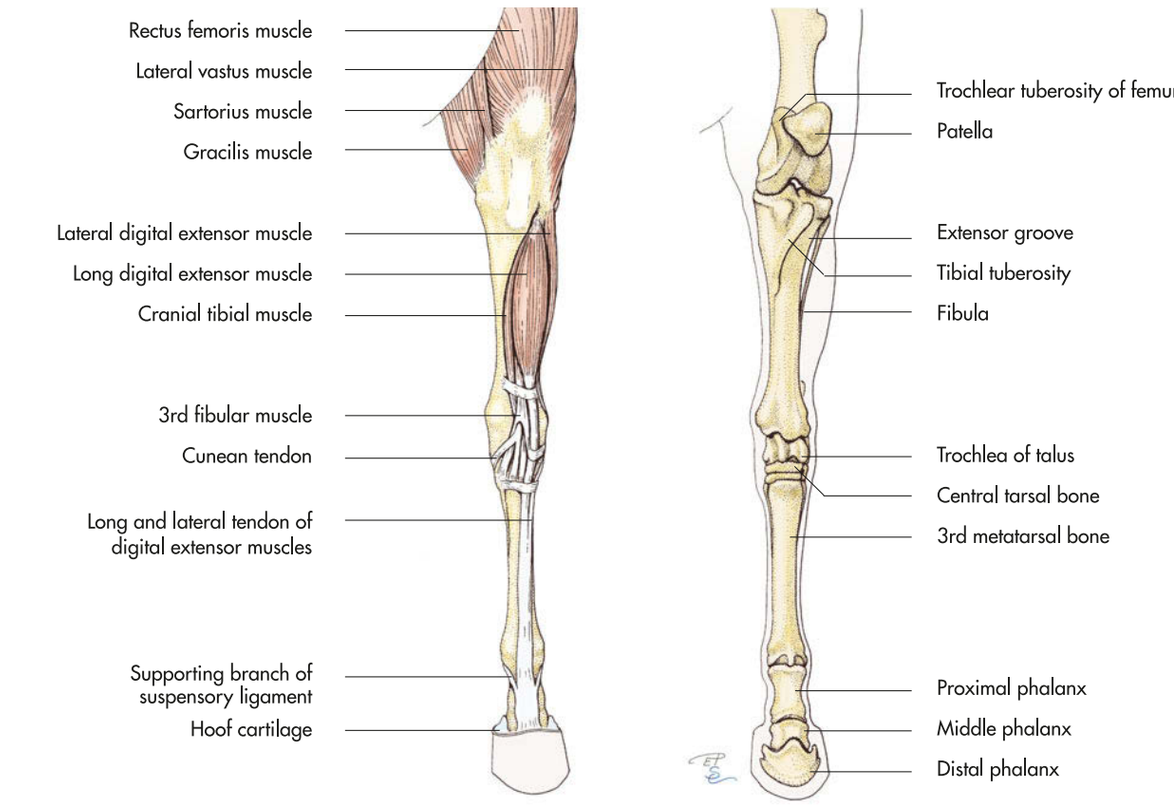


Fig. 5.112 Muscles and skeleton of the hindlimb of the horse (schematic, cranial aspect).

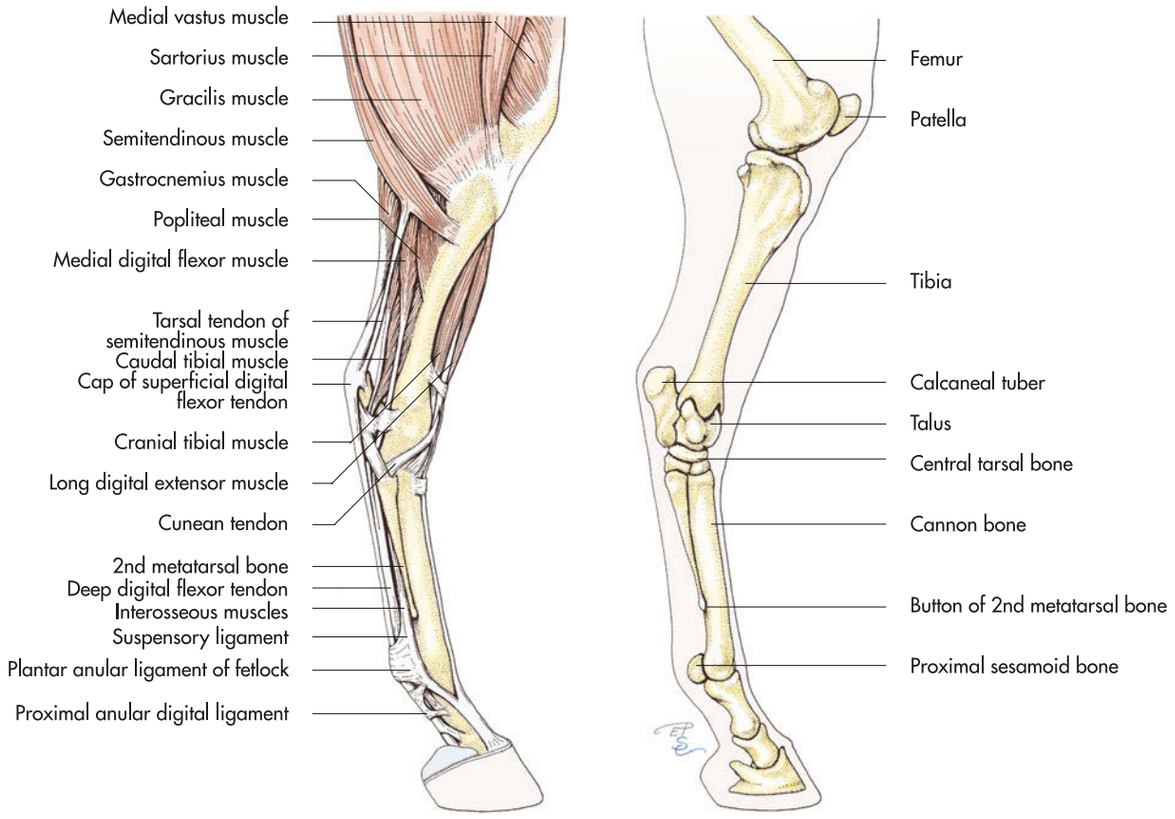


Fig. 5.113 Muscles and skeleton of the hindlimb of the horse (schematic, medial aspect).

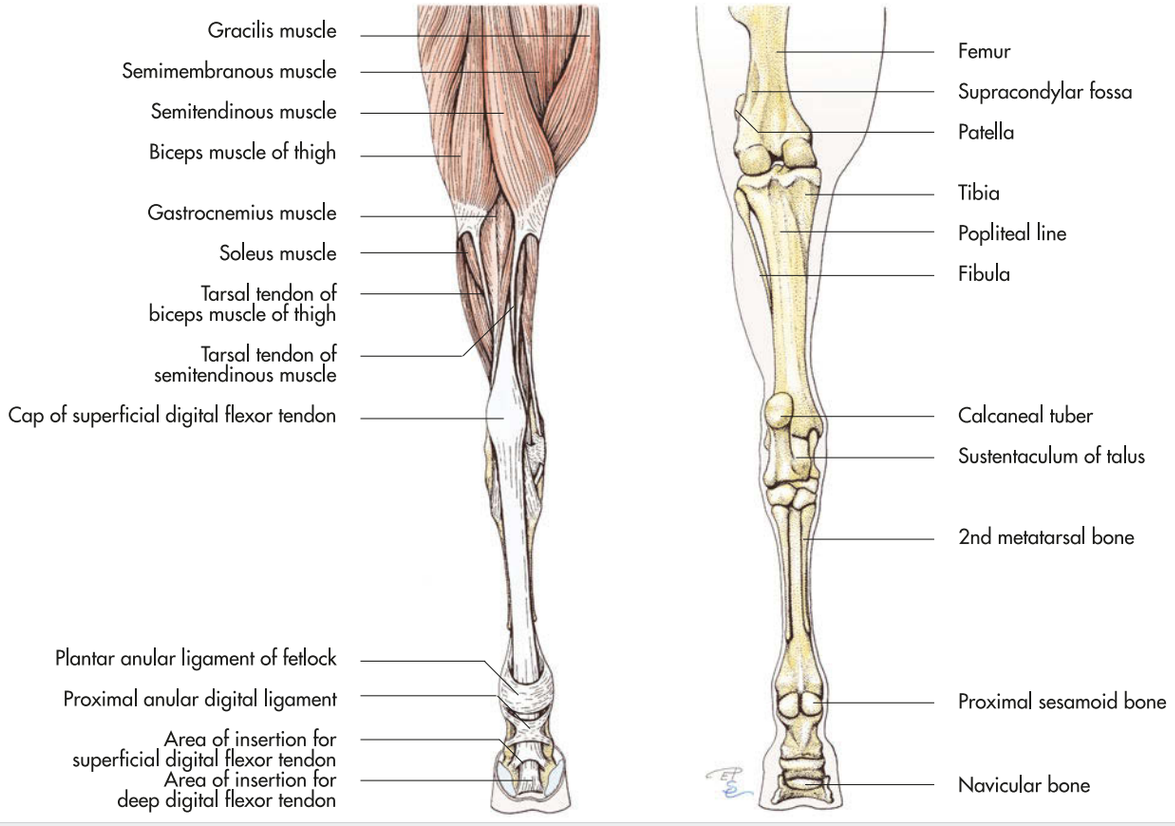


Fig. 5.114 Muscles and skeleton of the hindlimb of the horse (schematic, caudal aspect).

Table 5.7 Flexors of the tarsus and extensors of the digits.

Name Innervation	Origin	Insertion	Function
Cranial tibial muscle Fibular nerve	Lateral condyle of tibia	Tarsal and metatarsal bones	Flexor of tarsus
Long fibular muscle Fibular nerve	Fibula and lateral condyle of tibia	Tarsal (T1) or metatarsal bones (Mt 1)	Flexor of tarsus, draws limb inwards
Short fibular muscle Fibular nerve	Fibula	Metatarsal bone (Mt 5)	Flexor of tarsus
Third fibular muscle Fibular nerve	Extensor fossa of femur	Tarsal and metatarsal bones	Flexor of tarsus, extensor of stifle joint
Long digital extensor muscle Fibular nerve	Extensor fossa of femur	Extensor process of the distal phalanx	Extensor of the digits, extensor of stifle joint
Lateral digital extensor muscle Fibular nerve	Fibula and lateral condyle of tibia	Middle phalanx of 5th or 4th digit; extensor process of the distal phalanx in the horse	Extensor of the digits
Long extensor muscle of the first digit Fibular nerve	Fibula	2nd digit	Extensor of the 2nd digit

Table 5.8 Extensors of the tarsus and flexors of the digits.

Name Innervation	Origin	Insertion	Function
Gastrocnemius muscle Tibial nerve	Distal on femur	Calcaneal tuber (Achilles tendon)	Extensor of the tarsus; flexor of the stifle joint
Soleus muscle Tibial nerve	Fibula	Achilles tendon	Extensor of the tarsus
Superficial digital flexor muscle Tibial nerve	Supracondylar fossa, lateral supracondylar tuberosity	Proximal phalanx and middle phalanx	Flexor of the stifle joint; flexor of the digits; extensor of the tarsus
Deep digital flexor muscle: Tibial nerve			
• **Caudal tibial muscle**	Fibula and tibia	Deep digital flexor tendon, distal phalanx	Flexor of the digits
• **Medial digital flexor muscle**	Tibia	Deep digital flexor tendon, distal phalanx	Flexor of the digits
• **Lateral digital flexor muscle**	Fibula and tibia	Deep digital flexor tendon, distal phalanx	Flexor of the digits

6 Statics and dynamics

J. Maierl, G. Weissengruber, Chr. Peham and H. E. König

Animals are subject to the same physical laws as inanimated objects. **Statics** describes the principles of construction necessary to maintain the **equilibrium of the body** in a state of rest or in motion. **Dynamics** analyses the **movement** of the body during locomotion.

There is a great **adaptive variety** in the construction of the body between different species, reflecting the requirements set forth by their natural surroundings. Carnivores, being predators, must develop considerable speed over a short distance in order to catch their prey, while the herbivors body is specialised to support large stores of poorly digestible food and to enable continuous movement over long dis-tances. These differences are exemplified by the horse, which is characterised by passive support mechanisms that allow the animal to carry heavy loads for a long period of time without the muscles fatiguing. These support mechanisms have not developed in the dog, which has a lower body weight and whose food is highly digestible and of a higher energy density.

Furthermore limb proportions – especially those of the manus – are much more elongated in unguligrade herbivores in comparison to digitigrade carnivores. This allows for a **longer distance per stride**. This effect is brought forward by the important fact that tendons of insertion are typically attached to the skeleton in the immediate vicinity of joints. As an example we take the biceps and the triceps muscles (▶ Fig. 6.2). In both cases the tendons of insertion are attached to the skeleton very close to the elbow joint. Thus the lever arms of a force are very short: the one reaches from the axis of rotation through the humeral condyle to the radial tuberosity; the other, to the olecranal tuber. The work arm, how-ever, is much longer, as it includes the whole distal limb. As a muscle can only contract about 30% of its length this anatomical arrangement extremely magnifies the lever action of the distal part of the limb. The respective parts move further and faster.

The **protraction of the limbs** is facilitated by the arrangement of muscle bellies in the proximal half of the limb. As consequence the distal part of the limb is relatively light and can easily be accelerated in the swing phase of the stride.

This compactness of the limb and magnification of motion are achieved at the cost of high forces in the muscles, across the joint surfaces, and within the bones.

6.1 Architecture of the trunk

Previous authors have compared the construction of the body axis with various types of bridges. Recent studies indicate that this concept is flawed and now refer to the more accurate **"bow and string"** theory (▶ Fig. 6.1). The "bow" is formed by **thoracolumbar vertebrae**, their articulations and the accompanying ligaments and muscles, which provide a flexible structure. The "string" consists of the **abdominal muscles**, especially the straight muscle of the abdomen, which reaches from the thorax to the pelvis. The bow is indirectly attached to the string by interposition of the thoracic skeleton cranially and the pelvic bones caudally.

Contraction of the abdominal muscle causes **flexion of the bow**, while contraction of the epiaxial muscles **straightens the bow**. Furthermore the weight of the viscera attached to the vertebral column tends to straighten out the bow, while at the same time the weight of the viscera on the abdominal muscles bends the bow. Flexion of the bow is assisted by the **protractor muscles of the forelimb** and **retractor muscles of the hindlimb**, while their opposing muscles have the opposite effect. The intrinsic elasticity of the trunk construction is complemented by active contraction of other muscles. This is evident in the horse, when its back does not sag under the rider, but rather is curved in a dorsal direction as a result of the increasing tension in the string. The caudal part of the bow and string construction, the last lumbar vertebra, is joined to the **sacrum**.

It is possible to extend the "bow and string" theory to the cervical region, where the curve is in the opposite direction to that of the thoracolumbar region. The **cervical vertebrae** and their articulations constitute the bow, while the nuchal ligament acts as the string. The weight and active lowering of the head straightens the "bow", while the **nuchal ligament** flexes it.

6.2 Thoracic limb

The major role of the forelimbs is to support the weight of the body, this is reflected by a reduction in the skeletal structure of the shoulder girdle, where only the scapula, and in some species a much reduced clavicle, remain. The scapula is attached to the trunk at the cranial end of the bow and string construction by a synsarcosis, with muscles and tendons forming a sling-like suspension for the trunk. The ventral serrate muscles form a cradle between the two scapulae, which allows the thorax to rise and fall between the shoulders and for the animal to lean over to one side without any corresponding deviation of either forelimb from the perpendicular. The thoracic portion of the ventral serrate muscle, with its high content of tendinous tissue, is well adapted to carry the considerable weight with a minimum of muscular effort. This anatomical arrangement enables the considerable forces which occur during standing and locomotion to be sustained. The forces that the thoracic limbs are subjected to increase considerably when the animal contacts the ground after jumping (▶ Fig. 6.2 and ▶ Fig. 6.3).

Even when an animal is standing still the muscles on either side of each joint are finely adjusting to maintain balance. In large animals this would result in considerable stress in the muscle tissues; thus an increase in fibrous tissue can be found within the muscles of the larger animals, which resists these forces. The movement of the joints is also restricted by the arrangement of fascia and ligaments and the design of the articular surfaces. These structures limit the range of movement of the joints of larger animals to flexion and extension, with the exception of the shoulder and hip joints. In some joints, such as the elbow joint, the collateral ligaments insert eccentrically and thus present a force which has to be overcome before a joint can be moved. This arrangement prevents flexion caused by depression of the joint from the animal's weight.

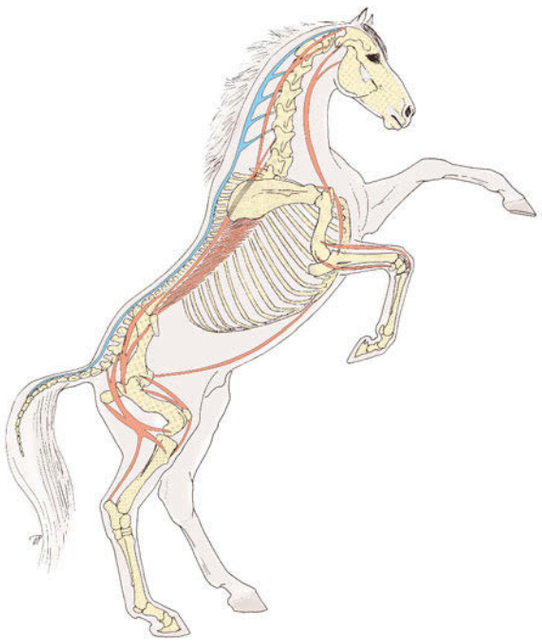


Fig. 6.1 "Bow and string" construction in the rearing horse (schematic, the muscles are coloured red); fig. based on data from Komarek, 1993.

The horse has developed tendinous-ligamentous support mechanisms, the **stay apparatus** present in both the forelimbs and hindlimbs, allowing this species to carry its body weight with a minimum of muscular effort and reducing muscle fatigue (▶ Fig. 6.2 and ▶ Fig. 6.3). The efficient use of this apparatus enables the horse to stand for very long periods whilst resting. True sleep must be accompanied by lying down to remove of the weight from the limbs.

The weight of the body tends to flex the shoulder joint through the insertion of the ventral serrate muscle. This arrangement exists to prevent shoulder flexion, involving isometric contraction of the supraspinatus muscle of the forearm and more importantly, of the biceps brachii muscles, in which tension increases as the shoulder tends to flex. This can only occur if the biceps brachii muscle is prevented from flexing the elbow joint; this is achieved by two mechanisms. The superficial and deep digital flexor muscles are tensed by the dorsoflexion of the fetlock joint in the normal standing position, thus resulting in an increase of passive tension of their inelastic components to maintain elbow extension through their humeral heads. Another key factor in the shoulder/elbow fixation mechanism is the isometric contraction of the triceps (▶ Fig. 6.2 and ▶ Fig. 6.3).

The carpus is predisposed to effortless weight bearing since the long axis of the radius and the cannon bone are approximately in the same vertical line. It is prevented from buckling forwards by the lacertus fibrosus, an inelastic band arising from the biceps tendon of origin. It continues within the muscle belly just proximal to the elbow joint, where it separates from the biceps muscle and blends with the antebrachial fascia and the radial extensor muscle of the carpus. By inserting on the cannon bone it assists in stabilising the carpal joint. Tension in the biceps is transmitted through this system to assist in fixed extension of the carpus (▶ Fig. 6.2 and ▶ Fig. 6.3). Overextension of the carpus is prevented by the ligaments on the palmar aspect of the carpus, the ligaments of the accessory bone and the check ligaments (accessory ligaments of the superficial and deep digital flexor tendons). Both check ligaments are kept under tension by the overextended "neutral" position of the metacarpophalangeal joint.

One of the most essential anatomical features of the stay apparatus is the suspensory ligament on the palmar and plantar aspects of the third metacarpus/metatarsus. It serves as the main support for the fetlock, preventing excessive overextension and reducing concussion of the fetlock during locomotion. The branches of the suspensory ligament which extend distally on the medial and lateral side of the digit insert on the extensor process of the distal phalanx and prevent the pastern and coffin joints from buckling forward. The superficial and deep digital flexor tendons supplement the suspensory ligament in this function. They are restricted by the accessory ligament between the distal end of the radius and the superficial digital flexor tendon (proximal check ligament), and by the accessory ligament between the carpus and the deep digital flexor tendon (distal check

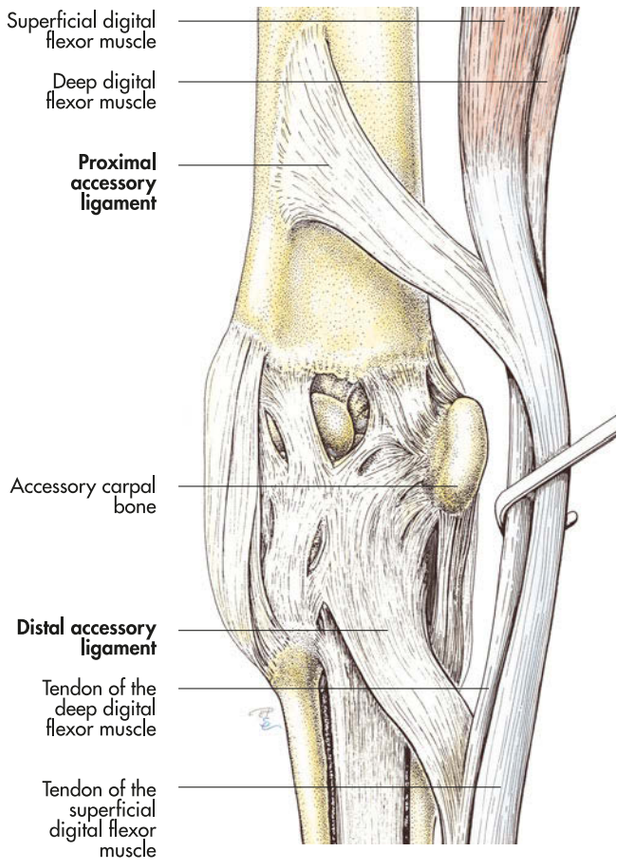


Fig. 6.2 Accessory ligaments of the superficial and deep digital extensor muscles in the thoracic limb of a horse (schematic).

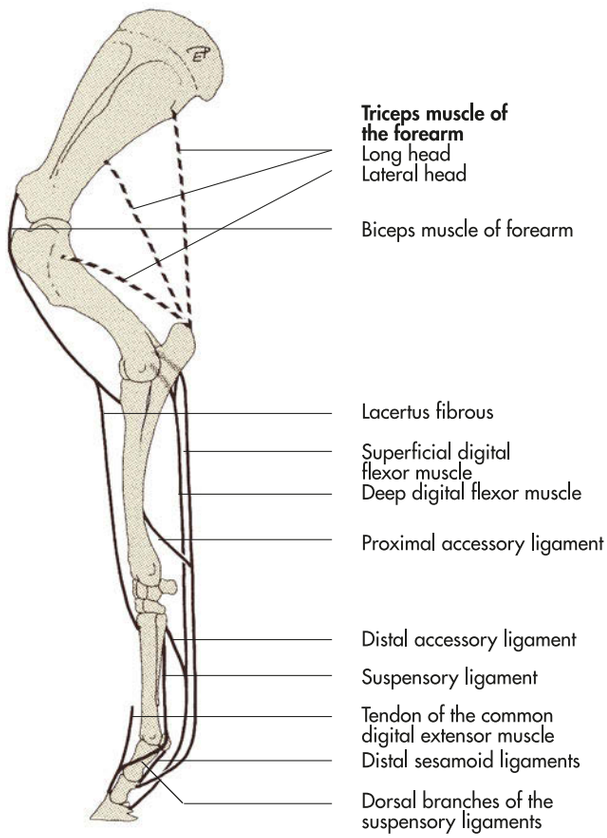


Fig. 6.3 Stay apparatus in the thoracic limb of a horse (schematic).

ligament). The suspensory ligament and the two digital flexor tendons operate in series. As the fetlock joint is extended by the body weight, the suspensory ligament tightens, followed by the superficial and then the deep digital flexor tendon.

During locomotion, the thoracic limb is raised off the ground by the shoulder girdle musculature and the flexion of all joints through their flexor muscles. The flexed limb is protracted by the brachiocephalic muscle. This action is complemented by the trapezius and omotransverse muscles, which rotate the distal end of the scapula craniodorsally and the caudal angle caudoventrally, resulting in the swing phase of locomotion. At the end of the swing phase the joints are extended again through the action of the triceps muscle of the forearm, the radial extensor muscle of the carpus and digital extensor muscles. This straightens the limb, reaching forward from its starting point, inducing the stance phase of the stride, thus the limb thus becomes longer and reaches the ground further forward to its starting point. This induces the stance phase of the stride, during which the weight of the body is transported over the extended limb. The scapula is rotated in the reverse direction by the broadest muscle of the back, the rhomboid and the deep pectoral muscle. The triceps is responsible for extending the elbow joint, while the biceps muscle extends the shoulder and through the lacertus fibrosus the carpus. The fetlock joint is extended beyond its normal position. Shortly before the limb is lifted off the ground again, the superficial digital flexor tendon and the suspensory ligament are relaxed, while the coffin joint is maximally extended; the deep digital flexor tendon and its check ligament are thus tensed. This causes the phalangeal joints to flex immediately when the foot is lifted off the ground.

6.3 Pelvic limb

The sacrum and the pelvis are rigidly attached through the sacroiliac joint, with the sacrum suspended on the inner surface of the ilial wings. This ensures an effective transmission of the thrust of the hindlimb onto the trunk. Since the pelvic limb is responsible for delivering the forward impetus for progression, the musculature of the hindlimb is better developed than the musculature of the forelimb. In the horse many modifications involving **collagenous bands** derived from **muscular tissue** and **skeletal adaptations** serve to reduce the muscular effort associated with weight bearing and link movement of the hock and stifle joints: the patellar locking mechanism and the reciprocal apparatus (▶ Fig. 6.4), respectively. The former is brought about by the arrangement of the patellar ligaments and the bones, which can result in locking of the patella and immobilisation of the stifle and thus the hock. In normal flexion and extension of the stifle joint, the patella glides in the trochlear groove. Extension beyond the proximal extremity of the groove, together with a medial twist of the patella, results in the medial ridge of the femur protruding between the medial and the middle patellar ligaments. The para-

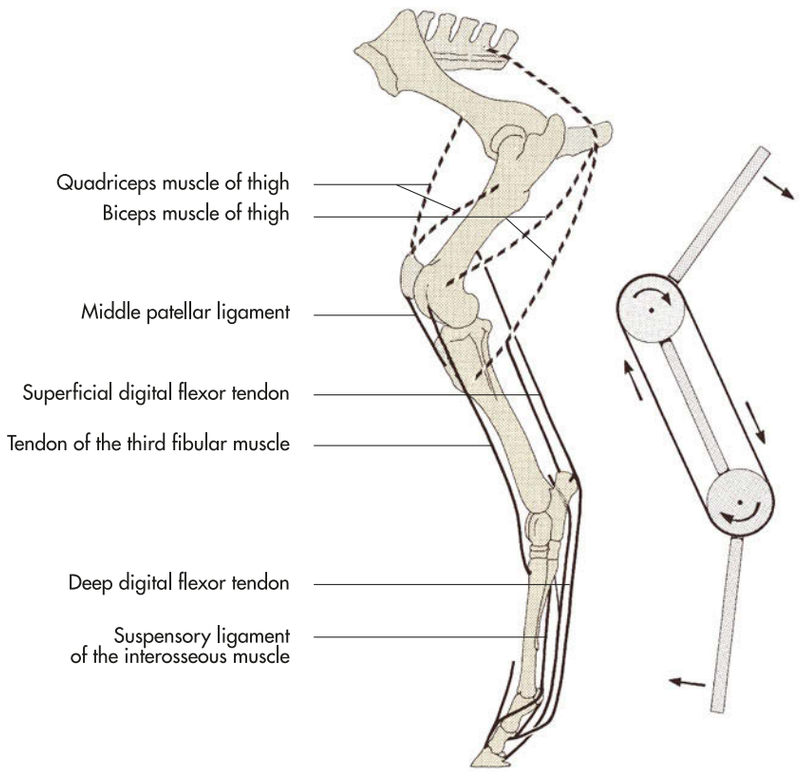


Fig. 6.4 Reciprocal apparatus of the equine hind limb (schematic).

patellar cartilage becomes hooked over the tubercle of the trochlea, thus locking the stifle in an extended position. This mechanism enables the horse to rest its weight on one hindlimb with a minimum of muscular effort. According to recent studies this locking mechanism is not completely passive. The vastus medialis muscle actively keeps in position the medial loop formed by the middle and medial patellar ligament as well as the patella and parapatellar cartilage. To release the mechanism, the weight is shifted to the other limb and the quadriceps muscle of the thigh draws the patella proximally. By a slight lateral twist the patella returns to the trochlear groove. If the patella cannot be unlocked, or locking occurs during progression, the stifle and hock remain locked in extension while the fetlock, pastern and coffin joints are flexed and the horse drags the toe.

Horses with a straight conformation of the hindlimb and Shetland Ponies are thought to be predisposed to upward fixation of the patella. Another modification unique to the equine hindlimb is known as the reciprocal apparatus and links the stifle and hock movements (▶ Fig. 6.3). It consists of the third peroneal muscle cranially, opposed by the gastrocnemius and the superficial digital flexor muscle caudally. The attachment of the third peroneal muscle ensures that in the normal animal flexion of the stifle joint must be accompanied by flexion of the hock, while the caudal muscles ensure that when the stifle joint is extended the hock joint is also extended.

Unlike the carpus, the tarsus is always maintained at an angle. Therefore the superficial digital flexor tendon requires strong tendinous insertions to stabilise the tarsus in its "neutral" position. This task is accomplished by the tendinous cap the superficial digital flexor tendon forms at the level of the calcaneal tuberosity and its retinacular attachments.

The fixation and stabilisation of the fetlock joint and the phalangeal joints is similar to that of the thoracic limb.

The principle of muscle contraction in the hindlimb during locomotion is similar to that of the thoracic limb. At the beginning of the swing phase the joints of the limb are flexed and the limb moved forward through the contraction of the tensor muscle of the fascia lata, the superficial gluteal muscle, the sartorius muscle and the iliopsoas muscle. The abductionary effect of the iliopsoas muscle is counteracted by the muscles on the medial side of the thigh (sartorius, pectineal, gracilis).

At the end of the swing phase, the joints are extended again. The quadriceps plays an important role, since it stabilises the stifle. During the stance phase the body is propelled forward through the contraction of the extensors of the hip (medial gluteal m.), the stifle (quadriceps m.) and the hock (gastrocnemius m.), assisted by the hamstring muscles, which hold the stifle caudally relative to the forward moving body.

Movements of the whole body of an animal are the result of the coordinated movements of individual body parts. This can either result in forward, sideward or backward locomotion of the animal or in movements without change in location, such as sitting, lying down, rolling, rising, rearing. Equines have developed a variety of defence mechanisms, such as rearing and kicking,

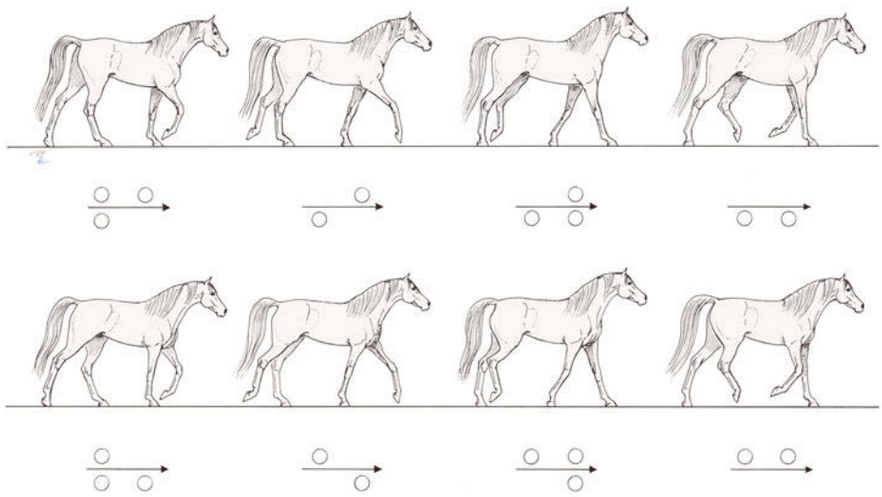


Fig. 6.5 Phases of movement during walking (schematic).

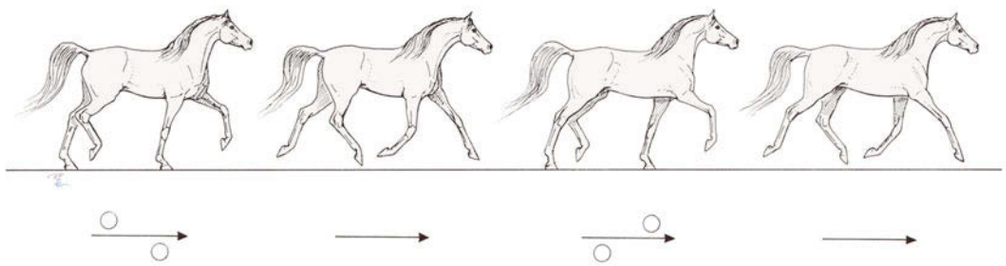


Fig. 6.6 Phases of movement during trotting (schematic).

which involve shifting the centre of grav-ity to free one or two limbs off the ground. During locomotion the limbs are moved in a repetitive and regular sequence as the result of the cyclic activation of functional groups of muscles. Each stride can be divided in the stance phase, dur-ing which the foot is in contact with the ground and in the swing phase, during which the foot is off the ground.

6.4 Gaits

Natural gaits include the walk, trot and gallop (▶ Fig. 6.5, ▶ Fig. 6.6 and ▶ Fig. 6.7). Some animals show additional gaits such as pace, amble or rack. In horses each gait can be classified as ordinary, collected or extended. The canter is a collected gallop.

The walk is a four-beat gait. The sequence of hoof beats can be described according to the following pattern: 1. left hind, 2. left fore, 3. right hind and 4. right fore. During the walk two feet are always in contact with the ground, there is no suspension period.

The trot is a two-beat gait in which opposite fore and hind feet hit the ground together. The right forelimb and the left hindlimb move together as do the left fore and the right hind.

The extended gallop is a four-beat gait, while the collected gallop, the canter, has a three-time pattern. The gallop can be performed with either the left or the right forelimb leading. An animal normally changes leads periodically. Some animal, however, especially dogs, change lead in front without changing behind immediately, so that it lands on the hindlimb of the same side as the leading forefoot instead of the opposite hind foot. In a horse with the rightfore leading, the sequence is as follows: 1. right fore (suspension), 2. left hind, 3. right hind and 4. left fore. The canter is a three-time gait, which is very similar to the gallop, except that the two paired, non-leading diagonal limbs land together. The single beat of the paired limbs fall between successive beats of the unpaired lead limbs. The sequence in a right-fore lead is the following: 1. right fore (suspension), 2. left hind, 3. right hind and left fore together. Movement backwards is perfomed at the two-beat diagonal gait of the trot. Left hind and right fore move together as do right hind and left fore.

Biomechanically the action of the limbs during locomotion can be compared to a pendulum, which show a spring-like compression, when the limb contacts the ground. Latest re-search has proved that the pendular movements of the limbs during the

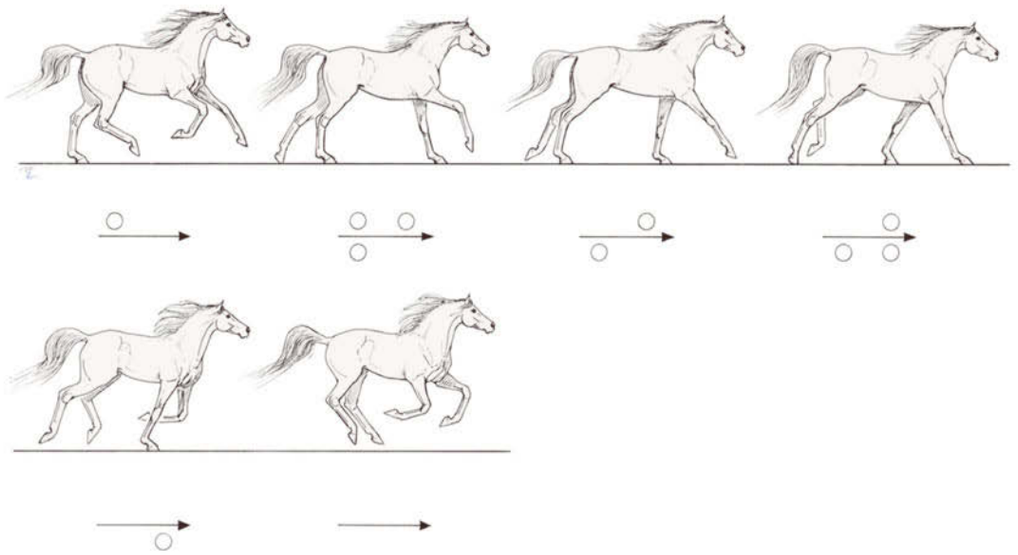


Fig. 6.7 Phases of movement during galloping (schematic).

walk resemble the oscillation of a pendulum, with the same mass distribution. This resonance phenomenon results in a considerable reduction of muscular effort necessary for moving the limb forward. The oscillation time of the limbs becomes shorter with increasing speed. Increased muscular effort would be necessary to achieve faster oscillation. At a certain speed the animal changes to trot, since this gait uses spring-like mechanisms which achieve faster resonance oscillation with a minimum muscular effort. When the foot hits the ground the flexor muscles of the digit are put under tension and are relaxed again; when the foot leaves the ground, these muscles act like paired axial springs. During gallop the resonance oscillation of the limbs become even shorter. Up to three legs can be at the ground on the same time, acting as axial springs, similar to the trot. When the animal changes to a faster gait, the duration of a stride becomes shorter and the length increases. This is a result of the described resonance phenomenon, which helps the animal to achieve a certain speed with the least muscular effort.

In addition to the spring mechanisms of the limbs, the rhythmic flexion and extension of the thoracic and lumbar spine assist locomotion.

7 Body cavities

H. E. König, W. Pérez and H.-G. Liebich

The viscera are located for the most part in the body cavity, but they are in direct contact with the environment through the mouth, the nose, the anus, the vagina or the urethra. While the primary body cavity is still one in the embryonic stage, it is divided in the fetal stage through further development of the transverse septum (septum transversum) into the diaphragm (diaphragma): into the **thoracic cavity** and the **abdominal cavity** with the caudally adjoining open cranial part of the **pelvic cavity**.

The Chapter "Introduction and general anatomy" (p. 21) gives a detailed description of the anatomical layers and the structural similarities of the viscera.

The viscera have vital functions, are complex-multifunctional in their structure and are in a vital interaction with the whole body system. The viscera can be summarized as follows:

- **digestive tract** (apparatus digestorius):
  - ingestion of food, mechanical disintigration and chemical decomposition,
  - resorption and synthesis of metabolic products and
  - excretion of indigestible food particles;
- **respiratory tract** (apparatus respiratorius):
  - sense of smell,
  - vocalization and
  - gaseous exchange between air and blood;
- **urinary organs** (organa urinaria):
  - regulation of the water and salt balance,
  - excretion of waste substances and
  - endocrine regulation of the circulation;
- **reproductive organs** (organa reproductiva):
  - formation and maturation of male and female gametes,
  - transport of gametes,
  - gamete-storing segments and
  - endocrine production sites;
- **blood and lymph vessels** (systema cardiovasculare et organa lymphopoetica);
- **peripheral nerve system** (systema nervosum peripheric) and
- **endocrine glands** (glandulae endocrinae).

The nerval organs of the head and the caudal organs in the retroperitoneal pelvic cavity are not integrated into these large body cavities; they fill osseous cavities of the skull and the pelvis, respectively.

7.1 Positional stability of the organs in the body cavities

The organs in the body cavities are connected to the lining of the body cavity by double serous membranes – in most cases these function as a suspension. They may also connect two organs as so called plicae. In special sections, large hollow organs may be directly connected to the body wall through connective tissue adhesions, e.g. the rumen in ruminants or the caecum in the horse.

Furthermore, these double serous membranes have a supporting and stabilizing function, particularly since they contain collagenous fibres that are oriented according to the laws of pressure and tension. These functions are supplemented by elastic elements, which are also functional elements in the walls of afferent arteries. One example of this stabilizing function is the repositioning of intestinal segments into their original position.

In this context, especially the branches of the cranial mesenteric artery (a. mesenterica cranialis) of the horse, see also Chapter 8 "Digestive system" (p. 327); ▶ Fig. 8.94), ensure the positional stability of segments of the colon, the caecum and the jejunum. Disturbances in these fine-tuned supporting and stabilizing functions can lead to dramatic symptoms during colic.

All these structures can only guarantee positional stability of the organs to a certain point. The visceral organs are constantly in movement as a result of the movement of the animals, respiration, the abdominal press as well as perstaltic.

These position changes, as well as the gliding of the organs against each other, is only possible because of the pleural and peritoneal fluid, which is constantly being produced by the tunica serosa in the wall of the body cavities and on the organ surfaces. The body cavities can be compared to large serosa-lined "tubs", in which the organs "swim". In addition to formation and excretion of the serous fluid, the pleura and the peritoneum can also reabsorb the fluid. This is a prerequisite for a physiologic balance in the mobility of the organs.

Disturbances in this balance can lead to ascites or pathologic adhesions of adjoining organs followed by dysfunction.

7.1.1 Thoracic cavity (cavum thoracis)

The thoracic cavity lies within the **thoracic cage**. It begins at the cranial opening of the chest (apertura thoracis cranialis) and ends at the thoracic outlet (apertura thoracis caudalis). The **pectoral cavity** (cavum pectoris) is the section of the thoracic cavity cranial to the diaphragm. The section of thoracic cavity caudal of the diaphragm is the **intrathoracic part** of the abdominal cavity (▶ Fig. 7.1).

The thoracic cavity contains **two pleural cavities** (cava pleurae), which are located to the right and left of the mediastinum. Each cavity surrounds each lung (▶ Fig. 7.1, ▶ Fig. 7.2 and ▶ Fig. 7.3) and is lined with **serous membrane (pleura)**. Beginning at the hilus pulmonis and through the ligamentum pulmonale, the pleura extends from the thoracic wall to cover the lungs. The diaphragm and the mediastinum are also covered with pleura. The fascia endothoracica lies under the pleura and also extends into the **mediastinum**. The pleura is divided into sections according to location (▶ Fig. 7.1, ▶ Fig. 7.2 and ▶ Fig. 7.3):

- **parietal pleura** (pleura parietalis) with:
  - **costal pleura** (pleura costalis) which lines the area formed by the ribs,
  - **mediastinal pleura** (pleura mediastinalis) with the **precardial**, **pericardial** and **postcardial pleura**, and
  - **diaphragmatic pleura** (pleura diaphragmatica);
- **visceral pleura** (pleura visceralis) with:
  - **pulmonary pleura** (pleura pulmonalis).

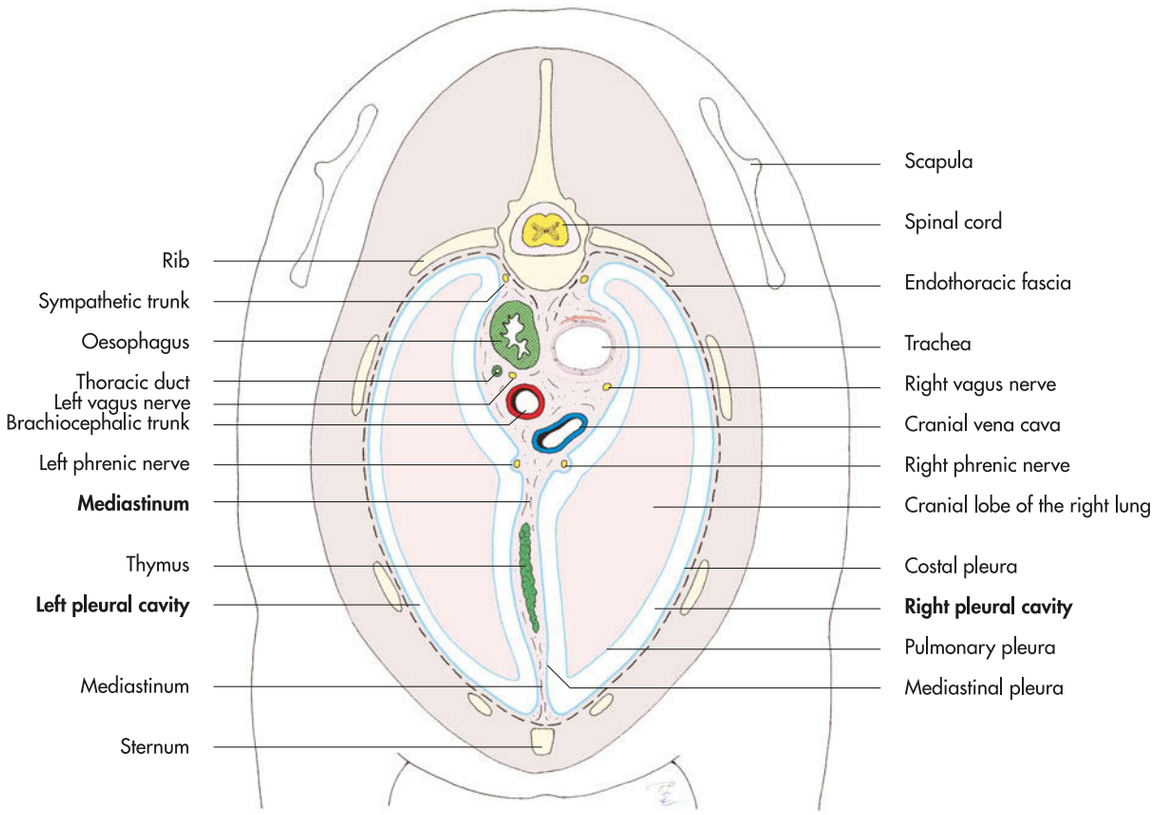


Fig. 7.1 Transverse section of the canine pleural cavity at the level of the cranial mediastinum (schematic, caudal aspect, serous spaces enlarged).

The thoracic cavity contains the following niches or spaces:
- mediastinal recess (recessus mediastinales),
- costodiaphragmatic recess (recessus costodiaphragmaticus, ▶ Fig. 7.11) and
- pleural cupula (cupula pleurae).

The **mediastinal recess** (recessus mediastinales) is bordered cranially by the pericardium, caudally by the diaphragm, on the right side by the caudal vena cava and its mesentery, and on the left side, by the mediastinum (▶ Fig. 7.10). At the border between the pleura costalis and the pleura diaphragmatica is the **costodiaphragmatic recess** (recessus costodiaphragmaticus). This space is filled by the lungs during inspiration. Each pleura from the right and left sides ends cranially in a dome-shaped sac, the **pleural cupula** (cupula pleurae), which in carnivores and ruminants extends about 1–2 finger widths further cranial than the cranial thoracic aperture.

Mediastinum (mediastinum)

The mediastinum is the space between the left and right layer of the pleura mediastinalis (▶ Fig. 7.1, ▶ Fig. 7.2 and ▶ Fig. 7.3).

It can be divided into **three parts**:
- cranial or precardial mediastinum (mediastinum craniale),
- middle or cardial mediastinum (mediastinum medium seu cardiale) and
- caudal or postcardial mediastinum (mediastinum caudale).

The **cranial mediastinum** (mediastinum craniale, ▶ Fig. 7.12 and ▶ Fig. 7.13) begins at the cranial aperture of the thorax (apertura thoracis cranialis) (▶ Fig. 7.1). The supply vessels and nerve tracts run through the cranial mediastinum from the thoracic cavity to the head and cranial limbs as well as to the cranial wall of the cavity:
- brachiocephalic trunk (truncus brachiocephalicus),
- left and right subclavian artery and vein (a. et v. subclavia sinistra et dextra),
- left and right costocervical trunk (truncus costocervicalis sinister et dexter),
- caudal section of the vertebral arteries (aa. vertebrales),
- bicarotid trunk (truncus bicaroticus),
- left and right internal thoracic artery and vein (a. et v. thoracica interna sinistra et dextra),
- cranial vena cava (v. cava cranialis),
- left and right sympathetic trunk (truncus sympathicus sinister et dexter),
- stellate ganglia (ganglion stellatum or cervicothoracicum sinistrum et dextrum),
- left and right vagus nerve (n. vagus sinister et dexter),
- left and right phrenic nerve (n. phrenicus sinister et dexter),
- left and right recurrent laryngeal nerve (n. laryngeus caudalis or recurrens sinister et dexter),
- thoracic duct (ductus thoracicus, which may also be seen on the left side) and
- stem of the jugular trunks (trunci jugulares).

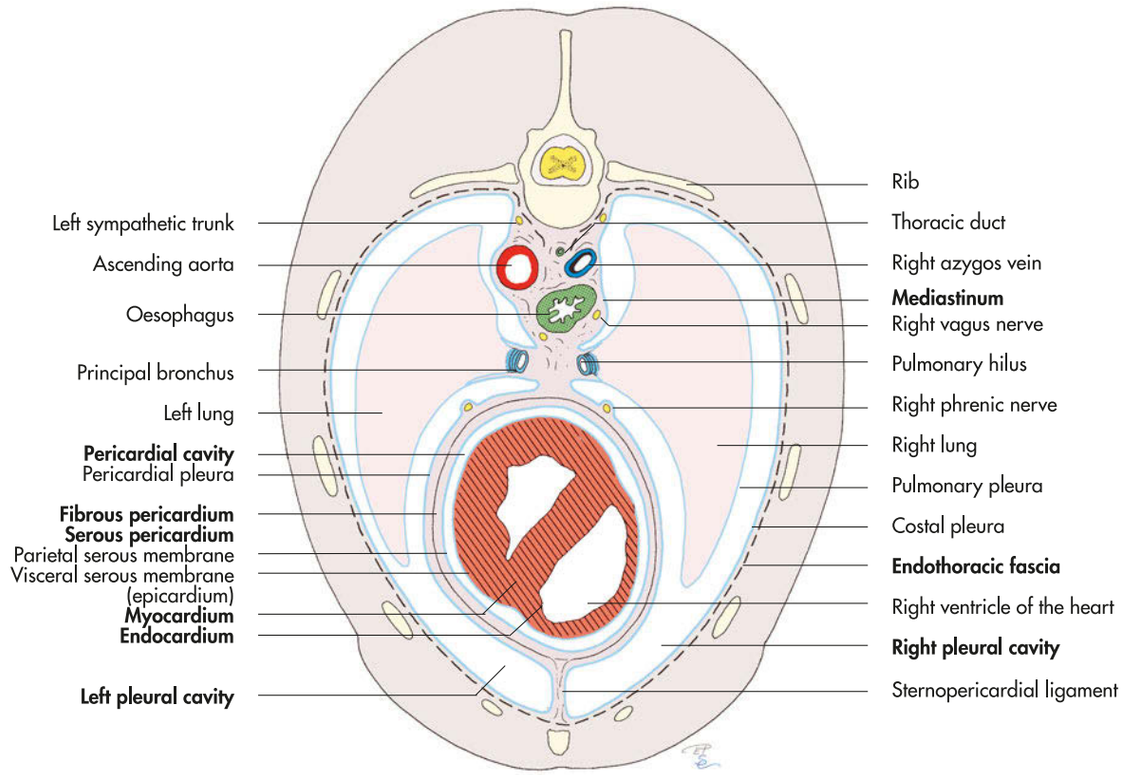


Fig. 7.2 Transverse section of the canine pleural cavity at the level of the middle mediastinum (schematic, caudal aspect, serous spaces enlarged).

In the cranial mediastinum, the long muscle of the neck (m. longus colli) runs along the ventral surfaces of the first five to six thoracic vertebrae. Also located here are nerves, lymphatic vessels, veins, the **trachea** and the **oesophagus** (▶ Fig. 7.1, ▶ Fig. 7.2 and ▶ Fig. 7.3). In juvenile animals, the **thymus gland** is also found in the cranial mediastinum.

The **middle** or **cardial mediastinum** (mediastinum medium seu cardiale) contains the heart in the **pericardium**, the large blood vessels at the **base of the heart**, the **thoracic duct**, the **oesophagus** and the **trachea** (▶ Fig. 7.2 and ▶ Fig. 7.10). At the fifth intercostal space, the trachea bifurcates into the **two main bronchi** (bifurcatio tracheae). Only in pigs and ruminants does an extra bronchus, the **tracheal bronchus**, fork from the right side of the trachea before the bifurcation. As mentioned above, the **thymus** is located here in juvenile animals. The following supply vessels and nerve tracts run through the **middle mediastinum** (▶ Fig. 7.2):

- ascending aorta (aorta ascendens) with the aortic arch (arcus aorticus),
- pulmonary trunk (truncus pulmonalis),
- pulmonary veins (vv. pulmonales),
- stem of the azygos vein (v. azygos),
- ends of the cranial and caudal vena cava (v. cava cranialis et caudalis),
- broncho-oesophageal trunk (truncus broncho-oesophageus),
- right and left internal thoracic artery and vein (a. et v. thoracica interna dextra et sinistra),
- thoracic duct (ductus thoracicus),
- right and left sympathetic trunk (truncus sympathicus dexter et sinister),
- right and left vagus nerve (n. vagus dexter et sinister),
- left recurrent laryngeal nerve (n. laryngeus caudalis or recurrens sinister) and
- right and left phrenic nerve (n. phrenicus dexter et sinister).

The **caudal** or **postcardial mediastinum** (mediastinum caudale) stretches between the heart and the diaphragm (▶ Fig. 7.3). The aorta runs through the dorsal section of the caudal mediastinum on its way to the diaphragm. Ventral to the aorta is the oesophagus, accompanied by the **dorsal** and **ventral trunks of the vagus nerve**. The **left phrenic nerve** passes close to the mediastinum on the way to the diaphragm.

The caudal lung lobes are attached to the caudal mediastinum and to the diaphragm through the **pulmonary ligament** (ligamentum pulmonale) (▶ Fig. 7.8 and ▶ Fig. 7.10). In horses and emaciated dogs, the caudal mediastinum is fenestrated. In the right ligamentum pulmonale is a **serosal mediastinal cavity**, called the **cavum mediastini serosum** (Sussdorf space; ▶ Fig. 7.10), which develops during the foetal differentiation from the cranial pneumatoenteric recess in the primary, united thoracoabdominal cavity. With the development of the diaphragm from the perpendicular septum transversum and the following growth towards the dorsal cavity wall, the cranial part of the Sussdorf space is separated from the abdominal cavity. The cranial section of this space remains in the thoracic cavity lifelong and is lined with peritoneum (cavum mediastini serosum = Sussdorf space). This space is spacious in the cat, the dog and the pig.

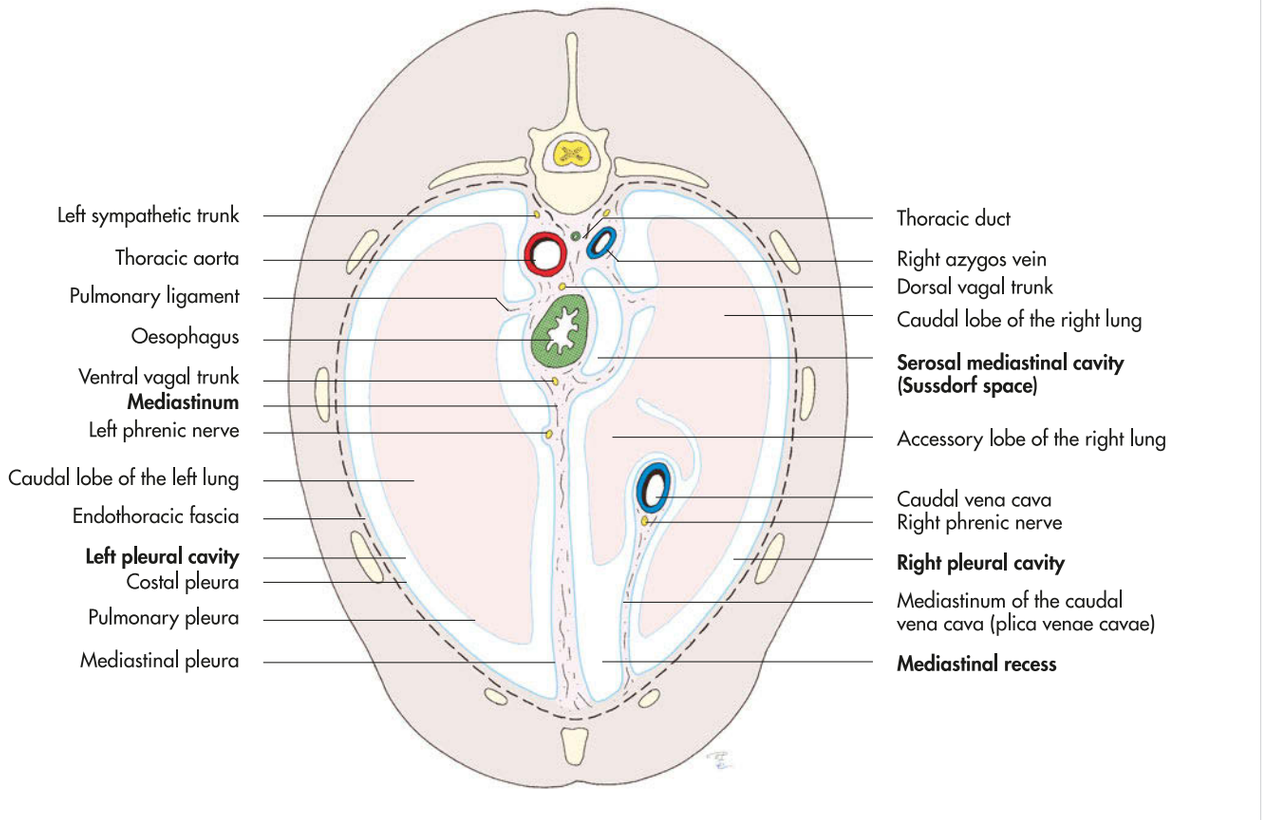


Fig. 7.3 Transverse section of the canine pleural cavity at the level of the caudal mediastinum (schematic, caudal aspect, serous spaces enlarged).

The **caudal vena cava** runs to the right of the caudal mediastinum suspended in its own mesenetery, the **plica venae cavae**, accompanied by the **right phrenic nerve** (▶ Fig. 7.10). The plica venae cavae helps to form a serous-lined recess, the **mediastinal recess** (recessus mediastini), which is occupied by the accessory lobe of the right lung. In carnivores and pigs, only a part of the accessory lobe is contained in this recess, whereas in ruminants and in the horse, the entire accessory lobe occupies the recess.

The following vessels and nerves pass through the **caudal mediastinum**:

- thoracic aorta (aorta thoracica),
- azygos vein (v. azygos),
- left and right sympathetic trunk (truncus sympathicus sinister et dexter),
- left and right major and minor splanchnic nerve (n. splanchnicus major et minor sinister et dexter),
- thoracic duct (ductus thoracicus),
- dorsal and ventral vagal trunk (truncus vagalis dorsalis et ventralis),
- left phrenic nerve (n. phrenicus sinister; the right phrenic nerve runs within the plica venae cavae),
- caudal vena cava to the right of the mediastinum and
- left and right internal thoracic artery (a. thoracica interna sinistra et dextra).

Lymph nodes of the mediastinum

The lymph nodes of the mediastinum belong to the **mediastinal lymph centre**. The lymph nodes include the **cranial mediastinal lymph nodes** (lymphonodi mediastinales craniales), the **middle mediastinal lymph nodes** (lymphonodi mediastinales medii) above the heart base, and the **caudal mediastinal lymph nodes** (lymphonodi mediastinales caudales). The caudal mediastinal lymph nodes are absent in the dog and cat. In the ox, these lymph nodes form substantial structures located between the aorta and the oesophagus. Swelling of these lymph nodes can compress the lumen of the oesophagus. The **bronchial lymph centre** lies at the hilus of the lung and consists of the right, left and centre tracheobronchial lymph nodes (lymphonodi tracheobronchales dextri, sinistri and medii). Species with the additional tracheal bronchus, the ruminants and pigs, also have the **cranial tracheobronchial lymph nodes** (lymphonodi tracheobronchales craniales) adjacent to this bronchus; for more information see Chapter 9 “Respiratory system” (p. 397).

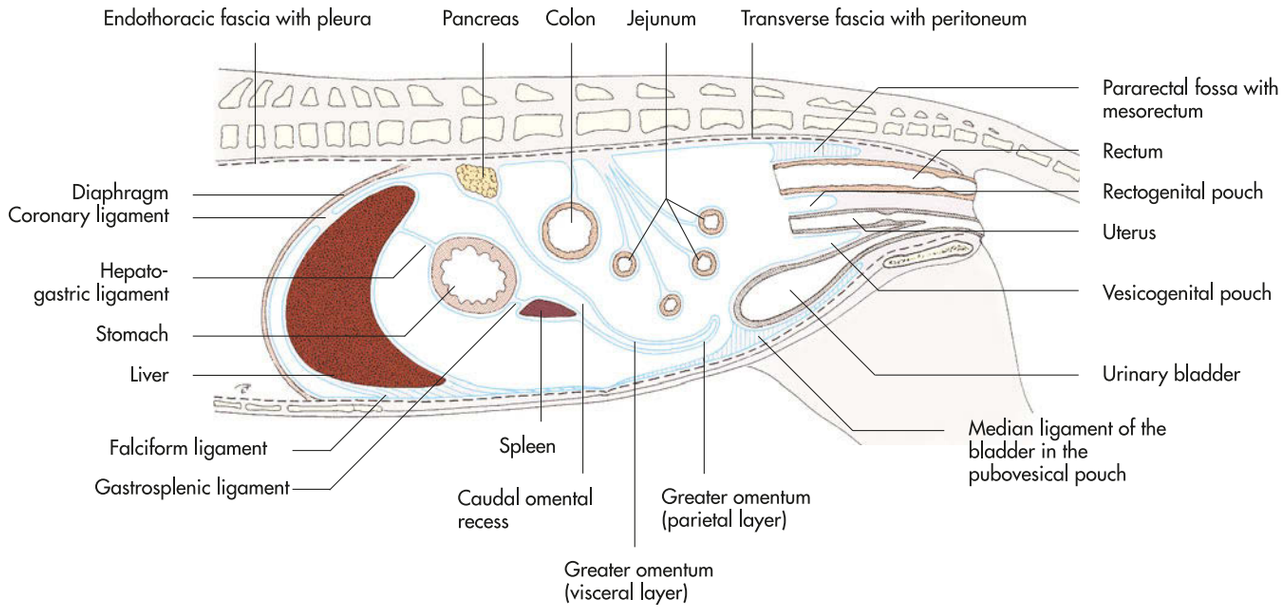


Fig. 7.4 Illustration of the peritoneum in the abdominal and pelvic cavity in the cat (schematic, median section).

7.1.2 Abdominal and pelvic cavity (cavum abdominalis et pelvis)

The abdominal cavity and the cranial part of the pelvic cavity are lined with **peritoneum**. The peritoneum forms a sac, creating the **peritoneal cavity** (cavum peritonei). Outside of the peritoneum is the extensive **internal fascia of the trunk** (fascia trunci interna). The abdominal and pelvic cavities are connected by a wide opening (▶ Fig. 7.4). The border between the two is defined by the subtle **terminal line of the pelvis** (linea terminalis). The cranial border of the abdominal cavity is the **diaphragm**, although the intrathoracic part of the abdominal cavity reaches far into the cavity formed by the thoracic cage (cavum thoracis). The peritoneal cavity communicates with the pleural cavity through **three openings in the diaphragm**:

- **aortic hiatus** (hiatus aorticus), located ventral to the vertebrae between the right and left diaphragmatic crus,
- **oesophageal hiatus** (hiatus oesophageus) between the branches of the right diaphragmatic crus, where the vagal nerve trunks also pass through the diaphragm, and
- **vena caval foramen** (foramen venae cavae) in the dome of the diaphragm in the central tendon (centrum tendineum) (▶ Fig. 3.17).

The part of the caudal vena cava passing through the diaphragm is firmly attached to the central tendon. In contrast, the aorta and the oesophagus pass through the diaphragm surrounded by loose connective tissue. The central lymph vessel of the abdominal and pelvic cavities, the **thoracic duct** (ductus thoracicus), accompanies the aorta through the diaphragm. At the beginning of the ductus thoracicus, the **chyle cistern** (cisterna chyli) is located between both diaphragmatic crura. The **right** and **left truncus sympathicus**, accompanied by the **n. splanchnicus major** and the **n. splanchnicus minor**, pass from the thoracic into the abdominal cavity through the arcus lumbocostalis, which lies dorsal to both crura.

In the foetus, the ventral abdominal wall is perforated in the median by the **umbilical cord**. During foetal development, it is possible that a **physiological umbilical hernia** occurs in which ventral sections of intestines enter the umbilical ring, thus shortly leaving the foetal body cavity (coelom cavity). The umbilical ring closes in the first few days post partum to form the **navel** (umbilicus or omphalos). During the time when the umbilicus remains open, the newborn is susceptible to ascending infections via the umbilical artery, umbilical vein or the urachus.

In male animals and often in female dogs, the peritoneum and the fascia trunci interna extend through the inguinal canal, forming a pouch, the **vaginal process** (processus vaginalis). The vaginal process surrounds the testicles in male animals and the round ligament of the uterus (ligamentum teres uteri) in female dogs. The ligamentum teres uteri is the embryonic equivalent of the gubernaculum testis. The peritoneal cavity is completely closed in male animals. In female animals, this cavity communicates through the fallopian tube openings and the genital tract with the outside environment. The peritoneal cavity contains many pouches (▶ Fig. 7.4 and ▶ Fig. 7.18):

- vaginal process (processus vaginalis peritonei),
- pubovesical pouch (excavatio pubovesicalis),
- vesicogenital pouch (excavatio vesicogenitalis) and
- rectogenital pouch (excavatio rectogenitalis) with the left and right pararectal fossa.

The Sussdorf space (cavum mediastini serosum) is a pouch lined with peritoneum located in the mediastinum that was separated from the peritoneum when the diaphragm formed.

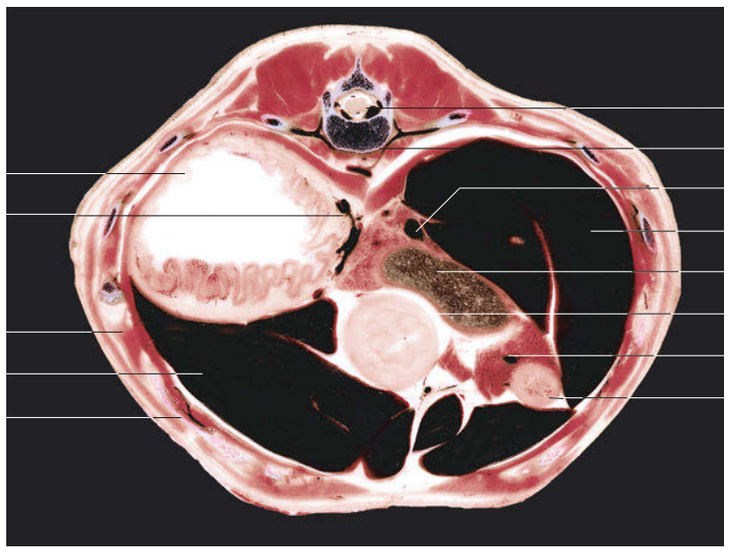


Fig. 7.5 Transverse section through the intrathoracic segment of the abdominal cavity of a dog (E-12 slice plastination). (source: courtesy of Prof. Dr. M.-C. Sora, Vienna)

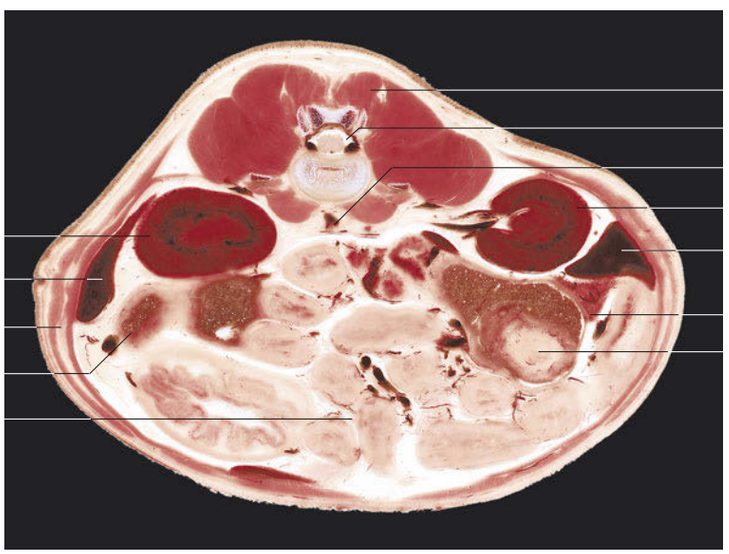


Fig. 7.6 Transverse section through the abdominal cavity of a dog (E-12 slice plastination). (source: courtesy of Dr. M.-C. Sora, Vienna)

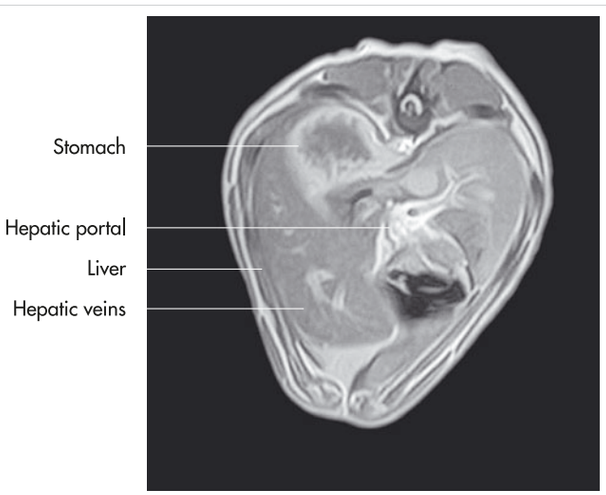


Fig. 7.7 Magnetic resonance imaging of the cranial abdominal cavity of a dog (transverse section). (source: courtesy of Dr. Isa Foltin, Regensburg)

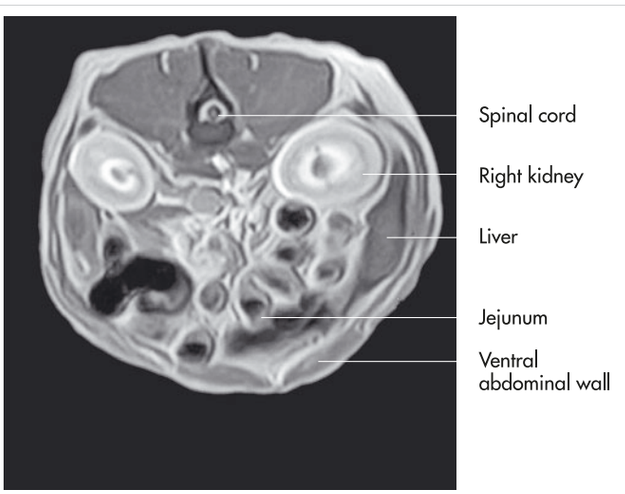


Fig. 7.8 Magnetic resonance imaging of the caudal abdominal cavity of a dog (transverse section). (source: courtesy of Dr. Isa Foltin, Regensburg)

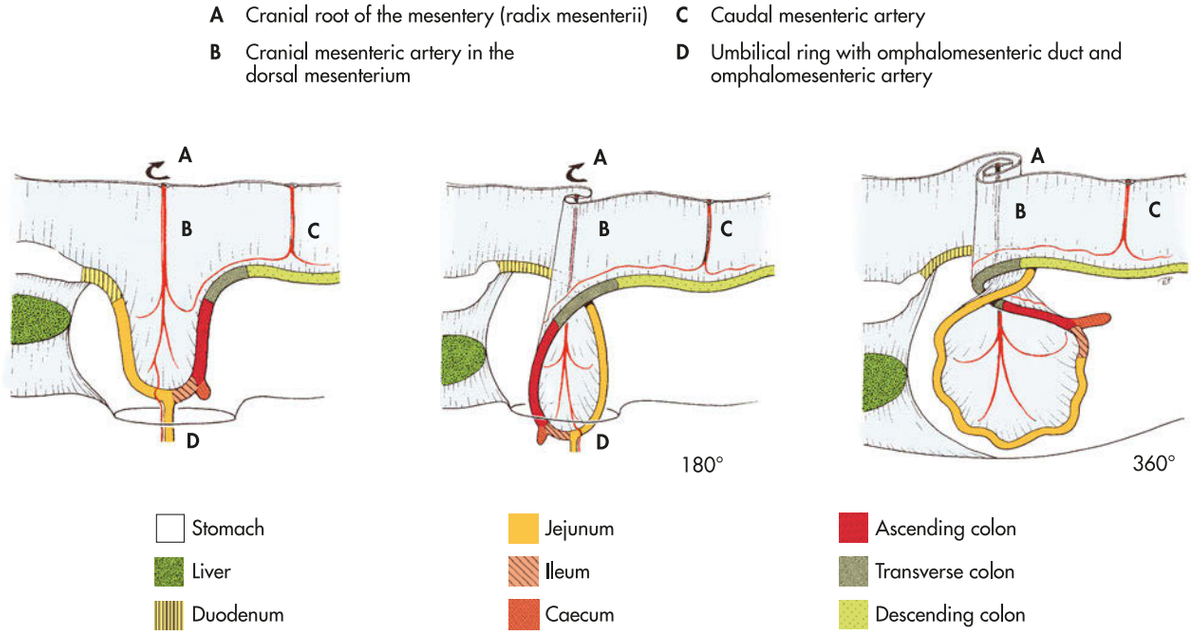


Fig. 7.9 Rotation of the intestine during foetal development (schematic).

Peritoneal cavity (cavum peritonei)

The **peritoneal cavity** contains the entire gastrointestinal tract (stomach, small and large intestines), except for the retroperitoneal sections of the rectum and the anus. This cavity also includes the liver, the pancreas, the spleen and a large part of the urogenital tract (▶ Fig. 7.6). The organs are covered with peritoneum (**visceral layer**) which is connected by a double-layered serous membrane to the lining of the cavity, the **parietal layer of the peritoneum**. The double-layered serous membrane is the dorsal mesentery containing vessels, nerves, lymphatic structures as well as fat and connective tissues (see below). According to their location in the peritoneal cavity, the organs are classified as:

- intraperitoneal (e.g. stomach, intestines, liver; ▶ Fig. 7.5 and ▶ Fig. 7.7) and
- retroperitoneal (e.g. kidneys, adrenal glands).

As mentioned above, the doubled-layered serous membranes that attach the organs to the wall of the peritoneal cavity are called **mesenteries**. They convey blood vessels, lymphatic vessels, and nerves to the organs. The mesenteries, ligaments and/or plicae of the organs are described here together with the individual organ. Individual sections of mesenteries aid in orientation within the peritoneal cavity and in identification of certain organs. The organisation of the gastrointestinal tract mesenteries can be inferred from their embryonic development. During development, the early gut is a straight tube attached along its entire length by the **dorsal mesentery** (mesenterium dorsale) to the roof of the embryonic trunk. A **ventral mesentery** (mesenterium ventrale) is present only on the stomach and on the first section of the small intestines, ending at the level of the common **bile duct** (ductus choledochus). The embryonic gut grows in length, causing the elongation of the dorsal mesentery, in whose centre the **cranial mesenteric artery** (▶ Fig. 7.9) is located. The growth of the gut is accompanied by a 360° rotation of the intestines around the cranial mesenteric artery (a. mesenterica cranialis). The organs at the ends of the gastrointestinal tract attain their final positions in the abdominal cavity (▶ Fig. 7.9) and the cranial mesenteric artery becomes the cranial **root of the mesentery** (radix mesenterii) (for a detailed description of this process, see an embryology textbook).

In large herbivores, voluminous and especially heavy sections of the digestive system (e.g. a equine's large intestine) are supported by shortened mesenteries that are partly fused to the dorsal abdominal wall through dense connective tissue. This reduces the considerable weight of the filled intestinal convolutes that would otherwise rest upon the ventral abdominal wall. The weight of the dorsal rumen sack and of the ruminant spleen is also reduced through connective tissue fusions with the dorsal abdominal wall.

Pelvic cavity (cavum pelvis)

The pelvic cavity is bordered by the sacrum, a species-dependent number of caudal vertebrae, and the two pelvic bones, which meet ventrally in the pelvic symphysis. These structures form a bony ring, which is in turn surrounded by the muscles of the hip and rump. The muscles of the pelvic girdle extend from dorsal and lateral into the pelvic cavity.

The **pelvic inlet** (apertura pelvis cranialis) is bordered by the **terminal line** (linea terminalis) in all domestic animal species. The pelvic cavity ends ventrally in all domestic species at the **ischiatic arch** (arcus ischiadicus), but ends dorsally after a species-dependent number of caudal vertebrae. The **pelvic diaphragm** (diaphragma pelvis) closes the **pelvic outlet** (apertura pelvis caudalis). In carnivores, pigs and small ruminants, the girth of the pelvic outlet can be increased through the motility of the caudal vertebrae, which is important for female animals during parturition. The rectum and anus (▶ Fig. 7.4 and ▶ Fig. 7.14), along with the urinary bladder and parts of the urogenital tract located cau-

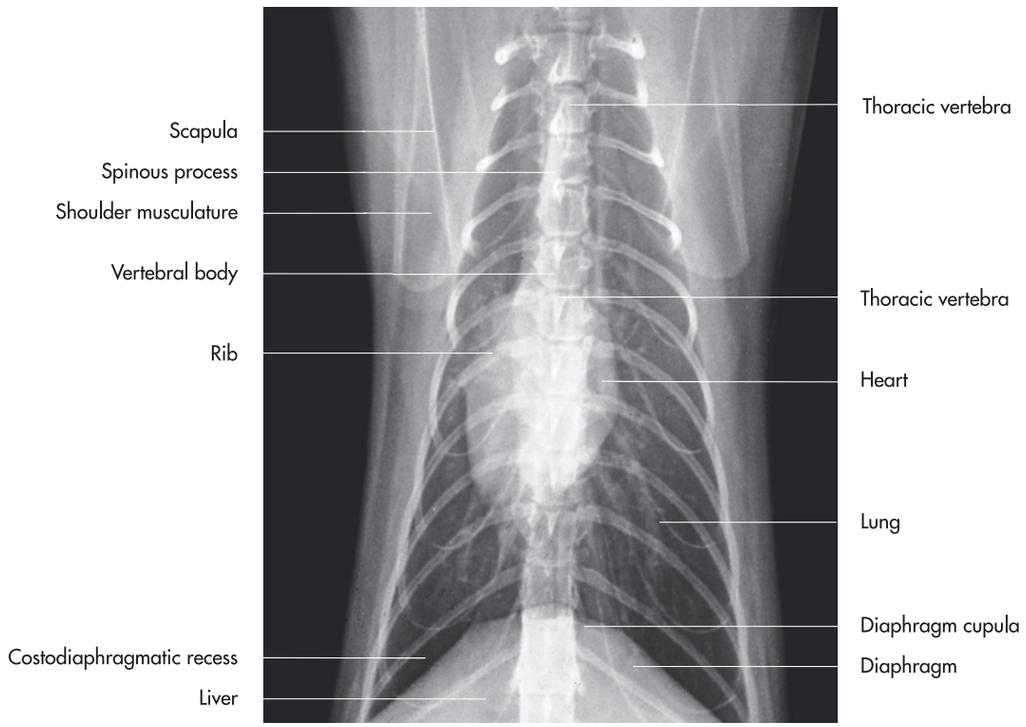


Fig. 7.10 Thoracic radiograph of a cat (dorsoventral view). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

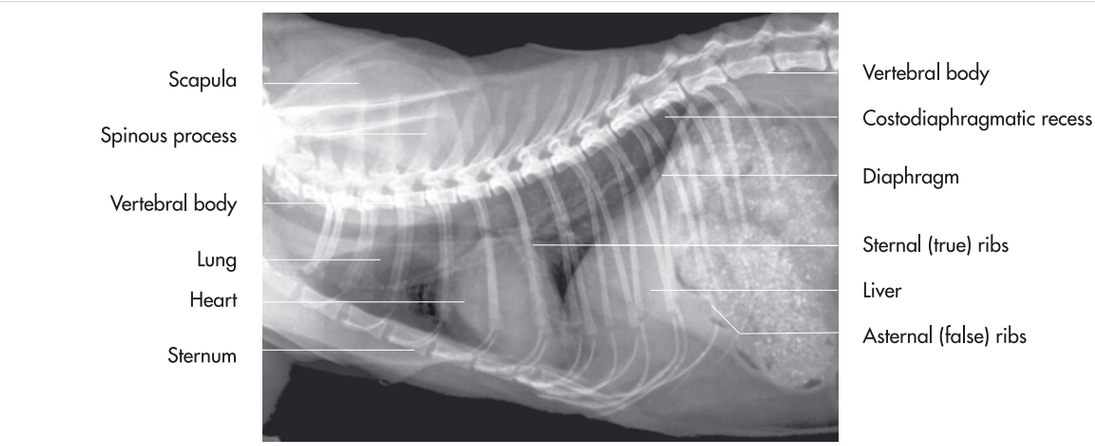


Fig. 7.11 Thoracic radiograph of a cat (laterolateral view). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

dal of the bladder, are all located in the **pelvic cavity** (▶ Fig. 7.16). In females, the urethra, the uterine body, the cervix, the vagina and its vestibule are all located here, whereas in the male animal the pelvic section of the urethra, the ductus deferens and the accessory sex glands are found in the pelvic cavity.

The cranial section of the pelvic cavity is lined with **peritoneum** and is therefore referred to as the peritoneal segment of the pelvic cavity. Here, the peritoneum builds multiple caudal pouches, the **pouches** (excavationes) (▶ Fig. 7.15 and ▶ Fig. 7.18).

The urinary bladder has **two lateral ligaments**, the ligamenta vesicae lateralia, each of which contains the remnants of an **umbilical artery** (ligamentum teres vesicae). The bladder is attached to the ventral wall by the median vesical ligament. The mesenteries of the female genital tract suspending the two ovaries and the uterus are parts of the **genital plica**, from which the **broad ligament of uterus** (ligamentum latum uteri) develops. The organs caudal to the peritoneal pouches are said to be located in the retroperitoneal part of the pelvic cavity (▶ Fig. 7.17). This section ends caudally at the **pelvic diaphragm**, which is comprised of muscles and fasciae and closes the pelvic outlet. The pelvic diaphragm is built through the:

- paired coccygeal muscles and the paired levator ani muscles (mm. coccygei et levatores ani),
- external and internal fasciae (fascia externa et interna) of the pelvic diaphragm,
- external anal sphincter muscle (m. sphincter ani externus),
- bulbospongiosus muscle (m. bulbospongiosus),
- ischiocavernous muscle (m. ischiocavernosus), and the
- urethral sphincter muscle (m. sphincter urethrae).

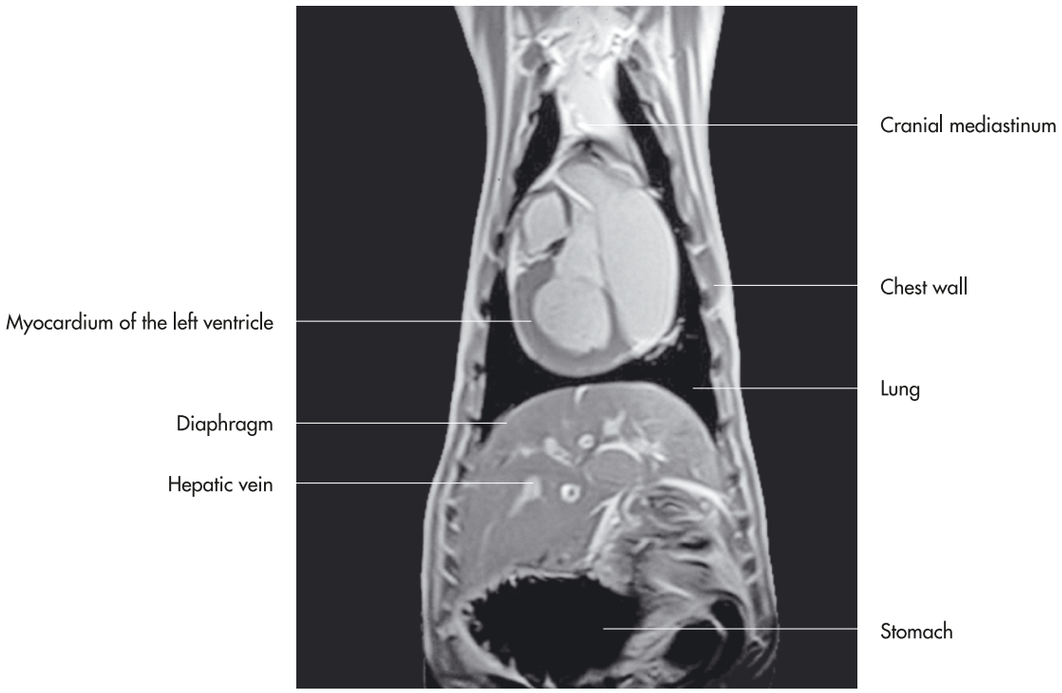


Fig. 7.12 Magnetic resonance imaging of the thorax including the intrathoracic segment of the abdominal cavity of a dog (coronal view). (source: courtesy of Dr. Isa Foltin, Regensburg)

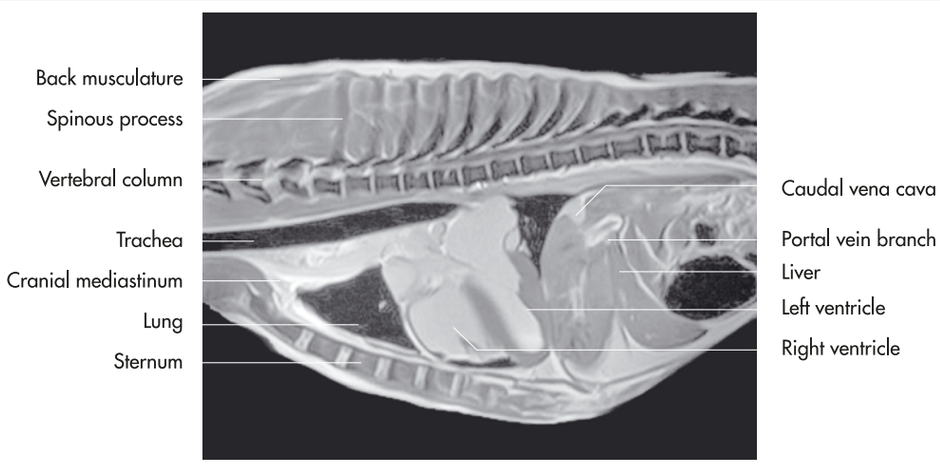


Fig. 7.13 Magnetic resonance imaging of the thorax including the cranial abdominal cavity of a dog (sagittal view). (source: courtesy of Dr. Isa Foltin, Regensburg)

The anus and the end of the urogenital canal perforate the pelvic diaphragm and are bordered by the paired levator ani muscles.

The region between the tail base and the scrotum in male animals and between the tail base and the vulva in female animals is the perineal region (regio perinealis). Located here is the perineum, which is a fibrillary-muscular section of skin between the anus and the vulva. The abrupt reversal in the direction of the peritoneum at the border to the retroperitoneal space leads to the development of the afore mentioned, balloon-like pouches (excavationes) (▶ Fig. 7.4 and ▶ Fig. 7.18):

- rectogenital pouch (excavatio rectogenitalis),
- vesicogenital pouch (excavatio vesicogenitalis) and
- pubovesical pouch (excavatio pubovesicalis).

The **pubovesical pouch** (excavatio pubovesicalis) is separated into two niches by the median ligament of the bladder (ligamentum vesicae medianum). The remnant of the urachus is contained in the median ligament of the bladder. In male animals, the **rectogenital pouch** is connected through a wide opening to the **vesicogenital pouch**. Located dorsolaterally from the rectum are the two pararectal niches (fossae pararectales), one on each side of the rectal mesentery (mesorectum).

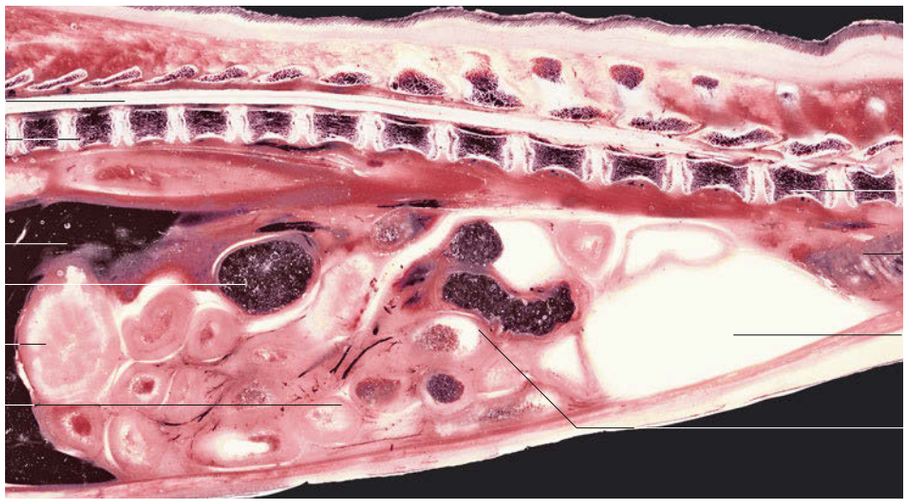


Fig. 7.14 Sagittal section through the abdominal and pelvic cavities of a dog (E-12 slice plastination). (source: courtesy of Prof. Dr. M.-C. Sora, Vienna)

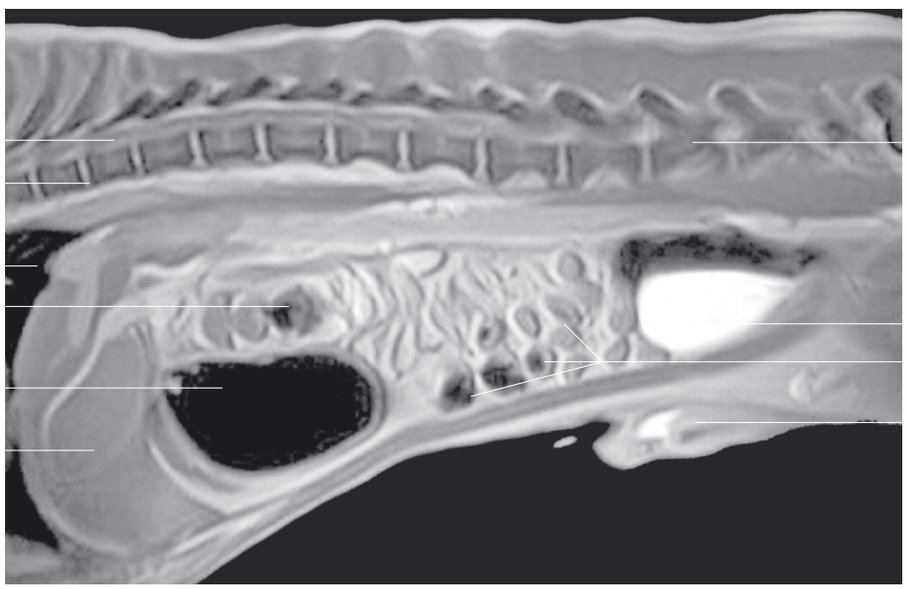


Fig. 7.15 Magnetic resonance imaging of a sagittal section through the abdominal and pelvic cavities of a dog. (source: courtesy of Dr. Isa Foltin, Regensburg)

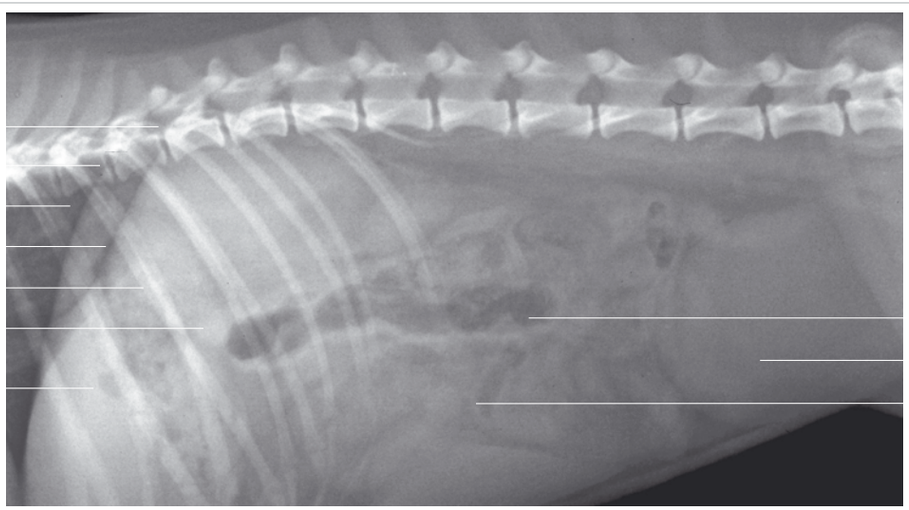


Fig. 7.16 Image of the abdominal and pelvic cavities of a cat (radiograph, laterolateral view). (source: courtesy of Prof. Dr. Ulrike Matis, Munich)

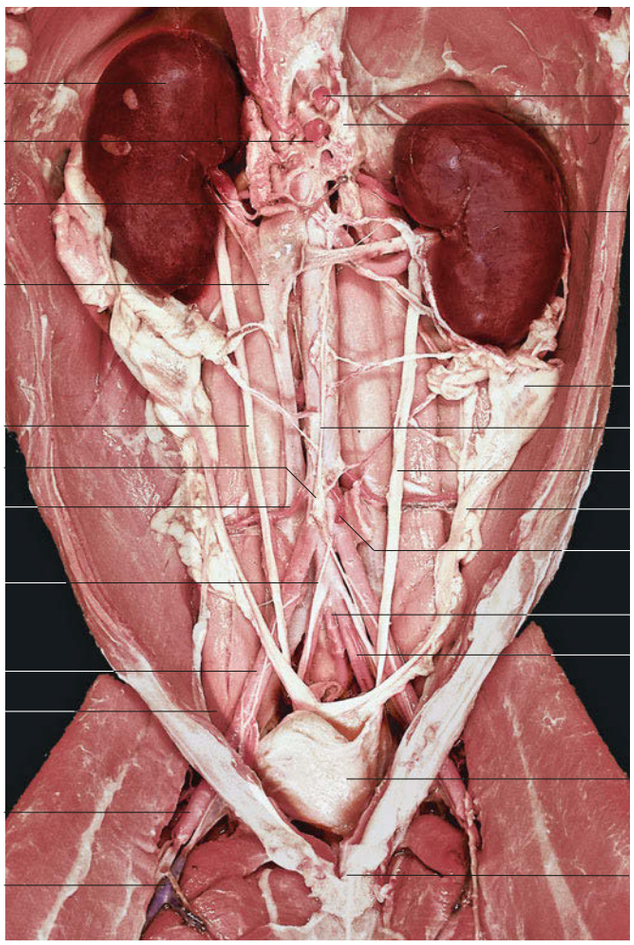


Fig. 7.17 Retroperitoneal muscles, organs, vessels and nerve tracts on the dorsal wall of the abdominal and pelvic cavities of a female dog (ventral aspect). (source: courtesy of Dr. R. Macher, Vienna)

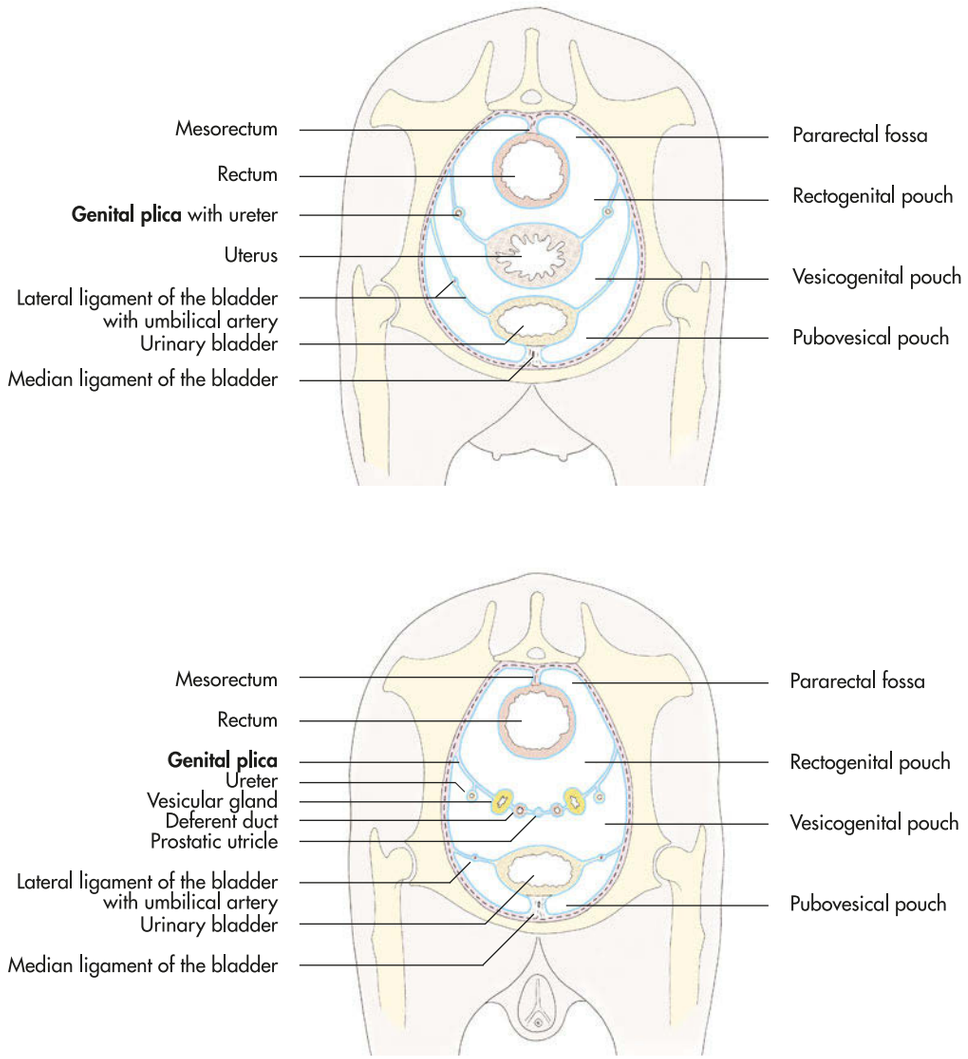


Fig. 7.18 Schematic illustration of the pelvic peritoneal pouches (excavationes) in a female (above) and male (below) animal.

8 Digestive system (apparatus digestorius)

H. E. König, P. Sótonyi, H. Schöpper and H.-G. Liebich

The digestive system is responsible for the breakdown of food into smaller portions, so that it can be utilised for energy, growth and cellular renewal. The organs belonging to this system are capable of receiving food, mechanically and chemically breaking it down into its constituent molecules and then absorbing them. Finally it has to eliminate unabsorbed and excreted residues. Cells of the digestive tract are important for this process and may possess hormonal functions. Nervous tissue, blood vessels and lymphatics all play an important role in digestion.

The digestive system consists of the alimentary canal, which extends from the mouth to the anus and also includes accessory glands, the salivary glands and the liver and the pancreas, which secrete digestive products into the alimentary canal.

The alimentary canal can be divided into **five segments** (▶ Fig. 8.1):

- mouth and pharynx,
- oesophagus and stomach,
- small intestine,
- large intestine and
- anal canal.

8.1 Mouth and pharynx

8.1.1 Oral cavity (cavum oris)

The main functions of the oral cavity are the procuring and mastication of food. Furthermore, saliva is secreted onto the ingested material for chemical digestion. The mouth (os) includes the lips, the oral cavity and its walls as well as the accessory structures that are located within (tongue and teeth) and those that drain into the oral cavity (salivary glands) (▶ Fig. 8.2).

The degree to which the mouth opens varies between species, depending on feeding habits. In animals that use their teeth to capture prey, much of the mouth opens, while in herbivores and rodents a smaller orifice suffices.

The **oral cavity** is divided into the **vestibule** (vestibulum oris) and the **proper oral cavity** (cavum oris proprium). The proper oral cavity is the space within the dental arcades. It is bound by the palate dorsally, by the tongue and reflected mucosa ventrally and by the teeth, dental arches and the gum laterally and rostrally (▶ Fig. 8.2 and ▶ Fig. 8.13). The vestibule can be further subdivided into the **labial vestibule** (vestibulum labiale), the space between the teeth and the lips and the **buccal vestibule** (vestibulum buccale) between the teeth and the cheeks (▶ Fig. 8.3). The vestibule communicates with the proper oral cavity by means of the interdental spaces, the greatest of which being the **interalveolar margin** (diastema, margo interalveolaris) between the incisors and the cheek teeth.

The oral cavity has a mucosal lining, which consists of partly **cornified**, **stratified squamous epithelium**, underlying which is a layer of connective tissue, the submucosa, which contains **mixed glands**. Over the alveolar processes of the maxilla, mandibula and the incisive bone, the mucosa is modified to form the **gums** (for more details see histology textbooks).

The **lips** (labia oris) frame the opening of the mouth and form the rostral and parts of the lateral borders of the vestibule. They are used for prehension of food, communication and suckling in newborn animals. They also contain tactile hairs in some species. The form of the lips is determined by diet and feeding habits. In the horse, the lips are used for collecting food and introducing it into the mouth; for this purpose the lips must be both sensitive and mobile. In the cat, where the teeth and tongue are more important for prehension, the lips are less mobile and much re-

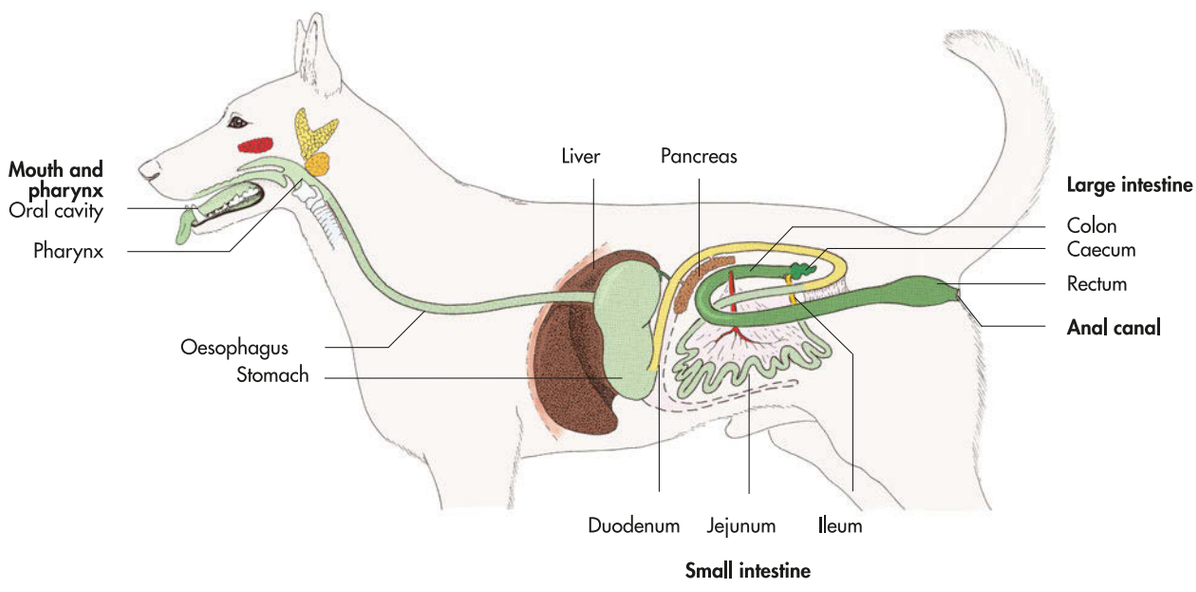


Fig. 8.1 Gastrointestinal tract of the dog (schematic); fig. based on data from Dyce, Sack and Wensing, 2002.

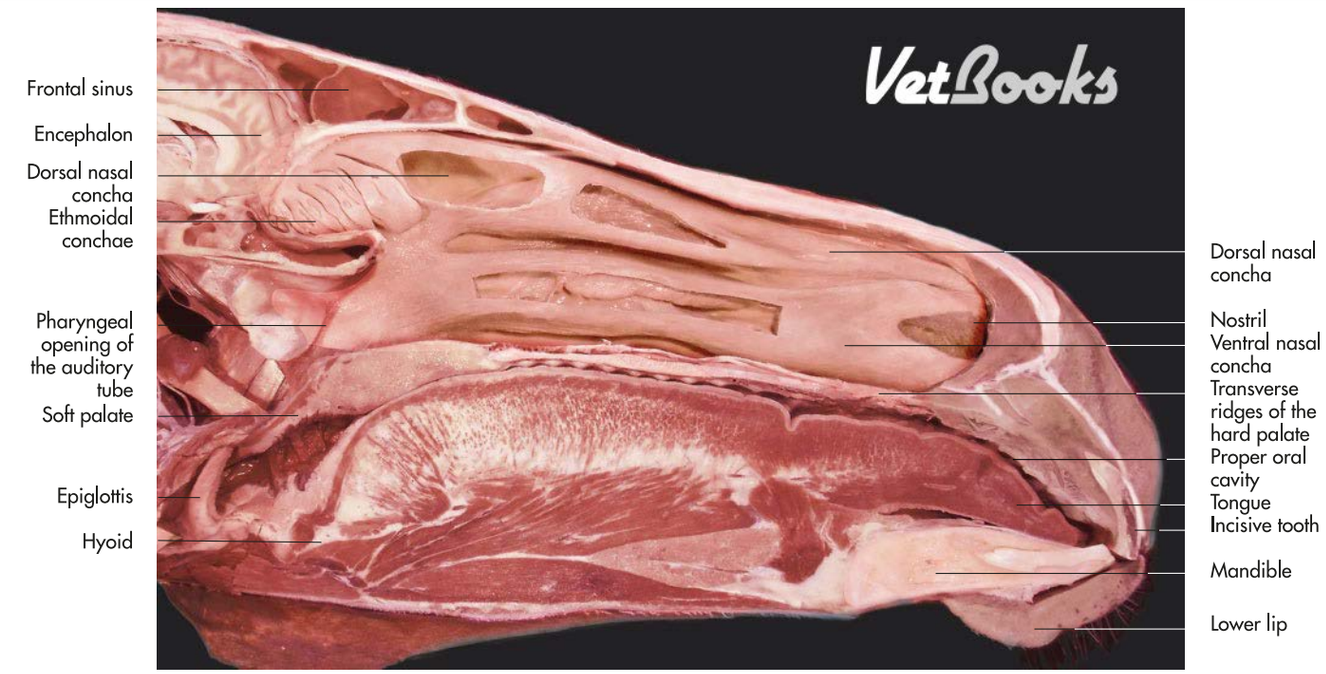


Fig. 8.2 Sagittal section of the rostral part of the head of a horse. (source: courtesy of Dr. R. Macher, Vienna)

duced in size. The lips of the dog can be drawn back from the teeth to signal aggression and form an important factor in communication, but are incapable of food intake. In the ox and the pig, the upper lip is modified to form the extensive moist and glandular **nasolabial plate** of the ox and the **rostral disc** of the pig. The insensitive lips of the ox, together with the backward orientated papillae on the palate and tongue, are thought to explain why the ox is prone to swallow foreign bodies. The upper lip is divided by a **median groove** (philtrum) in the dog and small ruminants.

The lips are composed of skin, an intermediate layer of muscles (orbicular muscle, incisive muscles and others) and the oral mucosa. The muscles that make up the greater part of the lips belong to the mimetic musculature; thus they are innervated by cranial nerve VII, the **facial nerve**.

The structure of the **cheeks** (buccae) is similar to that of the lips. They are formed primarily of the buccinator muscle, and contain additional **salivary glands** (glandulae buccales), which are aggregated in carnivores to form the **zygomatic salivary gland** (glandula zygomatica). A small papilla signifies the opening of the duct of the parotid gland within the lips. In ruminants, whose food may be coarse and dry, additional protection is provided by large, caudally directed, pointed papillae (▶ Fig. 8.9).

8.1.2 Palate (palatum)

The palate is a partly osseous, partly soft tissue partition that separates the digestive and respiratory passages of the head. The bony hard palate lies rostral to the the membranous soft palate. The **hard palate** (palatum durum) is formed by the palatine processes of the maxilla and incisive bones and the horizontal plate of the palatine bone. The oral side of the hard palate is covered by a thick, cornified mucosa, which is crossed by a **series of transverse ridges** (rugae palatinae) (▶ Fig. 8.3). In ruminants these ridges carry **papillae**, which are directed caudally to guide food backwards (▶ Fig. 8.6). A small median swelling, the incisive papilla, is located just caudal to the incisors and is flanked on each side by the orifices of the incisive ducts, which perforate the palate. These ducts branch out and lead to the nasal cavity and to the **vomeronasal organ**, which is a blind canal lined by olfactory mucosa. In the horse the incisive ducts do not connect the nasal with the oral cavity, but are without outlet. In ruminants the dental pad replaces the upper incisors of the other domestic species (▶ Fig. 8.6). The pad acts as a counterpart for the lower incisors during food intake.

A dense, richly vascularised tissue underlying the palatine epithelium functions both as the lamina propria of the mucosa and as the periostium of the bone, thus forming a very tight attachment. Peripherally the mucosa of the hard palate blends with the mucosa of the gums. The gums are composed of dense fibrous tissue and the heavily vascularised mucosa. It extends around the necks of the teeth and down into the alveoli, where it is continuous with the alveolar periostium.

The **soft palate** (palatum molle or velum palatinum) continues caudally from the hard palate to the intrapharyngeal opening, the rostral border of which is formed by the caudal rim of the soft palate (arcus palatopharyngeus) (▶ Fig. 8.3). The ventral surface of the soft palate is covered by oral mucosa, which forms many longitudinal and a few larger transverse folds. The dorsal surface is covered by respiratory mucosa. The intermediate layer consists of closely packed salivary glands and muscles and their aponeuroses. These muscles are responsible for active movement of the soft palate: the **palatine muscle** shortens the palate, the **tensor muscle** tenses and the **levator muscle** raises the soft palate. The mucous membranes of the pharynx, as well as the soft palate and the muscles, with the exception of the tensor muscle of the soft palate, are innervated by a plexus formed mainly by the vagus nerve, and to a lesser extent by the glossopharyngeal nerve. The **tensor muscle of the soft palate** is innervated by the mandibular nerve.

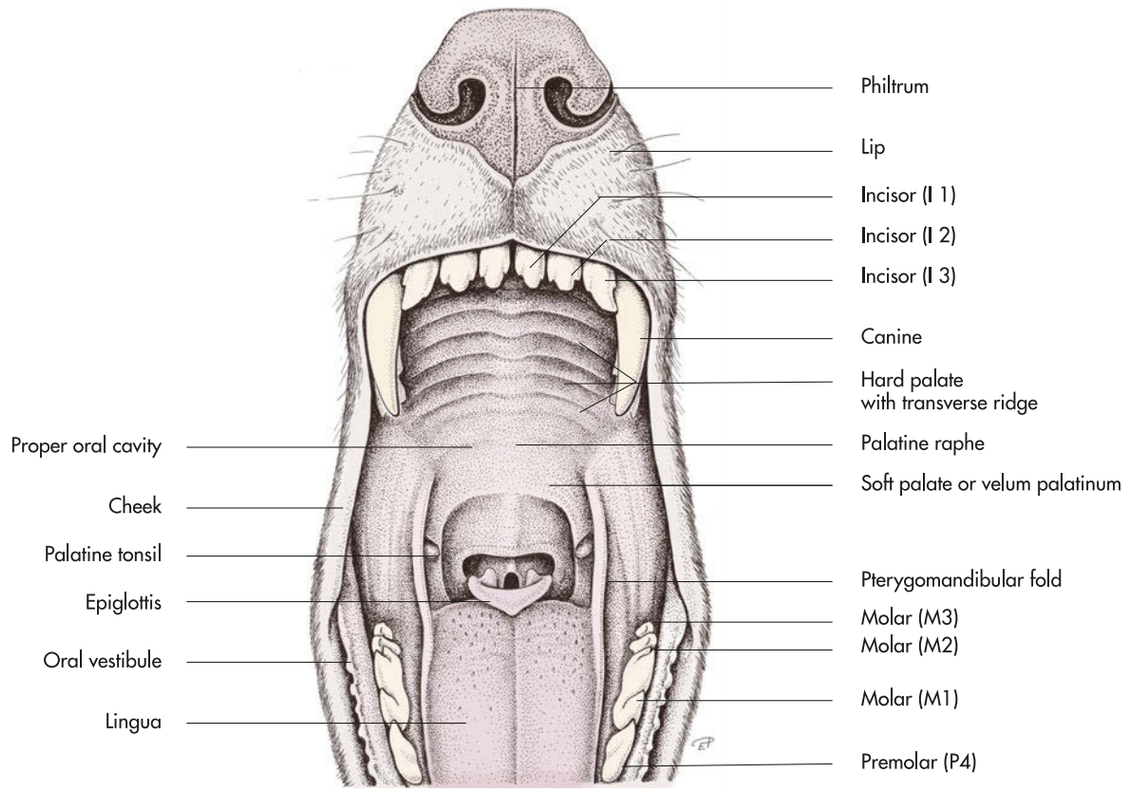


Fig. 8.3 Oral cavity and pharynx of the dog (schematic, ventral aspect).

8.1.3 Tongue (lingua, glossa)

The tongue is composed primarily of skeletal muscle. It occupies the greater part of the oral cavity proper and extends into the oropharynx. The tongue is responsible for lapping water, prehension of food, manipulating the food within the mouth and swallowing. It possesses receptors for taste, temperature and pain. In the dog it is used to enhance heat loss by panting, facilitated by the generous blood supply and numerous arteriovenous anastomoses together with dead-space (larynx, trachea and mainstem bronchi) ventilation.

The tongue has an **apex** (apex linguae), **body** (corpus linguae) and **root** (radix linguae, ▶ Fig. 8.5). The body of the tongue is joined to the oral floor by a mucosal fold, the **frenulum** (frenulum linguae). The dorsal aspect of the canine tongue is marked longitudinally by a **median groove** (sulcus medianus) from which a septum extends into the tongue (▶ Fig. 8.4). In carnivores the ventral part of the tongue contains a rodshaped fibrous body, the **lyssa**, which lies in the median plane, beneath the ventral mucosa. It extends from almost the tip of the tongue to root of the tongue, but does not reach the hyoid bone. It is encapsulated in a dense sheath of connective tissue, which is filled with adipose tissue, striated muscle and, occasionally, islands of cartilage.

In cattle, the caudal part of the **dorsal surface of the tongue** (dorsum linguae) is raised to form a large prominence that is defined by the transverse lingual fossa, in which food has a tendancy to collect. This is a potential portal for infection since the epithelium within the fossa is easily damaged by sharp food particles (▶ Fig. 8.7). The tongue of the horse is strengthened by cartilage (cartilago dorsi linguae) within the dorsal part of the tongue (▶ Fig. 8.13).

The **lingual mucosa** is tough and tightly adherent to the underlying musclularis on the dorsal and lateral aspects, but looser and less heavily keratinised ventrally. Much of the surface is covered by a variety of papillae, which are local modifications of the lingual mucosa (▶ Fig. 8.12). Their distribution, size, number and form are characteristic for each species. Based on their function they are grouped into **mechanical papillae** (papillae mechanicae), which are cornified and aid in licking while protecting the deeper structures from injury and **gustatory papillae**, which are covered in **taste buds** (papillae gustatoriae). The **papillae** (▶ Fig. 8.8 and ▶ Fig. 8.10) are grouped into:

- **mechanical papillae** (papillae mechanicae) with:
  - filiform papillae (papillae filiformes),
  - conical papillae (papillae conicae) and
  - marginal papillae (papillae marginales);
- **gustatory papillae** (papillae gustatoriae) with:
  - fungiform papillae (papillae fungiformes),
  - vallate papillae (papillae vallatae, ▶ Fig. 8.11) and
  - foliate papillae (papillae foliatae).

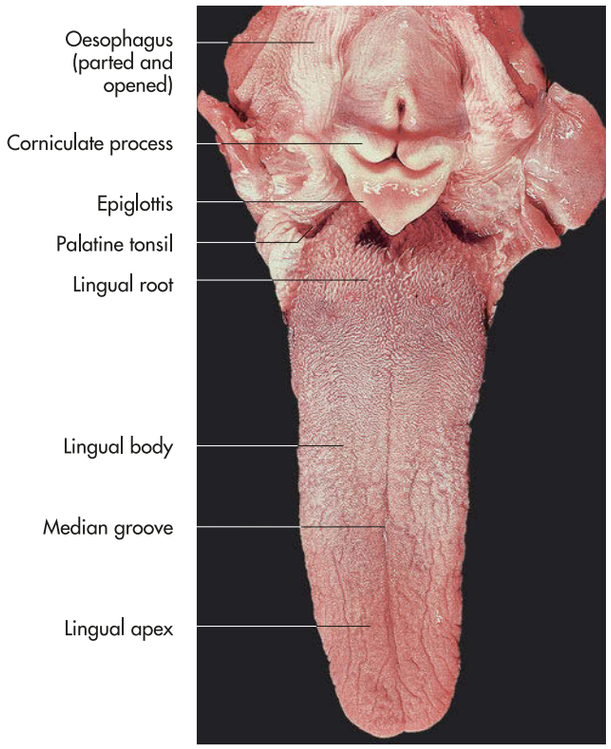


Fig. 8.4 Tongue and pharynx of a dog (dorsal aspect).

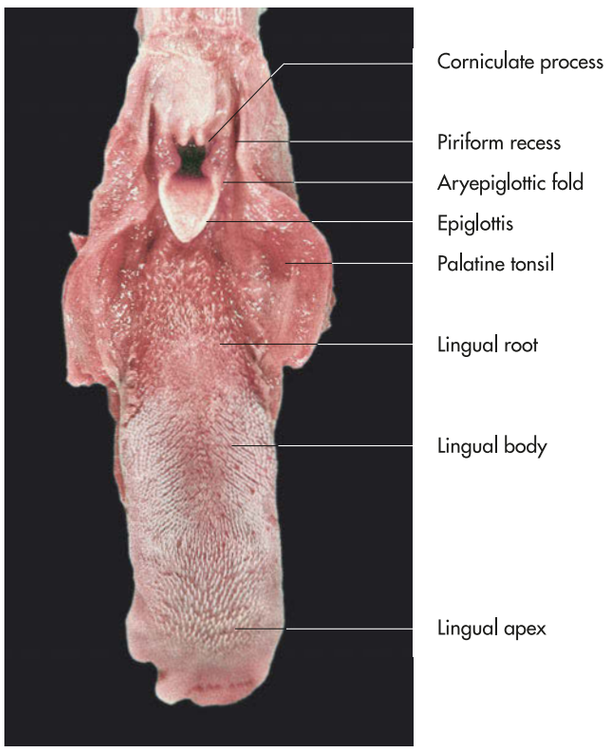


Fig. 8.5 Tongue and pharynx of a cat (dorsal aspect).

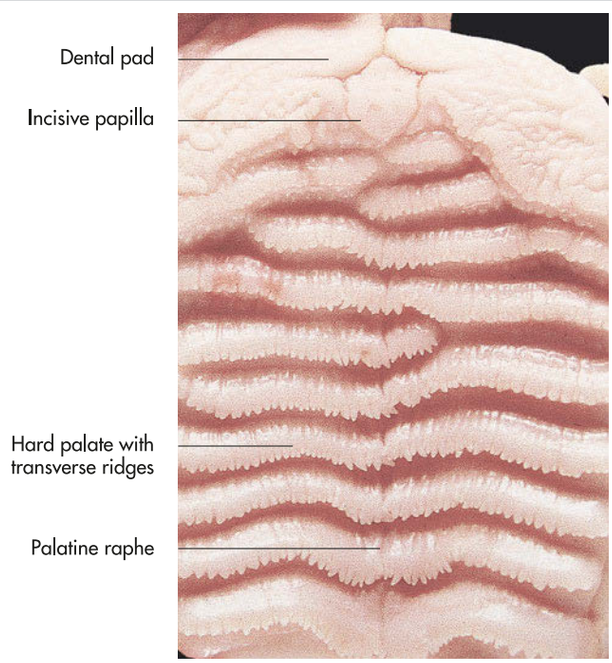


Fig. 8.6 Roof of the oral cavity of an ox.

Mechanical papillae are more numerous than the gustatory papillae. The **filiform papillae** are the smallest and most numerous of all papillae. The **conical papillae** are larger, but less frequent. They are scattered widely over the dorsal surface of the feline tongue and the base of the tongue in the ox, which accounts for the rasp-like surface typical of these species. **Marginal papillae** are present in newborn carnivores and piglets and aid suckling.

The epithelium of the **gustatory papillae** contains **taste buds**, which are sensitive to taste. Their names indicate shape: fungiform, vallate and foliate papillae. A few salivary glands are situated in close proximity to these papillae. These glands remove food particles from the papillae, making them available for new food material entering the mouth. A more detailed description of the lingual papillae can be found in histology texts. The extensive mobility of the tongue, making it capable of complex, precise movements, is achieved by a very special muscular architecture. The **musculature of the tongue** (mm. linguae) is divided into intrinsic and extrinsic groups.

The **intrinsic muscle of the tongue** (m. lingualis proprius) is composed of numerous bundles that run longitudinally, transversely and vertically without attaching to the hyoid apparatus (▶ Fig. 8.13). They are classified according to their orientation:

- superficial and deep longitudinal fibres (fibrae longitudinales superficiales et profundae),
- transverse fibres (fibrae transversae) and
- perpendicular fibres (fibrae perpendiculares).

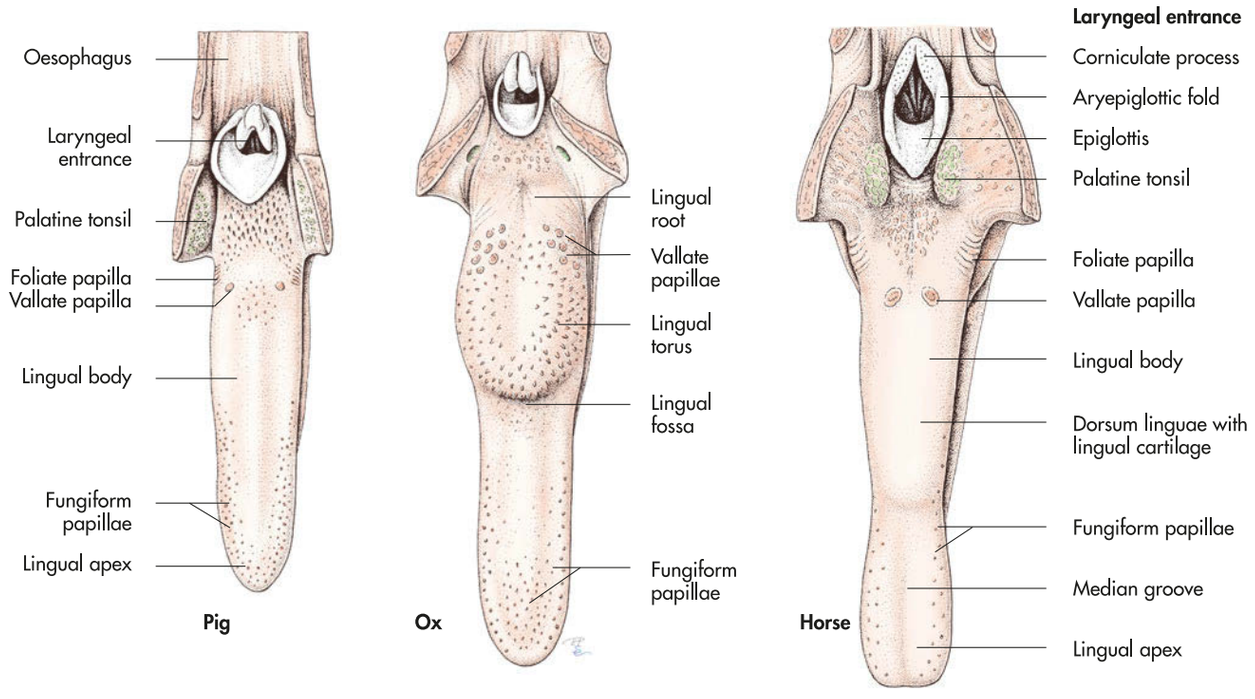


Fig. 8.7 Tongue, pharynx and oesophagus (sectioned in the median plane) of pig, ox and horse (schematic, dorsal aspect).

There are three pairs of extrinsic muscles which have an osseous origin and radiate into the tongue (▶ Fig. 8.13). The first part of the name indicates the bone they originate from. They are arranged parallel to each other from lateral to medial in the following order:

- styloglossus muscle (m. styloglossus),
- hyoglossus muscle (m. hyoglossus) and
- genioglossus muscle (m. genioglossus).

The **mylohyoid muscle** (m. mylohyoideus) suspends the tongue between the mandibular bodies and is important for the induction of deglutition. Some textbooks include the geniohyoid muscle in this group of muscles, since it moves the hyoid bone and thus the tongue rostrally (▶ Fig. 8.13).

The **vascular supply** to the tongue is primarily through the paired lingual artery, complemented by the paired sublingual artery, both of which arise from the linguofacial trunk. They extend numerous branches towards the dorsal surface of the tongue, and subdivide into several smaller branches within the mucosa. The sublingual vein is of practical importance, since it is easily visible on the ventral side of the tongue, and can be used for venipuncture in the clinical setting.

The **innervation** of the tongue is complex, involving **five of the cranial nerves**:

- lingual branch of the mandibular nerve (a branch of the trigeminal nerve),
- chorda tympani of the intermediofacial nerve,
- glossopharyngeal nerve,
- vagus nerve and
- hypoglossal nerve.

The **lingual nerve**, a branch of the trigeminal nerve, provides tactile, pain and thermal innervation from the rostral two-thirds of the tongue. The **chorda tympani**, a branch of the facial nerve, supplies mechanical and chemoreceptor fibre innervation to the whole tongue as well as some taste fibres. The **parasympathetic fibres** of the latter form synapses in the **mandibular ganglion**. The caudal third of the tongue is innervated by the lingual branch of the **glossopharyngeal nerve** supplying taste fibres for this area. The root of the tongue receives additional innervation from branches of the **vagus nerve**. The **hypoglossal nerve** contains the general somatic motor fibres, which innervate the musculature of the tongue. Damage of this nerve results in **paralysis of the tongue**. This clinical sign is seen after trauma to the head or as a complication after **guttural pouch disease** in the horse.

8.1.4 Sublingual floor of the oral cavity

With the exception of the attachment of the of oral cavitytongue, the sublingual area is relatively featureless. The largest area extends rostral to the frenulum, behind the incisor teeth, and is called the **prefrenular part** of the sublingual floor. The **two sublingual recesses** (recessus sublinguales laterales) extend between the tongue and the mandible on each side. Just in front of the frenulum lie two protuberances, the **sublingual caruncles** (caruncula sublinguales). These carry the common openings of the mandibular duct, which drains the mandibular salivary gland and the major sublingual salivary duct, which drains the major sublingual salivary gland. The latter is not present in the horse. The caruncles are relatively large in ruminants, well-developed in the horse, small in carnivores and sometimes absent in the pig. They are especially expansive in cattle, where they have a charac-

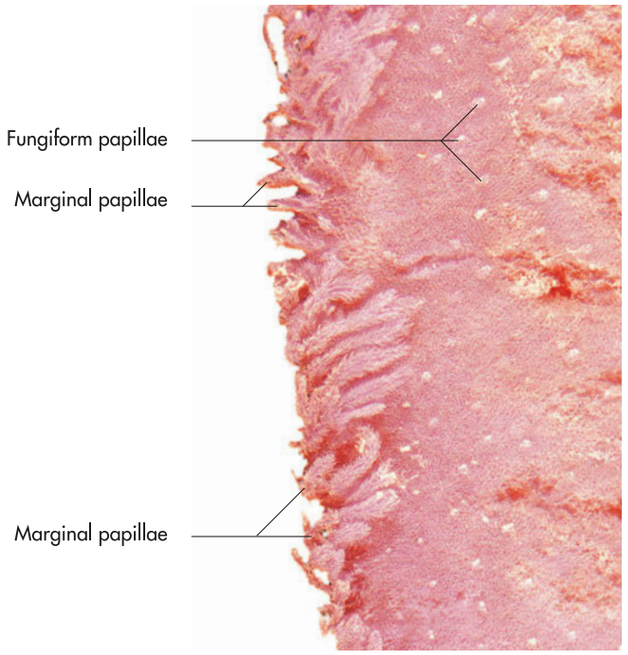


Fig. 8.8 Papillae on the dorsal surface of the tongue in a piglet.

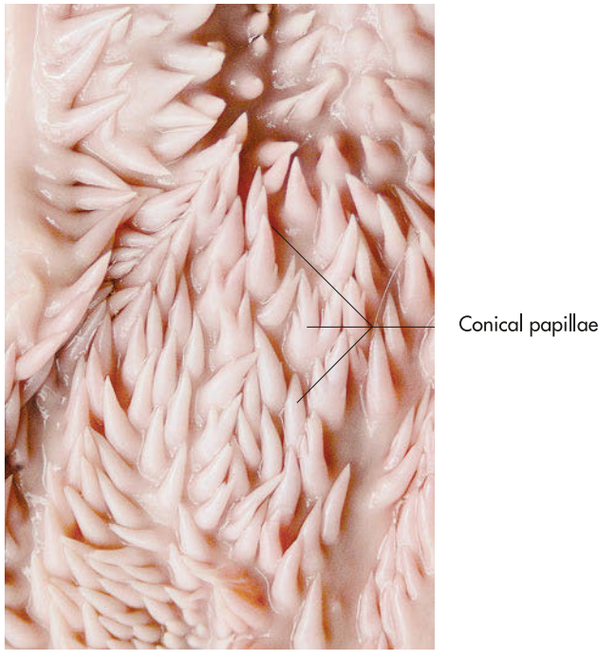


Fig. 8.9 Conical papillae of an ox as an example of mechanical papillae.

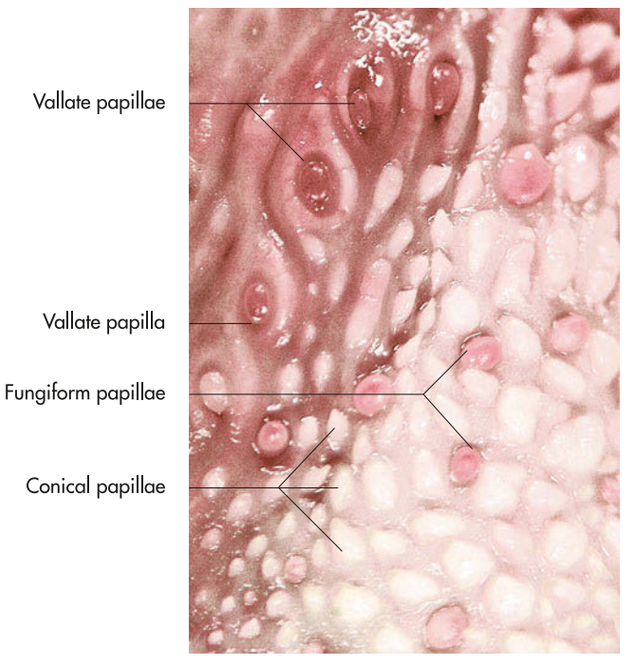


Fig. 8.10 Papillae at the base of the tongue in an ox.

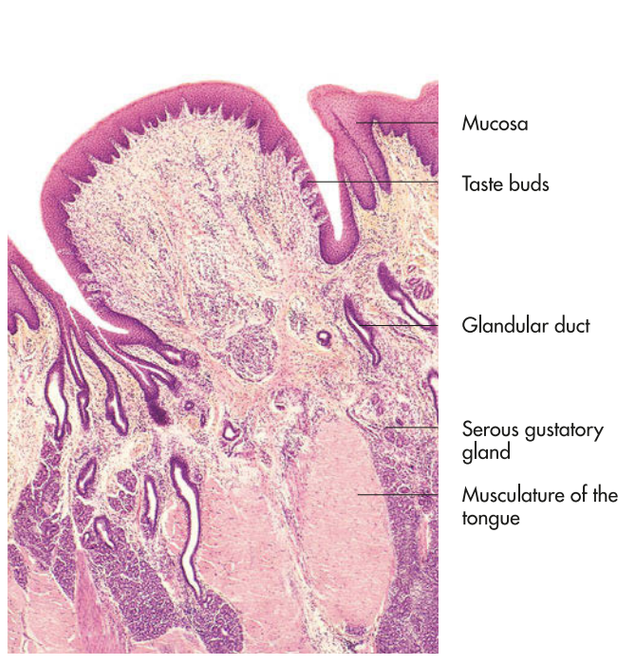


Fig. 8.11 Section of the tongue of a goat, centred on a vallate papilla.

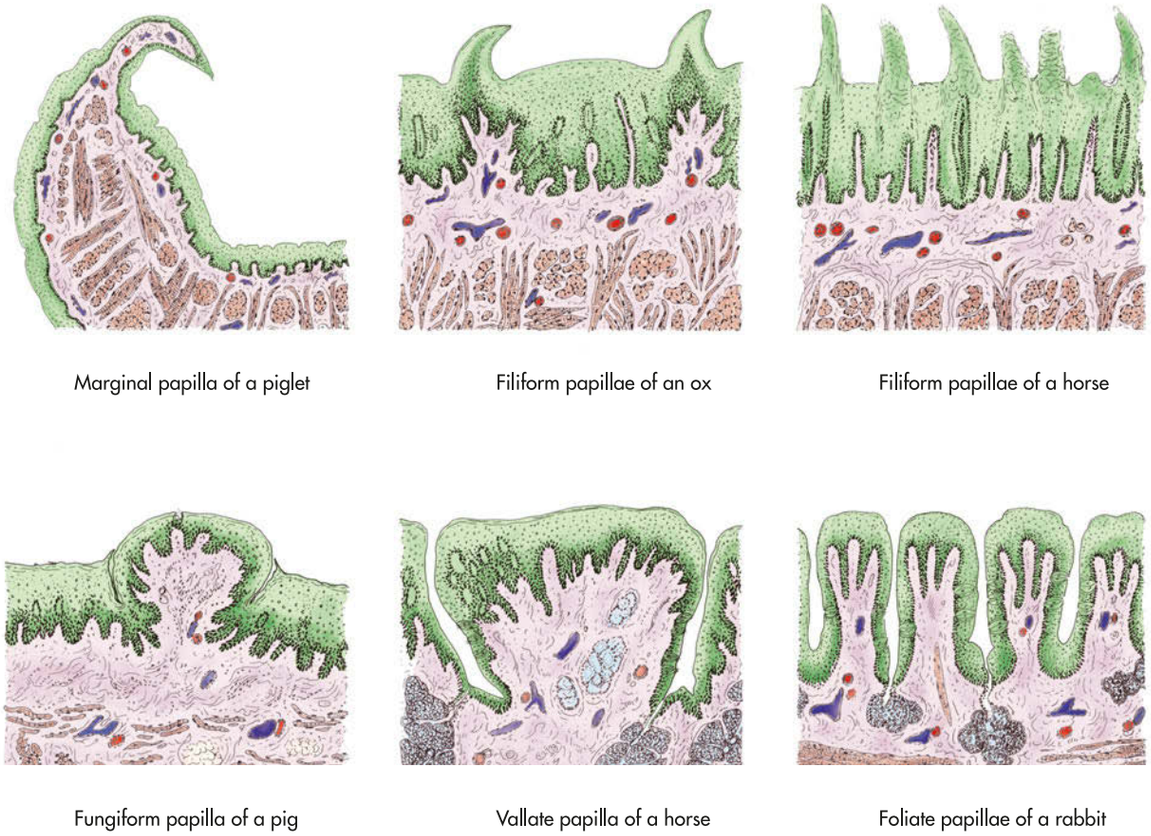


Fig. 8.12 Lingual papillae (schematic).

teristically serrated border. In the horse and goat there may be a small **gland** adjacent to the caruncles (glandula paracaruncularis).

Lymphoreticular tissue can be found in all species in this area. Just caudal to the incisors are the paired **orobasal organs**, which are thought to be the remnants of the rostral sublingual gland, which are still present in reptiles.

The **lateral sublingual recesses** are marked by a longitudinal fold (plica sublingualis), which carries the openings of the minor sublingual salivary gland (glandula sublingualis minoris seu polystomatica). In cattle these openings are found on top of a series of conical papillae, whereas in the horse the minor sublingual salivary gland protrudes visibly.

8.1.5 Salivary glands (glandulae salivariae)

The salivary glands are paired organs that secrete saliva via their ducts into the oral cavity (▶ Fig. 8.14, ▶ Fig. 8.15 and ▶ Fig. 8.16). Saliva keeps the mucosa of the mouth moist and is mixed with the food during mastication to lubricate the passage of the food bolus during swallowing and initate chemical digestion of food.

The salivary glands are grouped into:

- minor salivary glands (glandulae salivariae minores) and
- major salivary glands (glandulae salivariae majores).

Small or minor salivary glands are present in the mucosa of the lips, cheeks, tongue, palate and the sublingual oral floor. These glands produce a mucous secretion. The buccal minor salivary glands form larger aggregates ventrally and dorsally. In canines the latter is referred to as the zygomatic gland (▶ Fig. 8.15), based on its position. Ruminants have an additional middle group of buccal glands.

Most saliva is produced by the major salivary glands. These are located at a distance from the oral cavity and drain through ducts. These glands produce a more watery (serous) fluid, some of them a serous-mucous secretion containing the enzyme amylase, which initiates carbohydrate digestion. Saliva consists principally of water, as well as mucin, amylase and salts, especially sodium bicarbonate. The daily production of saliva in the horse is about 40 l, in the ox 110–180 l, in the pig 15 l.

Although the flow of saliva is normally continuous, its rate of secretion is controlled by sympathetic and parasympathetic innervation. Parasympathetic innervation is provided by the cranial nerves V, VII and IX and is brought about by olfaction and taste, leading to an increase in saliva secretion and dilatation of blood vessels. The sympathetic fibres originate from the caudal thoracic segments of the spinal cord, form synapses in the cranial cervical ganglion and reach the salivary glands in the tunica adventitia of the arteries. Stimulation is followed by vasoconstriction, which slows the rate of production. Anxiety, stress or fear leads to a depression of saliva production, but also to dehydration, which

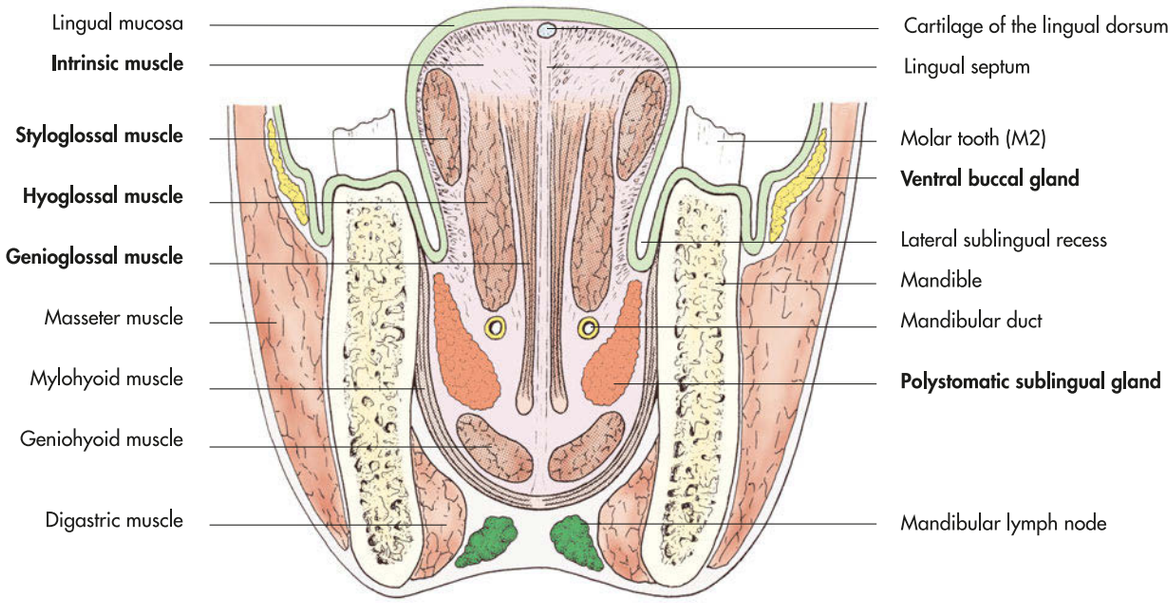


Fig. 8.13 Sublingual floor of the oral cavity and tongue of the horse (schematic, transverse section).

leads to the sensation of thirst. Pavlov has shown in his experiments that the flow rate of saliva can be increased by conditioning the animal to react to other stimuli, such as a bell.

In addition to its cleansing, lubricant and digestive functions, saliva serves as a route for excretion of certain substances, some of which may accumulate as a deposit (tartar) on the teeth, especially in dogs and cats. The **major salivary glands** are:

- parotid salivary gland (glandula parotis),
- mandibular salivary gland (glandula mandibularis) and
- sublingual salivary glands (glandulae sublinguales) with:
  - monostomatic sublingual salivary gland (glandula sublingualis monostomatica) and
  - polystomatic sublingual salivary gland (glandula sublingualis polystomatica).

Parotid salivary gland (glandula parotis)

The parotid salivary gland is a paired organ, which lies at the junction of the head and neck, ventral to the **auricular cartilage in the retromandibular fossa** (▶ Fig. 8.14, ▶ Fig. 8.15 and ▶ Fig. 8.16). It is especially welldeveloped in herbivores. The parotid salivary gland is a **mixed**, **serous-mucous**, **tubuloacinous gland**. It is in close proximity to the external carotid artery, the maxillary vein and branches of the facial and trigeminal nerves. In the horse it partially overlays the lateral wall of the **guttural pouch**, which must be taken into consideration when using an external surgical approach to the guttural pouch.

The parotid salivary gland is enclosed within a facial covering that projects trabeculae inwards to divide the gland into **several lobules**. The **major collecting ducts** pass within these trabeculae to eventually join, forming a single duct that begins at the rostral aspect of the gland. In carnivores and small ruminants this duct passes over the **lateral surface of the masseter muscle**. In the horse, ox and pig it passes medial to the angle of the jaw rostrally and winds around the ventral margin of the mandible to emerge at the **rostral border of the masseter muscle**. In the horse it lies here just caudal to the linguofacial artery. The parotid duct opens into the oral vestibule at the top of a small papilla opposite the third to fifth cheek tooth depending on the species.

The parotid gland is vascularised by branches of the maxillary artery and vein. It is innervated by branches of the glossopharyngeal nerve, the parasympathetic fibres of which run with the minor petrosal nerve to the otic ganglion.

Mandibular salivary gland (glandula mandibularis)

The mandibular salivary gland is located close to the **angle of the jaw** and is partially covered by the parotid salivary gland (▶ Fig. 8.14, ▶ Fig. 8.15 and ▶ Fig. 8.16). It is slightly bigger than the parotid salivary gland in most dogs and cats, but considerably larger in ruminants. In carnivores it is oval in shape, situated subcutaneously, caudal to the monostomatic salivary gland between the linguofacial and maxillary veins. Both the mandibular and the monostomatic salivary glands are of practical importance in the dog, since they can undergo **cystic changes** (ranula) which require their removal.

The mandibular salivary gland produces a **mixed mucous** and **serous secretion**, but can also alternate between the two. It drains by a single large duct, which passes ventral to the mucosa of the **floor of the oral cavity**, close to the lingual frenulum to open with the major sublingual duct on the **sublingual caruncle**.

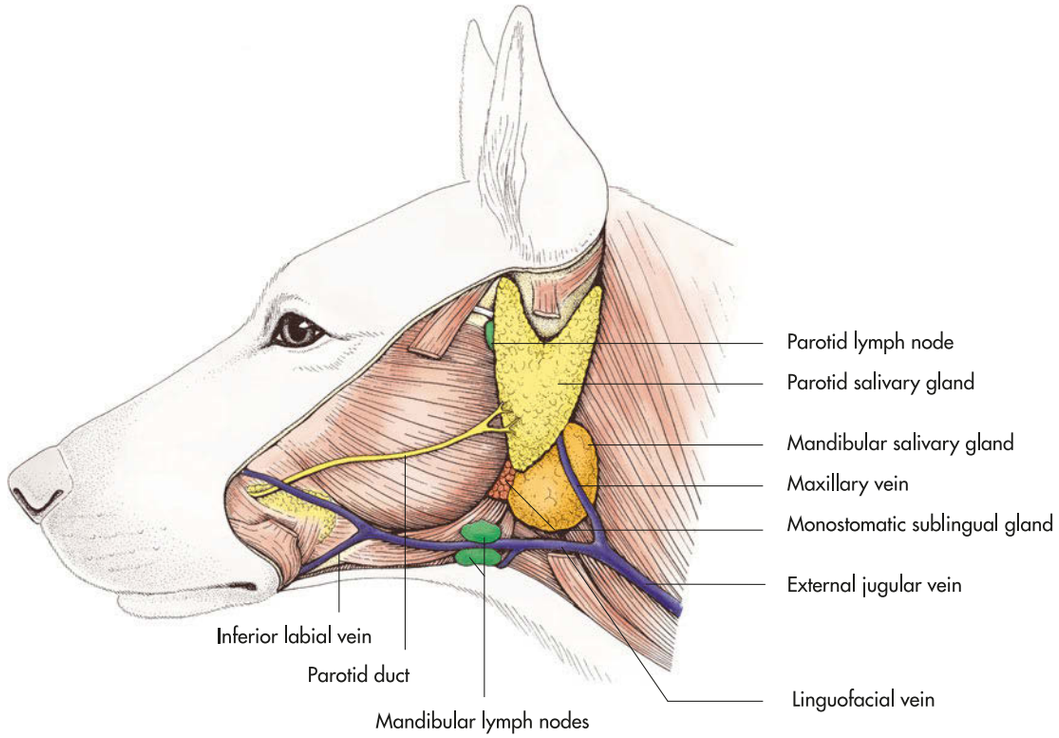


Fig. 8.14 Topography of the salivary glands of the dog (schematic).

The linguofacial artery and vein provide vascular supply to the mandibular salivary gland. Parasympathetic innervation is provided by fibres arising from the facial nerve. These fibres first run in the chorda tympani to the mandibular branch of the trigeminal nerve and continue in the lingual branch of the latter to the mandibular ganglion, where they synapse with postganglionic neurones.

Sublingual salivary glands (glandulae sublinguales)

The sublingual salivary glands consist of two glands on either side except the horse, in which the major (monostomatic) sublingual salivary gland is absent (▶ Fig. 8.14, ▶ Fig. 8.15 and ▶ Fig. 8.16). The **major (monostomatic) salivary gland** is situated more caudally and is a compact gland with a single draining duct. The major sublingual salivary duct shares a common opening with the mandibular salivary duct on top of the sublingual caruncle protruding from the prefrenular part of the floor of the oral cavity.

The diffuse **minor (polystomatic) salivary gland** is located more rostrally and opens through several smaller ducts. These openings are located on a longitudinal fold in the lateral sublingual recesses, in cattle on top of the conical papillae located on the fold.

Both sublingual salivary glands produce a serous-mucoid secretion in which the mucous part dominates. Blood supply and venous drainage is achieved by the lingual artery and vein. Innervation is similar to that of the mandibular salivary gland.

8.1.6 Masticatory apparatus

The masticatory apparatus consists of:
- the teeth and gums,
- the temporomandibular joint and
- the masticatory muscles.

Teeth (dentes)

Each species has its own characteristic dentition, consisting of a particular number, type and arrangement of teeth. Within the mouth, the teeth exhibit regional variation in morphology, depending upon their specific function. This is referred to as **heterodonty** (Gk. heteros = other, different). As in humans, the teeth undergo a single replacement. The first, **deciduous set of teeth (dentes decidui)** erupts before, or shortly after, birth. As the animal matures, the deciduous teeth are replaced with a second set of **permanent teeth (dentes permanentes)**.

Structure of the teeth

Although the teeth are highly specialised structures, modified to suit the needs of individual species, they share **a common, basic architecture** (▶ Fig. 8.17, ▶ Fig. 8.18 and ▶ Fig. 8.19). Each tooth has three components:
- crown (corona dentis),
- neck (cervix dentis) and
- root (radix dentis).

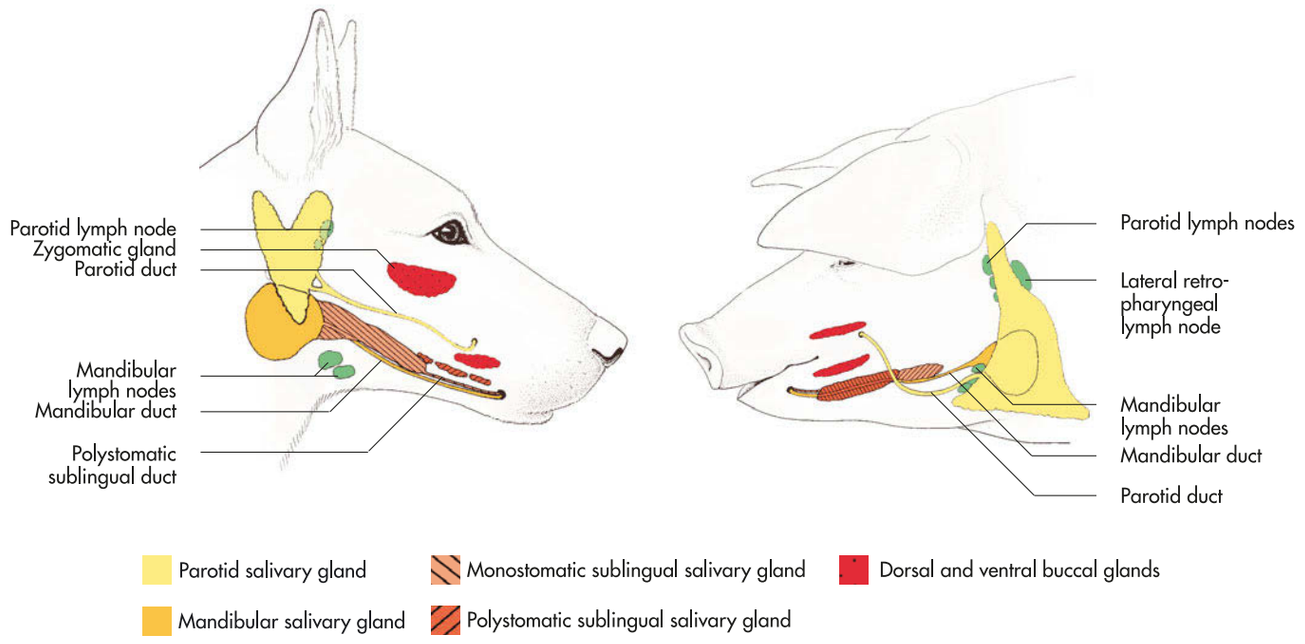


Fig. 8.15 Salivary glands of the dog (left) and the pig (right) (schematic); fig. based on data from Dyce, Sack and Wensing, 2002.

The crown is the exposed portion of the tooth. It extends from the neck, which is embedded in the gum (gingiva). The proximal part of the tooth, the root (radix dentis), is anchored in a bony dental alveolus (alveolus dentalis) within the upper or lower jaw (▶ Fig. 8.19). From a clinical perspective, the tooth is divided into the clinical crown (corona clinica), located above the gum line, and the clinical root (radix clinica) beneath the gum line.

The surfaces of the teeth that are directed towards the oral vestibule (vestibulum oris) are termed the **vestibular surfaces**. These can be delineated more precisely as the **labial surface** (towards the lips) and the **buccal surface** (towards the cheeks). The **lingual surface** faces the oral cavity proper (cavum oris proprium).

The **contact surfaces** (facies contactus) include the caudally directed **distal surface** and the rostrally oriented **mesial surface**. The surface of the tooth that contacts the opposite arcade is termed the **occlusal surface surface** (facies occlusalis). An eminence on the crown is referred to as a **cusp** (cuspis dentis) and may be pointed or rounded, depending on species.

The mineralised wall of the tooth surrounds the **dental (pulp) cavity** (cavum dentis), which contains the **dental pulp** (pulpa dentis) (▶ Fig. 8.19). Dental pulp consists of connective tissue containing blood vessels and an abundance of nerves. Stimulation of sensory nerve fibres elicits pain. This results particularly from increased pressure due to inflammation or localised swelling within the confines of the solid-walled pulp cavity. Based on its location, the pulp is divided into the **pulpa coronalis**, within the coronal portion of the pulp cavity (**cavum coronale dentis**), and the **pulpa radicularis**, in the pulp cavity within the root (**cavum radicis dentis**).

At its proximal end, the pulp cavity tapers to form the narrow **root canal** (canalis radicis dentis), which surrounds the **apical foramen** (foramen apicis dentis). Blood vessels and nerves traverse the apical foramen and ramify in the connective tissue of the pulp cavity (▶ Fig. 8.19).

The tooth (dens) is composed of **three mineralised substances** (▶ Fig. 8.17, ▶ Fig. 8.18, ▶ Fig. 8.19 and ▶ Fig. 8.20):
- enamel (enamelum),
- dentin (dentinum) and
- cementum.

The chemical composition of these substances resembles that of bone. **Enamel**, the hardest substance in the body, is produced by ameloblasts (enameloblasts) derived from the ectoderm (epithelium of the oral cavity). It is acellular, incapable of regeneration and is usually white in colour (▶ Fig. 8.17, ▶ Fig. 8.18 and ▶ Fig. 8.19).

Based on the distribution of enamel, teeth can be divided into three groups (refer to ▶ Fig. 8.19). Simple, or **haplodont**, teeth consist of a conical or shovel-shaped crown covered in a layer of enamel. Typical examples include the **canine teeth** (dentes canini) of all domestic mammals and the **incisors** (dentes incisivi) of ruminants. A second group is distinguished by the presence of two or more distinct, enamel-capped coronal eminences. These include the **cheek teeth (praemolares and molares)** pig, are referred to as **bunodont**. **Secodont (secare = cut)** teeth, in which the eminences are arranged in a row, are particularly well developed in carnivores (see sectorial teeth). In the third group of teeth, the enamel layer is characterised by occlusal invaginations (infundibula) or folding of the enamel wall. These teeth include the incisors of horses and the cheek teeth of horses and ruminants (except the simple lower first ruminant premolar).

Based on their height, teeth are classified as **brachydont** (low-crowned) or **hypsodont** (high-crowned) (▶ Fig. 8.19). In hypsodont teeth, there is little distinction between the crown and the neck; they are thus described as having a body (corpus dentis).

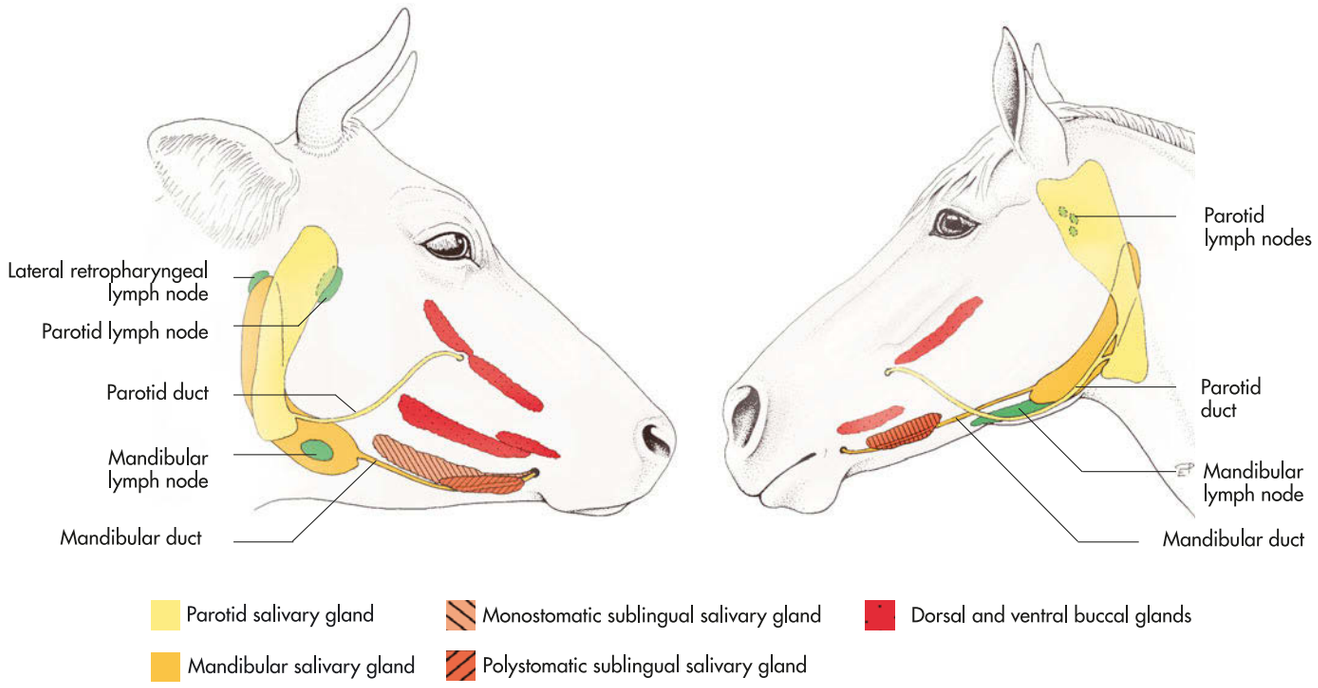


Fig. 8.16 Salivary glands of the ox (left) and the horse (right) (schematic); fig. based on data from Dyce, Sack and Wensing, 2002.

The entire body of hypsodont teeth is surrounded by enamel and an outer layer of cementum. A root develops, but it is relatively short. Although the period of growth of hypsodont teeth is longer than that of brachydont teeth, it is nevertheless limited. When growth ceases, the teeth are gradually extruded from the jaw, creating the impression of ongoing tooth formation. Hypsodont teeth include the equine incisors and the cheek teeth of horses and ruminants.

In ruminants, semilunar infundibula are present on the occlusal surface of the premolars and molars (**selenodont teeth, selene – moon**). This morphology facilitates efficient grinding of foodstuffs. In the cheek teeth of horses, occlusal invaginations are combined with infolding of the enamel on the sides of the tooth. On the occlusal surface, the mineralised tooth components wear at different rates. The resulting surface contour consists of a series of folded enamel ridges and depressions containing dentin and cementum. This type of tooth, referred to as a **lophodont**, is ideally suited to grinding of plant material.

Dentin is a yellowish-white substance that encloses the pulp cavity (▶ Fig. 8.17, ▶ Fig. 8.18 and ▶ Fig. 8.19). It is harder than bone. Within the crown, dentin lies on the internal surface of the enamel. Dentin is permeated by nerve fibres, located within small dentinal tubules. Dentin-producing cells (odontoblasts) recede from the newly formed dentin to form a continuous layer at the periphery of the pulp cavity. Odontoblasts continue to produce dentin **throughout the life of the animal**. As **new (secondary) dentin** is laid down, the pulp cavity gradually **narrows**.

Secondary dentin is distinguishable by its slightly darker colour. It forms the major component of the **dental star** seen in extensively worn incisors of horses. In dogs, radiological assessment of the width of the pulp cavity can be used as an aid in estimating age.

Each tooth of the upper and lower jaw is **anchored** to the **wall of the alveolus** (alveolus dentalis) by the **cementum** and the **fibrous periodontal ligament (periodontium)** (▶ Fig. 8.19). Together, these components form a mineralised sling that holds the tooth within the alveolus while allowing limited movement when the tooth is exposed to the mechanical forces associated with mastication.

Cementum is not as hard as enamel and its structure is very similar to that of bone. In haplodont teeth and teeth with prominent cusps, cementum is limited to the root, where it forms the outermost layer of the tooth. Initially thin, the layer of cementum gradually thickens with increasing age as new cementum is produced. In teeth with invaginated or folded enamel, cementum forms a thin layer around both the root and crown of the tooth and fills the base of the infundibula. Fibres of the **periodontal ligament** extend from the cementum to the surrounding alveolar bone.

Cementum is more resistant than bone to pressure-induced erosion. This characteristic is useful in orthodontic procedures in which instruments are used to lever the tooth against the alveolar wall (e.g. correction of base narrow canines in the dog). The bone undergoes erosion while the tooth remains unaffected. The tooth is then able to occupy the space created within the bone (refer to orthodontic textbooks for a more detailed description).

The **alveolar processes** of the upper and lower jaw are covered by the **gums (gingiva)**. Stratified squamous epithelium lines the robust gingival mucosa, which rests upon a layer of dense connective tissue. The gums surround the neck of the tooth, below the crown. They may recede with advancing age, resulting in exposure of the neck. In many mammals, a portion of the crown is initially held in reserve below the gum line. This is later extruded to compensate for the effects of tooth wear. For this reason, it is useful to distinguish between the “clinical crown”, comprising

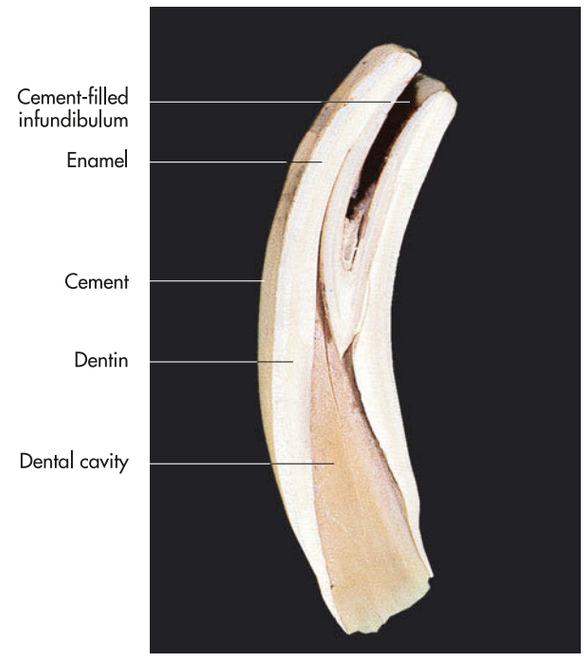


Fig. 8.17 Section of an equine incisor.

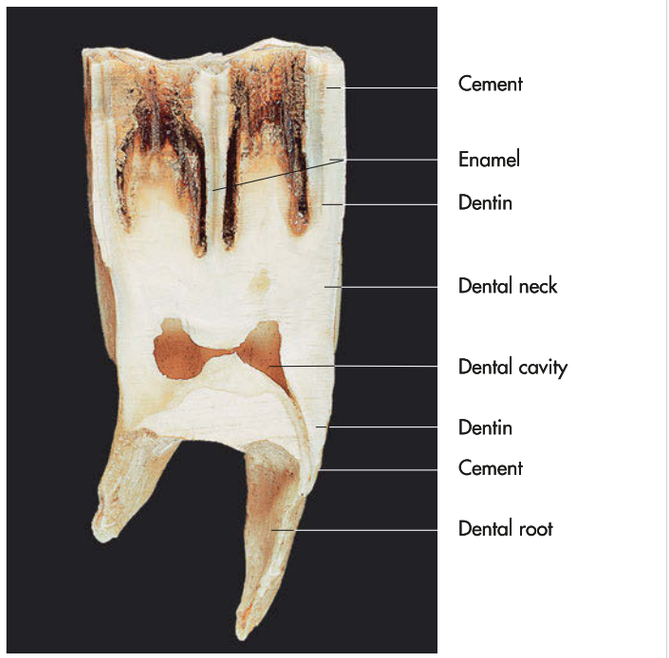


Fig. 8.18 Section of an equine cheek tooth.

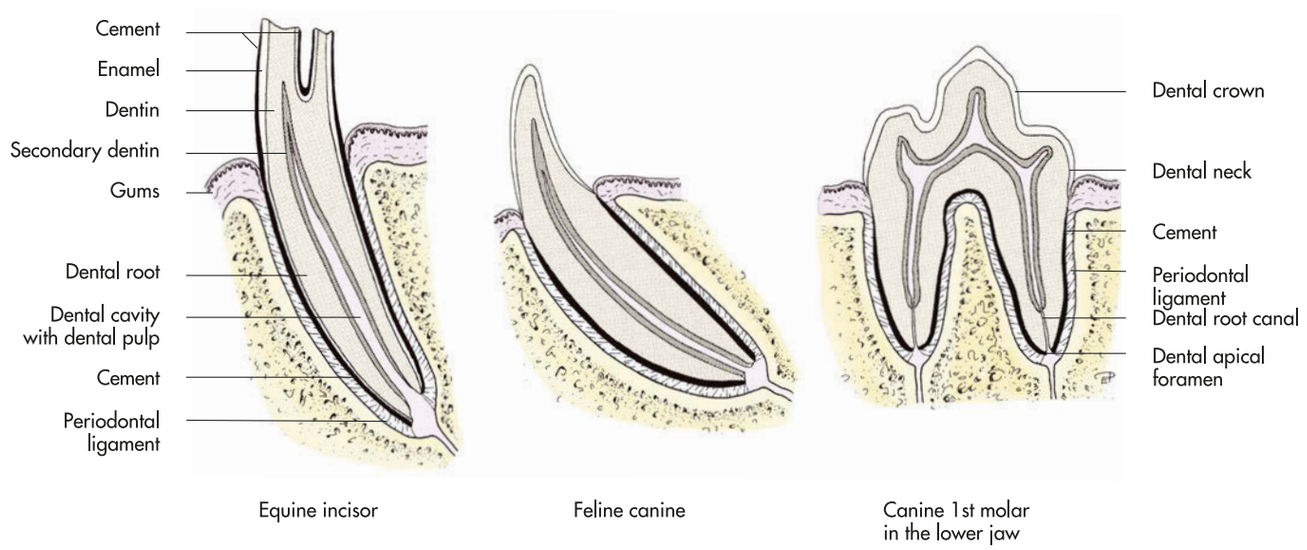


Fig. 8.19 Hypsodont (left) and brachyodont (centre, right) teeth (schematic).

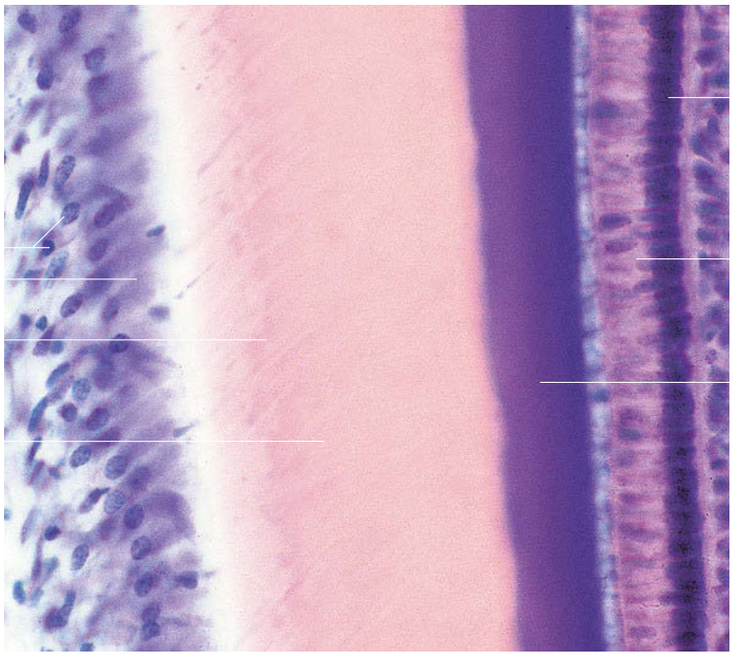


Fig. 8.20 Section of the tooth wall.

the exposed portion of the tooth irrespective of the height of the gum, and the "anatomical crown", defined as the portion of the tooth that is covered in enamel.

Mammalian teeth are classified, from rostral to caudal, as **incisors** (**incisivi**), **canines** (**canini**), **premolars** (**praemolares**) and **molars** (**molares**). The number and arrangement of the different types of teeth is described by the dental formula for each species (▶ Table 8.1). The dental formula is composed of the abbreviations I (incisors), C (canines), P (premolars) and M (molars), together with the number of corresponding permanent teeth on one side of the upper and lower arcades.

Individual teeth are named based on the modified Triadan system. Although this system permits consistent numbering of teeth across species, it provides no descriptive information about the highly variable morphology of the teeth.

Deciduous teeth are denoted in the dental formula by insertion of the letter "d" between the abbreviation and the associated number (e.g. Id3 for the third deciduous incisor).

Table 8.1 Dental formulae.

Species	Deciduous dentition	Permanent dentition
Cat	3 1 3	3 1 3 1
	3 1 2	3 1 2 1
Dog	3 1 3	3 1 4 2
	3 1 3	3 1 4 3
Pig	3 1 3	3 1 4 3
	3 1 3	3 1 4 3
Ruminants	– – 3	– – 3 3
	3 1 3	3 1 3 3
Horse	3 1 3	3 1 3(4)
	3 1 3	3 1 3 3

Note

The formula for the **permanent dentition of the horse** is:

$$\left.\begin{array}{l} \text{I3 C1 P3 M3} = 10 \times 2 = 20 \\ \text{I3 C1 P3 M3} = 10 \times 2 = 20 \end{array}\right\} = 40 \text{ teeth}$$

The timing of tooth eruption is highly consistent within species. It can thus be used to estimate the age of an animal, though tooth replacement can be delayed by factors such as underdevelopment and disease. There are no deciduous molars in any species of domestic mammal and no deciduous first premolars in dogs and pigs.

In horses aged between 2 and 4 years, areas of enlargement may occur at the ventral margin of the mandible during the period of tooth replacement. They are occasionally also seen in the maxilla. Referred to colloquially as "bumps", these swellings occur when there is a discrepancy between the rate of shedding of the deciduous teeth and growth of the permanent teeth. They can result in chewing deficits and, in the maxilla, may impact on breathing.

Dentition of the horse

The haplodont canines and first premolars of the horse are brachydont. The remaining teeth are **hypsodont**; the premolars and molars are **lophodont** or **selenolophodont** in type.

Equine teeth are highly adapted for the mechanical breakdown of coarse fodder. Corrugated infolding of the enamel casing of the cheek teeth increases the area of the chewing surface (▶ Fig. 8.21, ▶ Fig. 8.22 and ▶ Fig. 8.23).

The incisors have a **sheath-like layer of external enamel** that extends almost to the tip of the root. Enamel also lines the infundibulum (infundibulum dentis), or dental cup. Cementum coats the external surface of the enamel and fills the infundibulum. Be-

fore the tooth comes into wear, the external enamel is continuous with the enamel of the infundibulum.

From medial to lateral, the incisors of the horse (▶ Fig. 8.30) are termed the **central**, **intermediate** and **corner incisors**. The permanent incisors wear at a rate of approximately 2 mm per year. Together with an understanding of the chronology of tooth replacement, the pattern of wear of the lower incisors permits relatively precise estimation of age in young horses. With increasing age, this method becomes less accurate.

Canine teeth are present in the diastema (interdental space) of male horses, near the corner incisors. They have a low crown and a large root. In some South American breeds, canine teeth are found routinely in both mares and stallions.

The **first premolar tooth (P1)**, also known as the **wolf tooth**, is rudimentary and almost always erupts only in the upper jaw. Lacking a lower counterpart, it has no functional significance. The mechanics of mastication may cause wolf teeth to migrate. This can result in damage to the gums and may necessitate extraction. In the remaining **cheek teeth (P2–P4** and **M1–M3)**, the structure of the teeth of the upper arcade differs from that of the lower arcade; each of the maxillary teeth has two infundibula, whereas the maxillary teeth have none.

The roots of the caudal **upper cheek teeth** project into the bipartite maxillary sinus. Diseased teeth may be accessed by trephination of the caudal maxillary sinus (sinus maxillaris caudalis) and removed by dental repulsion. In performing this procedure, it is important to be aware that increasing age is associated with a reduction in depth of the alveolus, an increase in the size of the sinus and rostral displacement of the teeth.

Ageing of the horse

Time of eruption (▶ Table 8.2), attritional changes and other features of the lower incisors can be used in estimating the age of horses (▶ Fig. 8.24, ▶ Fig. 8.25, ▶ Fig. 8.26, ▶ Fig. 8.27, ▶ Fig. 8.28, ▶ Fig. 8.29, ▶ Fig. 8.30 and ▶ Fig. 8.31). Reasonably accurate estimates can only be made until around 8 years of age.

Eruption times for the deciduous incisors (Id = incisivus deciduus) are as follows:
- Id1: within 6 days (may be erupted at birth),
- Id2: 6 weeks,
- Id3: 6 months.

Disappearance of the dental cups from the incisors occurs at:
- Id1: 10 months,
- Id2: 12 months,
- Id3: 18–24 months.

Table 8.2 Replacement of the incisors (I) in the horse (age in years).

Permanent incisor	Eruption (mandible)	In wear	Cup disappears (lower incisors)
I1	2½	3	6
I2	3½	4	7
I3	4½	5	8

Based on a depth of 6 mm and a rate of wear of 2 mm per year, the dental cup disappears from the lower incisors within three years of coming into wear. In the upper incisors, disappearance of the dental cup takes 6 years (12 mm deep, 2 mm per year) and is a less precise measure of age. At 8, 9 and 10 years, the dental star appears on the labial side of the enamel spot (I1, I2, I3).

The occlusal surface of the incisors is **transversely oval** in young horses (6–12 years), later becoming **rounded** (12–17 years). With advancing age, the surface appears **triangular** (18–24 years) and eventually becomes **longitudinally oval** (24–30 years).

At 8 to 9 years of age, a dental hook is observed in the upper corner incisors of some horses. This feature may reappear around the age of 13 years.

A **groove (Galvayne's groove)** may also appear, as follows, in the upper corner incisors:
- dorsal quarter of the tooth: ca. 10 years,
- dorsal half of the tooth: ca. 15 years,
- entire length of tooth: ca. 20 years,
- ventral half of tooth: ca. 25 years,
- ventral quarter of tooth: ca. 30 years.

Certain dental abnormalities preclude the ageing of horses by the characteristics of the teeth. These include overbite (overshot bite, parrot mouth), underbite (undershot bite, sow mouth), excessive wear of the incisors due to cribbing and crooked incisors.

Dentition of the cat

The dentition of the cat is comprised of **haplodont** teeth and teeth with prominent cusps (▶ Fig. 8.19 and ▶ Fig. 8.32). The teeth are reduced in number compared with other domestic mammals; P1, M2 and M3 are absent in the maxilla, and P1, P2, M2 and M3 are lacking in the mandible. As a result, the bite of the cat is highly differentiated for **cutting**. The two carnassial teeth, P4 in the upper jaw and M1 in the lower jaw, slide past one another during mastication, creating a shearing action. The dentition of the cat is thus referred to as **secondont**.

The teeth are of limited use in estimating age in cats. All deciduous incisors are present by 15 days of age. Eruption of the remaining deciduous teeth occurs at days 18 to 19 (canines) and between days 24 and 39 (premolars). Replacement of the deciduous teeth begins at 3 ½ months and is complete by 7 months.

Dentition of the dog

The extreme variation in the shape of the head and body of modern breeds of dog has important implications for the teeth and masticatory apparatus. The space available for tooth placement and attachment of the masticatory muscles in brachycephalic, or short-headed, breeds (e.g. pug) differs greatly from that in dolichocephalic, or long-headed, dogs (e.g. fox terrier).

The timing of eruption and replacement of teeth likewise exhibits considerable breed-related and individual variation. Thus, as in cats, dentition is not a reliable means of determining age in dogs. Measurement of tooth microhardness has recently been identified as a useful tool for age estimation. At present, the procedure is very laborious but is potentially applicable in forensic investigations.

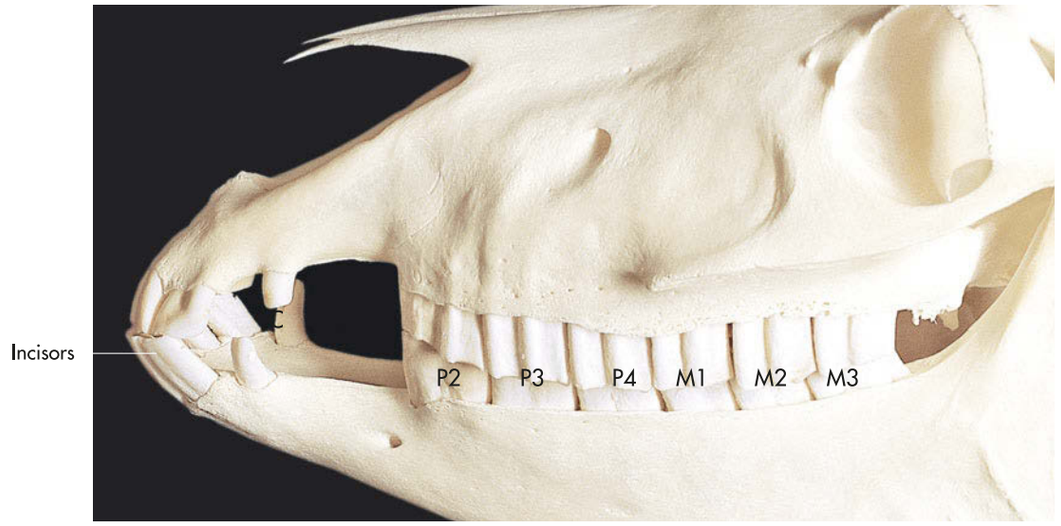


Fig. 8.21 Permanent dentition of a stallion.

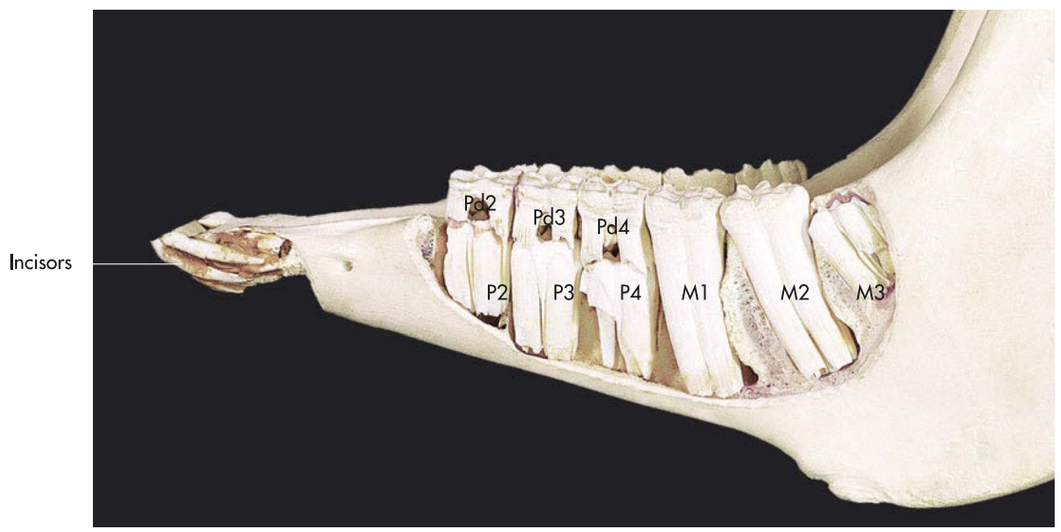


Fig. 8.22 Mandibular arcade of a horse during eruption (tooth roots exposed).

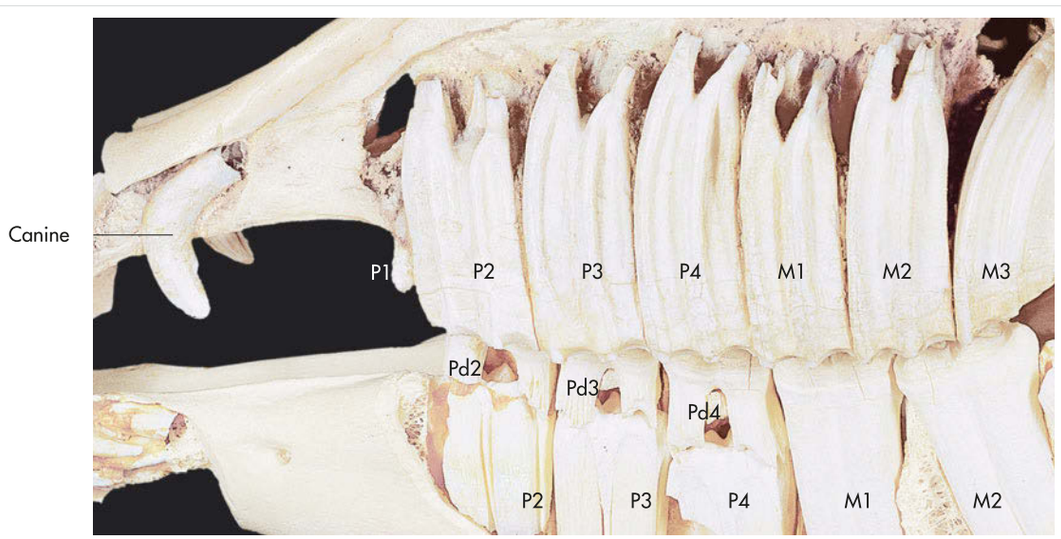


Fig. 8.23 Mandibular and maxillary arcade of a horse during eruption (tooth roots exposed).

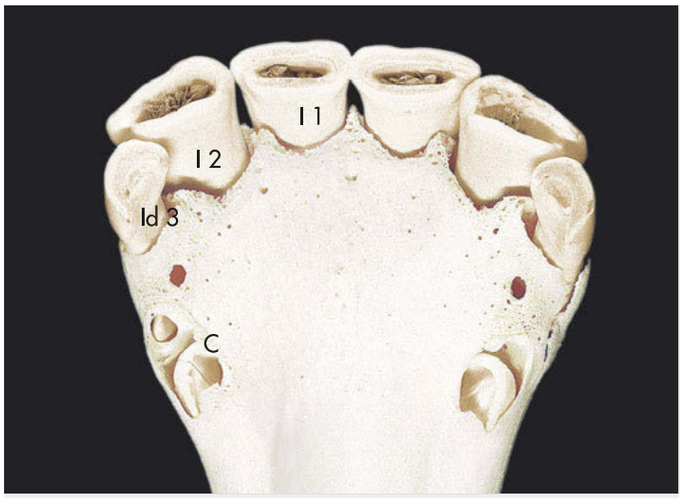


Fig. 8.24 Occlusal surface of the mandibular incisors in a 3.5-year-old horse (lingual aspect).

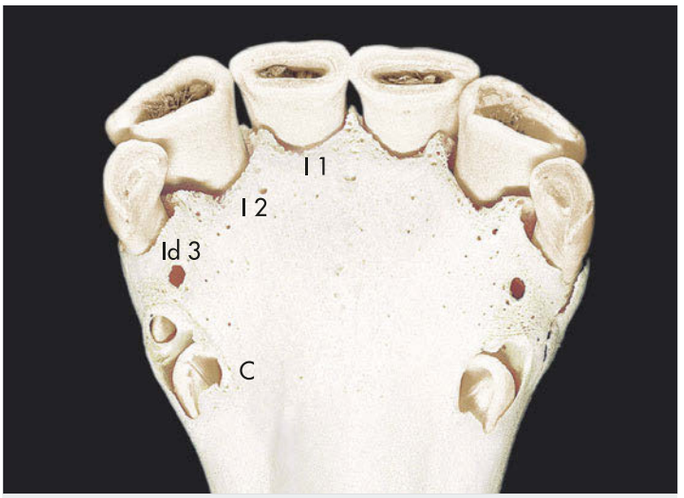


Fig. 8.25 Occlusal surface of the mandibular incisors in a 4.5-year-old horse (lingual aspect).

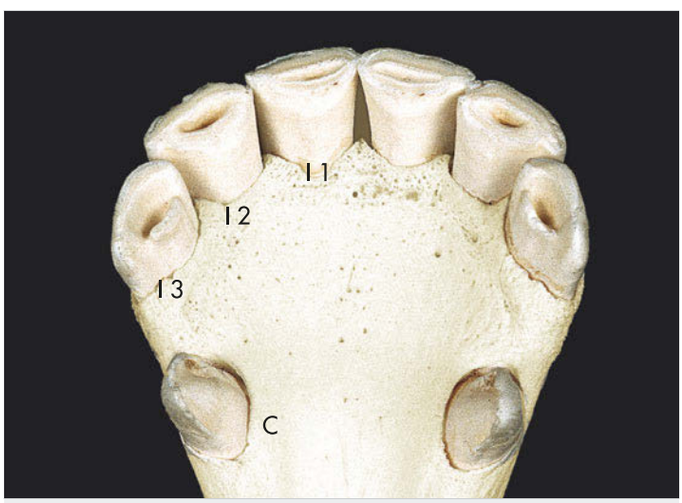


Fig. 8.26 Occlusal surface of the mandibular incisors in a 6-year-old horse (lingual aspect).

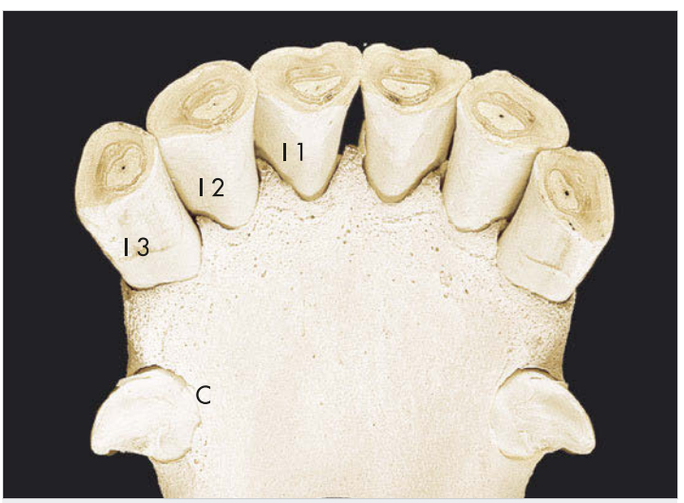


Fig. 8.27 Occlusal surface of the mandibular incisors in a 10-year-old horse (lingual aspect).

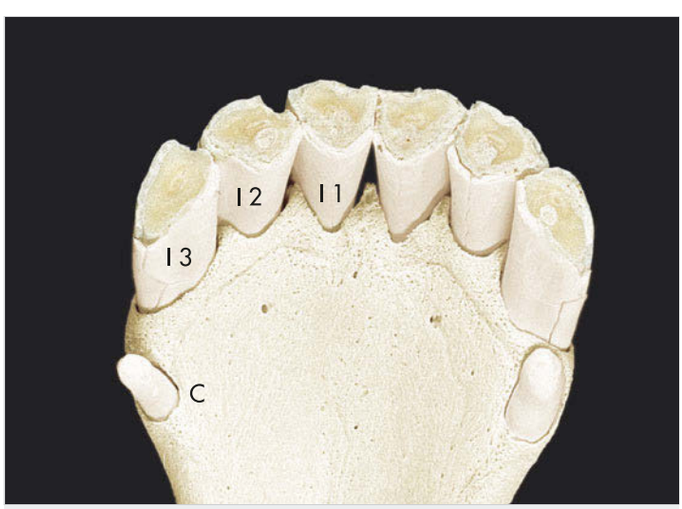


Fig. 8.28 Occlusal surface of the mandibular incisors in a 12-year-old horse (lingual aspect).



Fig. 8.29 Occlusal surface of the mandibular incisors in a 17-year-old horse (lingual aspect).

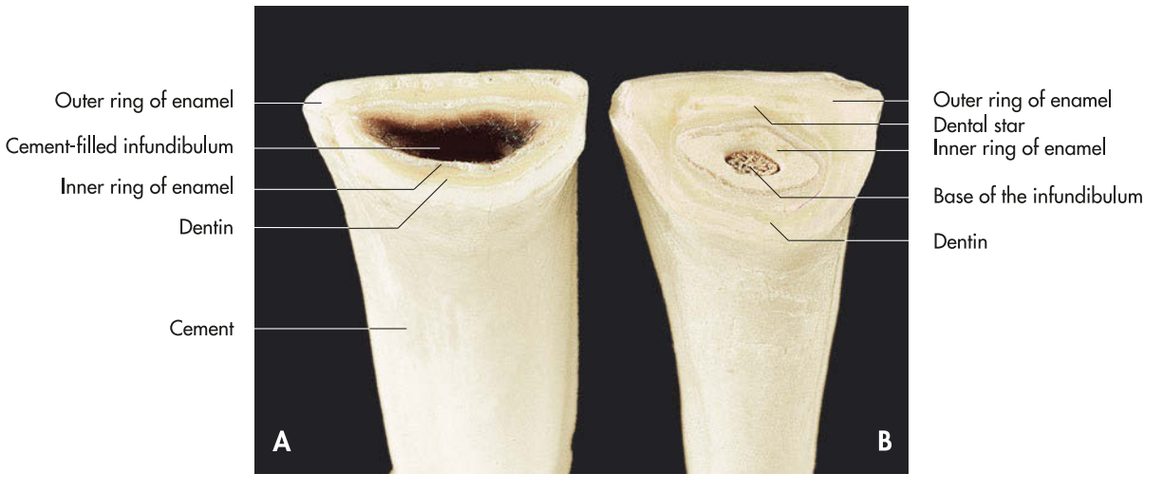


Fig. 8.30 Occlusal surface of a younger horse **(A)**, with a visible cup, and of an older horse **(B)**, where the cup has disappeared, but the dental star is visible.



Fig. 8.31 Occlusal surface of mandibular premolar teeth of a horse **(A)** and an ox **(B)** (superior aspect).

The attachment of the **incisors** to the alveoli is relatively loose (▶ Fig. 8.34). The crown of the central and middle upper incisors has three small cusps (central, mesial and distal). Mesial cusps are lacking on the lower incisors. Loss of these features through ongoing wear may reduce the incisors to simple prismatic stumps. This process is accelerated in dogs that have a predilection for chewing stones.

The **root of the canines** is massive. It is considerably longer than the crown; its caudal extremity extends beyond the root of the first premolar. The premolars increase in size from rostral to caudal. The very large **upper P4** has three roots and is known as the **carnassial** or **sectorial tooth** (dens sectorius). Root abscesses arising from factures of the carnassial tooth can result in a draining suborbital tract. Treatment involves extraction of the affected tooth. The upper molars also have three roots, but these are considerably smaller than the roots of P4.

In the **lower jaw**, the well-developed M1 is the **sectorial tooth**. It has two large, diverging roots that span almost the entire width of the mandible. The caudal molars serve as crushing teeth (▶ Fig. 8.33).

The dentition of the dog, like that of the cat, is **secodont**; the two sectorial teeth (upper P4, lower M1) exert a shearing action during closing of the mouth.

The deciduous incisors erupt at approximately 4 weeks of age. Eruption of the canines occurs around the same time (3–5 weeks). The premolars (Pd2, Pd3, Pd4) appear by 6 weeks of age, completing the deciduous dentition. Permanent first premolars erupt at 4 to 5 months; they have no deciduous predecessors.

Between 3 and 7 months of age, the deciduous teeth are replaced, and the molars erupt. After this period, estimation of age based on dentition is difficult and unreliable.

Dentition of the pig

Occlusion in pigs is **isognathic**, i.e. the occlusal surfaces of the upper dental arcade (arcus dentalis superior) rest upon those of the lower dental arcade (arcus dentalis inferior) when the jaws are closed. Notable features of the dentition of pigs are the canines, or **tusks**, which continue to grow throughout the life of the animal (▶ Fig. 8.35). The molars bear specialised eminences that are adapted for crushing of foodstuffs.

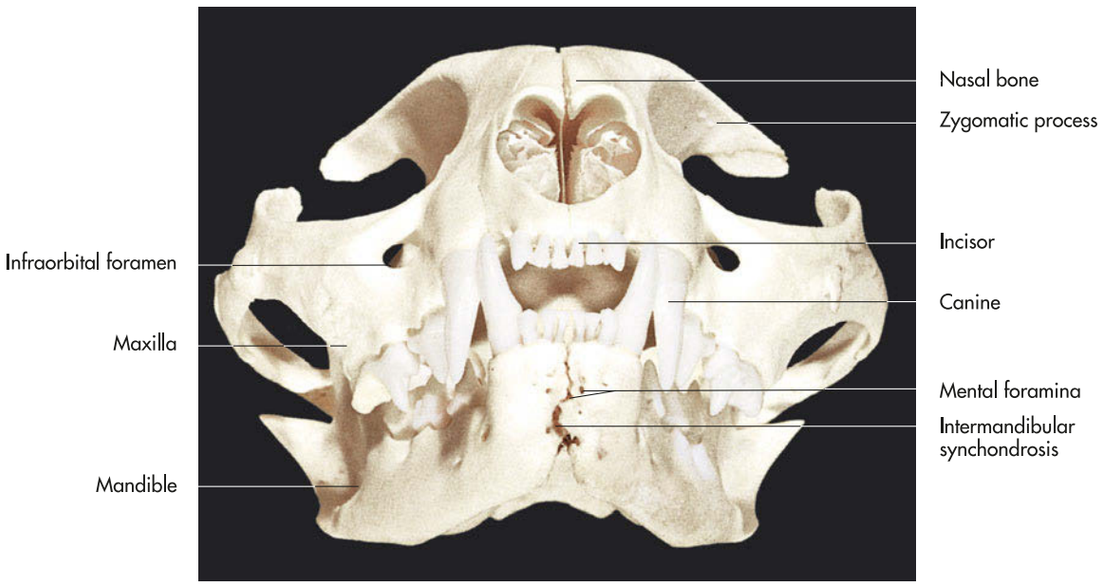


Fig. 8.32 Dentition of a puma (frontal aspect).

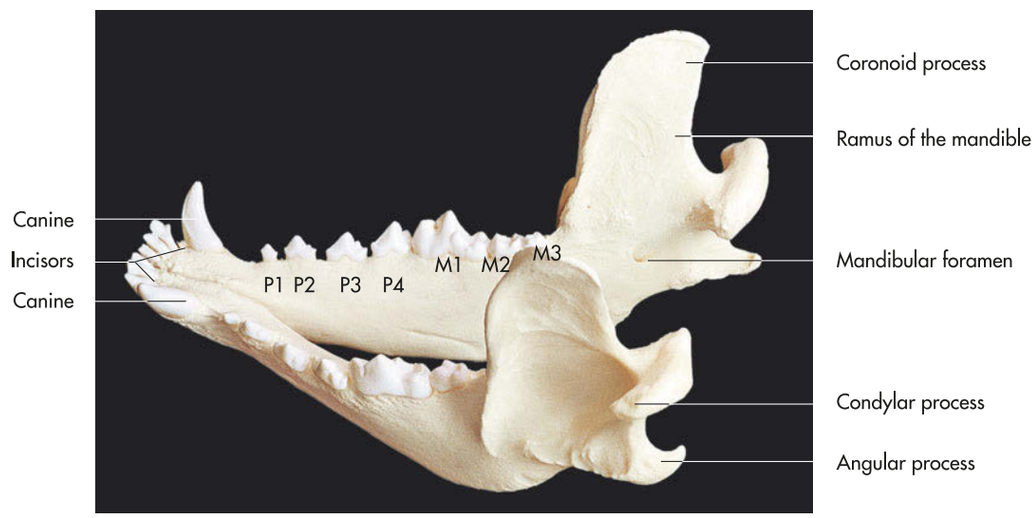


Fig. 8.33 Mandibular teeth of a dog (caudolateral aspect).

Dentition of the ox

The incisors and canines of ruminants are brachydont teeth and are haplodont in type. The premolars and molars are hypsodont teeth of the selenodont variety. Upper incisors and canines are absent in ruminants. They are replaced by the **dental pad** (**pulvinus dentalis**).

In the lower jaw, the canine tooth occupies a relatively rostral position. It has become modified to resemble an incisor and adjoins the incisor group. There are no infundibula in the (haplodont) incisor teeth. The incisors are designated as central (I1), first intermediate (I2), second intermediate (I3) and corner (I4) incisors (▶ Fig. 8.36). Each incisor has a shovel-shaped crown and a distinct neck. Even in healthy animals, the incisors are only loosely embedded within the alveoli.

In older animals, the crown of the incisors may be worn away completely, with the visible teeth consisting of widely spaced roots at the alveolar margin. In many cases, the teeth fall out before this stage is reached. The tongue can be grasped easily through the **large diastema** to facilitate examination of the mouth.

Eruption of the permanent incisors, used for estimating age, occurs as follows (▶ Fig. 8.36, ▶ Fig. 8.37, ▶ Fig. 8.38, ▶ Fig. 8.39, ▶ Fig. 8.40 and ▶ Fig. 8.41):

- I1: 1½ years,
- I2: 2¼ years,
- I3: 3 years,
- I4: 3¾ years.

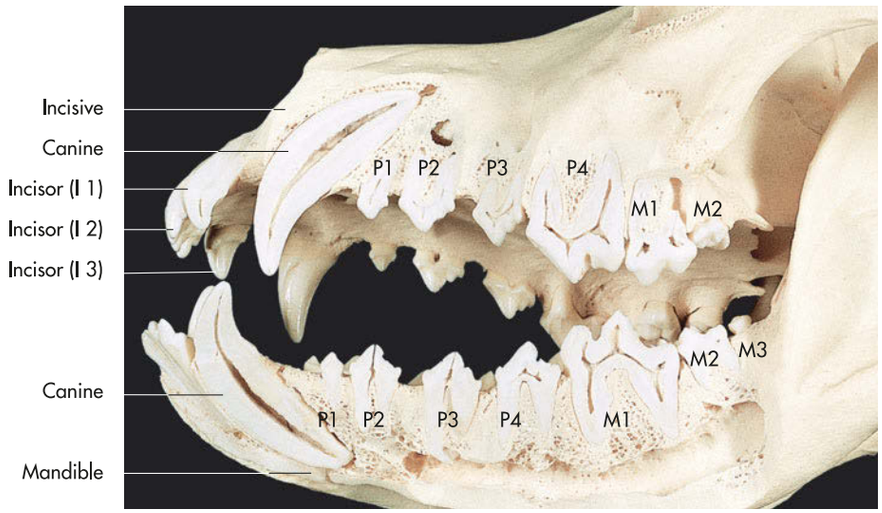


Fig. 8.34 Sagittal section of the maxillary and mandibular teeth of a dog (lateral aspect).

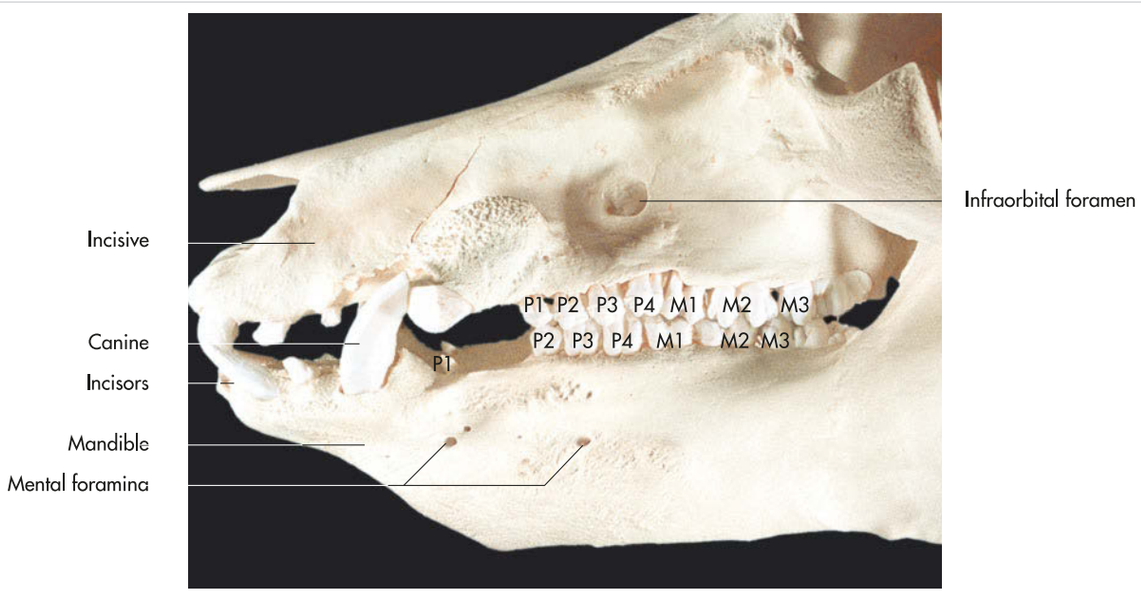


Fig. 8.35 Dentition of a pig (lateral aspect). (source: courtesy of PD Dr. S. Reese, Munich)

Wear of the incisors gives rise to a grinding (masticatory) surface. Initially narrow, this expands to cover an increasing proportion of the lingual surface of the incisor row (approximately 50% by 7 to 8 years of age, 100% by 9 to 10 years). The cheek teeth have semilunar infundibula; one infundibulum in each of the premolars, two infundibula in each molar.

Temporomandibular joint (articulatio temporomandibularis)

The temporomandibular joint is the synovial joint between the mandibular ramus and the squamous part of the temporal bone. It is a **condylar joint** (articulatio condylaris), whose articulating surfaces do not entirely correspond with each other. To compensate for this incongruency a **fibrocartilagenous disc** (discus articularis) is interposed between the articulating surfaces. It is relatively thick in herbivores, thin in the dog and either reduced to a very thin membrane or absent in the cat; for a more detailed description see Chapter 2 “Axial skeleton” (p. 73).

The temporomandibular joint is formed by the head of the condyloid process of the **mandible** (caput mandibulae) and the tripartite articular area of the temporal bone; the articular tubercle rostrally, the **mandibular fossa** (fossa mandibularis) with its transverse articular surface in the middle and the **retroarticular process** (processus retroarticularis) caudally. The **joint capsule** extends from the free margins of the articular surfaces and attaches to the entire edge of the disc. Thus the joint cavity is completely divided into a larger dorsal and a smaller ventral compartment. The **outer fibrous layer** of the joint capsule (stratum

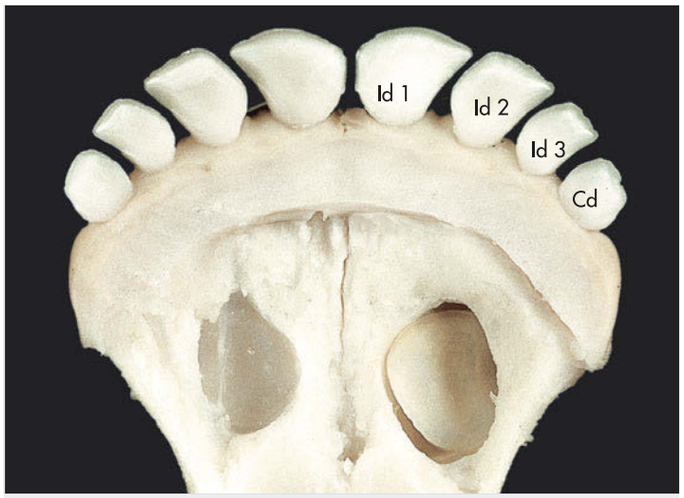


Fig. 8.36 Occlusal surface of the deciduous mandibular incisors in a 1-year-old ox (lingual aspect).

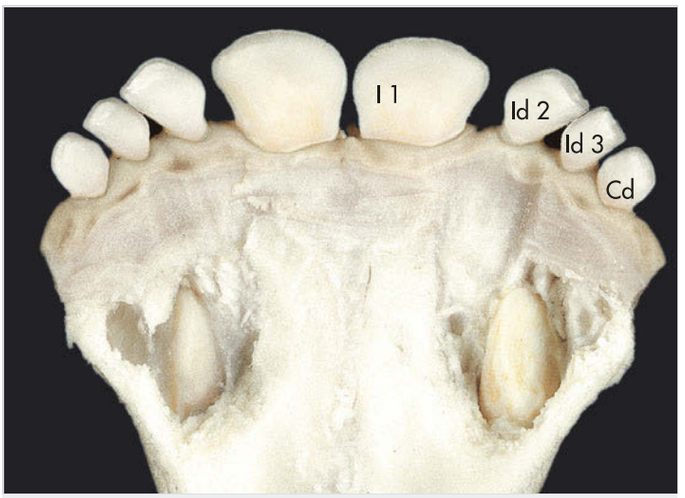


Fig. 8.37 Occlusal surface of the mandibular incisors in a 1.5-year-old ox (lingual aspect).

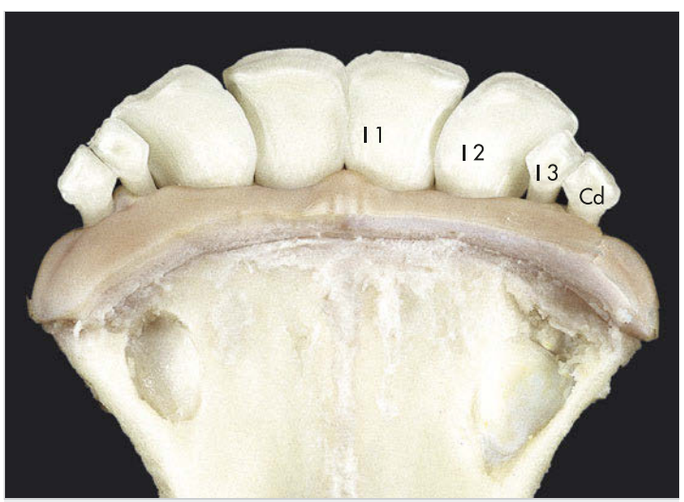


Fig. 8.38 Occlusal surface of the mandibular incisors in a 2.5-year-old ox (lingual aspect).

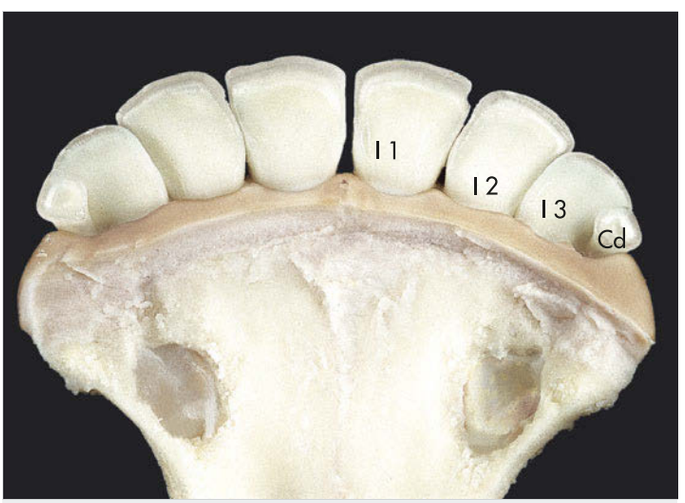


Fig. 8.39 Occlusal surface of the mandibular incisors in a 3.5-year-old ox (lingual aspect).



Fig. 8.40 Occlusal surface of the mandibular incisors in a 4.5-year-old ox (lingual aspect).



Fig. 8.41 Occlusal surface of the mandibular incisors in a 5.5-year-old ox (lingual aspect).

fibrosum) is strengthened by the **tight lateral** (ligamentum laterale) in all species and the **caudal ligament** (ligamentum caudale), which extends between the retroarticular process and the base of the coronoid process. The caudal ligament is not present in carnivores and the pig. The main movements of the temporomandibular joint are up and down, to open and close the mouth. A limited degree of lateral grinding and forward and backward movements of the mandible is possible in herbivores. The species-specific variations are based on the pattern of mastication and are influenced by the masticatory muscles.

The **intermandibular joint** (articulatio intermandibularis) is the median osseous junction, uniting the right and left mandibular bodies (sutura intermandibularis); it takes the form of a synostosis in the pig and horse, but has a certain mobility in ruminants and in the dog.

Muscles of mastication

The muscles that are responsible for mastication are strong and show marked species-specific variations due to the different anatomy of the whole masticatory apparatus, including the skeletal components, the teeth and the temporomandibular joint. The masticatory muscles comprise those muscles which elevate the mandible, thus closing the mouth:

- masseter muscle (m. masseter),
- medial pterygoid muscle (m. pterygoideus medialis),
- lateral pterygoid muscle (m. pterygoideus lateralis) and
- temporal muscle (m. temporalis).

These muscles are derived form the first branchial arch and thus receive their nerve supply by the mandibular branch of the trigeminal nerve.

The **masseter muscle** is a broad multipennate muscle with multiple tendinous intersections. It originates from the ventral border of the zygomatic arch and the facial crest, and inserts on the lateral aspect of the mandible, extending from the facial notch to the temporomandibular joint. If the masseter muscles of both sides act together, they force the upper and lower jaw together; if acting singly, it carries the mandible to the side of the contracting muscle, which is essential for the grinding process of herbivores. In canines, where the chief jaw movement is scissor-like, the masseter muscle is relatively weak.

The **pterygoid muscles** pass from the base of the skull to the medial aspect of the mandible. They complement the masseter in its action. If contracting bilaterally, they raise the mandible; if acting unilaterally, they draw the mandible to the side of the contracting muscle. The lateral portion is also able to move the mandible rostrally, especially when the mouth is opened.

The **temporal muscle** occupies the temporal fossa, its size varying in the different species depending on the size of the fossa. It originates from the temporal crest, which forms the border of the temporal fossa, and from the temporal fascia and inserts on the coronoid process of the mandible. It is the strongest muscle of the head of carnivores. It raises the mandible, acting together with the other masticatory muscles.

Another muscle that plays some part in jaw movements, particularly in opening the mouth, is the **digastric muscle**, which is not normally included under the term “muscle of mastication”. Although named the **digastric muscle**, it is a single-bellied muscle in domestic animals, except in the horse, which has a caudal and a rostral belly. In the other domestic mammals its evolutionary bipartite structure is indicated by a fibrous intersection.

The rostral part is innervated by a branch of the **mandibular nerve** (n. mandibularis), the caudal part, by the digastric branch of the **facial nerve** (n. facialis). It extends between the paracondylar process of the occiput and the medial surface of the mandible. In the horse the caudal belly branches to form a **lateral portion** (pars occipitomandibularis), which inserts on the angle of the mandibula and pulls the mandible backward. It has an intermediate round tendon, which perforates the tendon of insertion of the stylohyoid muscle. After passing beneath the basihyoid bone it forms the rostral belly, which attaches to the medial surface of the ventral border of the body of the mandible. The digastric muscle depresses the mandible and opens the mouth.

8.1.7 Pharynx (cavum pharyngis)

The pharynx is the common cavity through which both air and ingested material pass. It connects the oral cavity with the oesophagus and the nasal cavity with the larnyx. It is bordered by the base of the skull and the two cranial cervical vertebrae dorsally, the larynx ventrally and by the mandible, the pterygoid muscles and the suspensory part of the hyoid apparatus laterally (▶ Fig. 8.42, ▶ Fig. 8.43, ▶ Fig. 8.44 and ▶ Fig. 8.47).

It can be divided into **three parts**:

- nasopharynx (pars nasalis pharyngis)
- oropharynx (pars oralis pharyngis) and
- laryngopharynx (pars laryngea pharyngis).

The **soft palate** (palatum molle, velum palatinum) separates the rostral part of the pharnyx into a dorsal and ventral portion. The part above the soft palate is referred to as the **nasopharynx** (▶ Fig. 8.3 and ▶ Fig. 8.47), the ventral compartment, as the oropharynx. The two portions meet in the **intrapharyngeal opening** (ostium intrapharyngeum), which is formed by the free border of the **soft palate** (arcus veli palatini) and the **palatopharyngeal arches**, which connect the soft palate to adjacent structures caudally.

The caudal continuation, common to both the nasopharynx and the oropharynx, is known as the **laryngopharynx**.

The **nasopharynx** extends dorsal to the soft palate from the choanae to the intrapharyngeal opening. It is lined by respiratory mucosa and does not take part in the swallowing process, but forms the passive pathway for airflow (▶ Fig. 8.47). In ungulates the nasopharynx extends caudodorsally to form the pharyngeal recess. In the pig a blind mucosal pouch, the pharnygeal diverticulum, arises from the pharyngeal wall dorsal to the entrance of the oesophagus.

The **isthmus of the faucium** extends ventral to the soft palate from the oral cavity to the intrapharyngeal opening (▶ Fig. 8.47). It is bordered dorsally by the soft palate, ventrally by the root of the tongue and laterally by the palatoglossal arches, a pair of folds from the soft palate to the adjacent tissue. It is lined by the stratified squamous epithelium of the oral mucosa.

The **laryngopharynx** extends from the intrapharyngeal opening to the entrance of the oesophagus and the larynx (▶ Fig. 8.47). The epiglottis protrudes into the laryngopharynx and is flanked by the **piriform recesses** oneither side, which serve as gutters for fluids. The caudal part of the laryngo pharynx, which ends with the entrance into the oesophagus, is re-

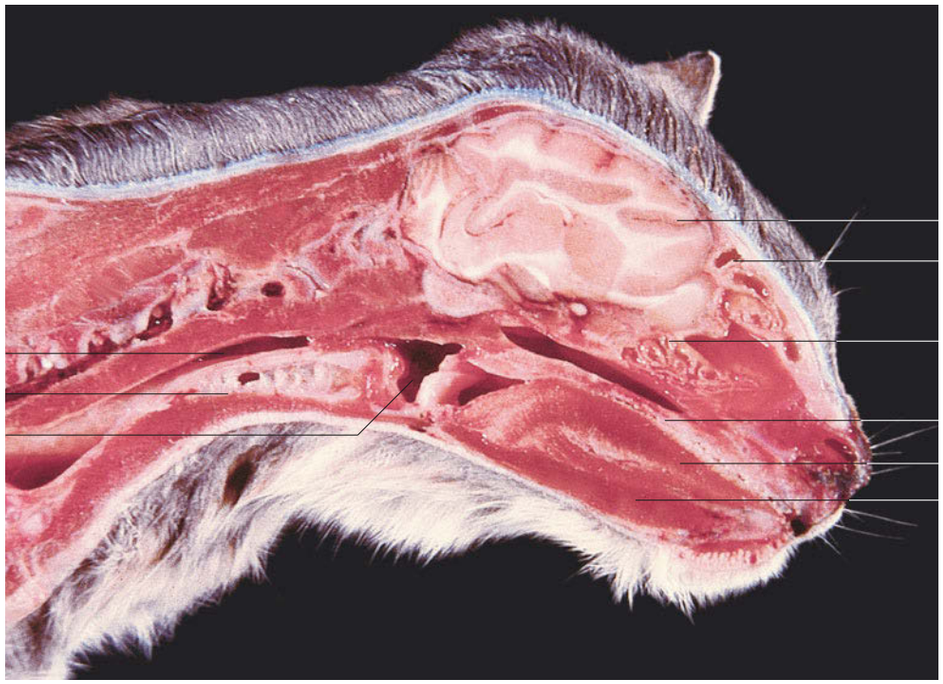


Fig. 8.42 Paramedian section of the neck and head of a cat.

ferred to as the oesophageal part of the pharynx. In the dog the pharyngoesophageal junction is marked by an **anular mucosal boundary** (limen pharyngo-oesophageum). Several openings form into the pharyngeal cavity:

- paired choanae between the nasal cavity and the nasopharynx,
- isthmus of the fauces (isthmus faucium) between the oral cavity and the oropharynx,
- entrance into the auditory (Eustachian) tubes, connecting the nasopharynx and the middle ear,
- entrance into the larynx (aditus laryngis) and
- entrance into the oesophagus (aditus oesophageus).

The wall of the pharynx is formed by striated muscles (**muscles of the pharynx**), which can be grouped into three categories based on their action: constriction, dilatation and shortening the pharynx. The constrictor muscles arise from certain fixed points to each side of the pharynx, run onto the roof of the pharynx and form a series of arches that enclose the lumen dorsally and laterally.

The constrictor muscles can be subdivided into:

- **rostral constrictor muscles** with:
  - pterygopharyngeal muscles (mm. pterygopharyngei) originating from the pterygoid, and
  - palatopharyngeal muscle (m. palatopharyngeus) originating from the aponeurosis of the soft palate;
- **caudal constrictor muscles** with:
  - thyropharyngeal muscle (m. thyropharyngeus), originating from the thyroid cartilage, and
  - cricopharyngeal muscle (m. cricopharyngeus), originating from the cricoid cartilage;
- **middle constrictor muscle** with:
  - hypopharyngeal muscle (m. hyopharyngeus), originating from the hyoid bone.

The rostral constrictor muscles have many fibres, which are orientated in a longitudinal direction, and thus assist in shortening the pharynx.

In contrast to the group of constrictor muscles, there is only a single muscle responsible for dilating the pharynx: the caudal stylopharyngeal muscle, which arises from the hyoid bone to fan out in the pharyngeal wall.

Deglutition (swallowing)

Deglutition describes the process by which a bolus of food is transfered from the oral cavity through the pharynx into the oesophagus and finally into the stomach. It can be divided into two stages. The first stage is the voluntary act of mastication and the passage of the bolus of food into the oropharynx. This action involves a wave-like motion of the tongue against the palate, caused by the contraction of the mylohoid, hyoglossal and styloglossal muscles while the jaws are closed. The second stage is initiated when the food bolus touches the pharyngeal mucosa, initiating reflexes of swallowing. The soft palate is elevated against the roof of the nasopharynx and the muscle bundles inside the palatopharyngeal arches contract, thus closing the intrapharyngeal opening. The tongue is raised, pressing against the soft palate to prevent food from re-entering the oral cavity. At the same time the hyoid apparatus and the larynx are simultaneously drawn forward and the epiglottis is drawn back, protecting the laryngeal entrance. At this stage breathing is inhibited and the food passes over the epiglottis or in the case of fluids to each side of it. The ingested material is propelled into the oesophagus by the successive contractions of the three contractors of the pharynx.

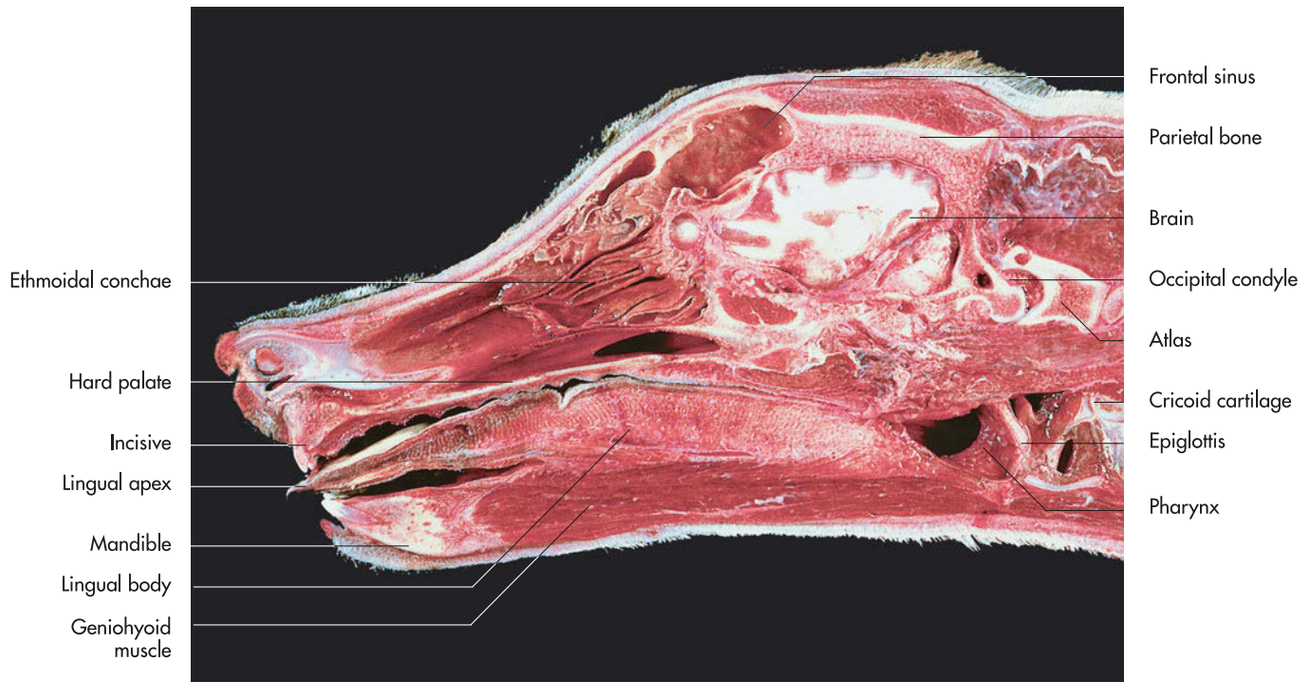


Fig. 8.43 Paramedian section of the neck and head of a dog.

Lymphatic structures of the pharynx (tonsils)

The pharyngeal walls contain a large amount of lymphoreticular tissue, which aggregates to form **lymph nodules** or **tonsils**. Tonsils consist of a multitude of subepithelial lymph nodules surrounded by a common soft-tissue capsule and have efferent lymphatics only. They form a ring of lymphatic tissue around the pharynx, which provides an immunological barrier to protect the respiratory and alimentary systems. The pharyngeal tonsils can be grouped into palatine, pharyngeal, lingual, choanal and tubal tonsils based upon their location (▶ Fig. 8.45 and ▶ Fig. 8.46).

The **lingual tonsil** (tonsilla lingualis) is located on either side of the root of the tongue and is especially well developed in the horse and the ox.

The **palatine tonsil** (tonsilla palatina) is situated in the lateral wall of the oropharynx. In carnivores it is located within a tonsillar fossa, the medial wall of which is formed by a falciform fold from the soft palate, the tonsillar fold. Surgical removal of the palatine tonsil is indicated in some animals (**tonsillectomy**). It is not present in the pig. Another tonsil lies within the mucosa on the ventral surface of the soft palate and is especially welldeveloped in the horse and the pig. The **pharyngeal tonsil** is located on the roof of the nasopharynx. The **tubal tonsil** is situated close to the entrance of the auditory tube in ruminants and the pig.

8.1.8 Muscles of the hyoid apparatus

The muscles of the hyoid apparatus have a close functional relationship to the muscles of the tongue and pharynx. They assist deglutition by pulling the larynx first rostrally and then caudally. They can be divided into the **upper** and **lower muscles** of the hyoid apparatus.

Upper muscles of the hyoid apparatus

The upper muscles of the hyoid apparatus comprise:
- mylohyoid muscle (m. mylohyoideus),
- geniohyoid muscle (m. geniohyoideus),
- stylohyoid muscle (m. stylohyoideus),
- occipitohyoid muscle (m. occipitohyoideus),
- ceratohyoid muscle (m. ceratohyoideus) and
- transverse hyoid muscle (m. hyoideus transversus).

The **mylohyoid muscle** extends subcutaneously from the mylohyoid line on the medial aspect of the mandible to meet its contralateral counterpart in a median raphe and attaches to the body and the lingual process of the hyoid bone. The two bodies suspend and elevate the tongue (▶ Fig. 8.13). It is innervated by the mandibular branch of the trigeminal nerve.

The spindle-shaped **geniohyoid muscle** passes dorsal to the mylohyoid muscle from the incisive part of the mandible to the body and the lingual process of the mandible. It draws the hyoid and thus the tongue and larynx forward (▶ Fig. 8.13).

The **stylohyoid muscle** originates from the caudal third of the stylohyoid and in the cat and dog from the temporal bone. It inserts on the thyrohyoid and is able to move the hyoid bone and the larynx caudodorsally. In the horse its tendon of insertion forms a sling through which the intermediate tendon of the digastricus muscle passes.

The **occipitohyoid muscle** is a flat muscle, which originates from the paracondylar process of the occipital bone and inserts on the caudal end of the stylohyoid. It moves the rostral end of the stylohyoid and thus the larynx ventrally.

The **ceratohyoid muscle** is a thin triangular muscular sheet, which arises from the rostral margin of the thyrohyoid and inserts on the caudal margin of the ceratohyoid. It elevates the thyrohyoid and draws the larynx rostrodorsally.

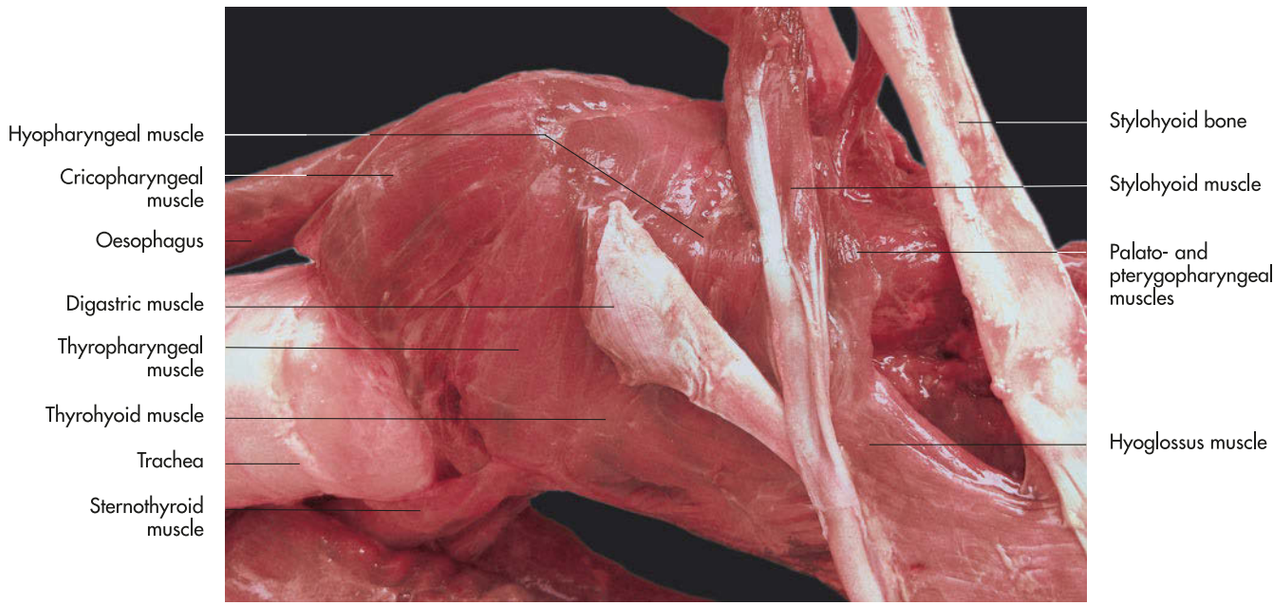


Fig. 8.44 External musculature of the pharynx of a horse (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

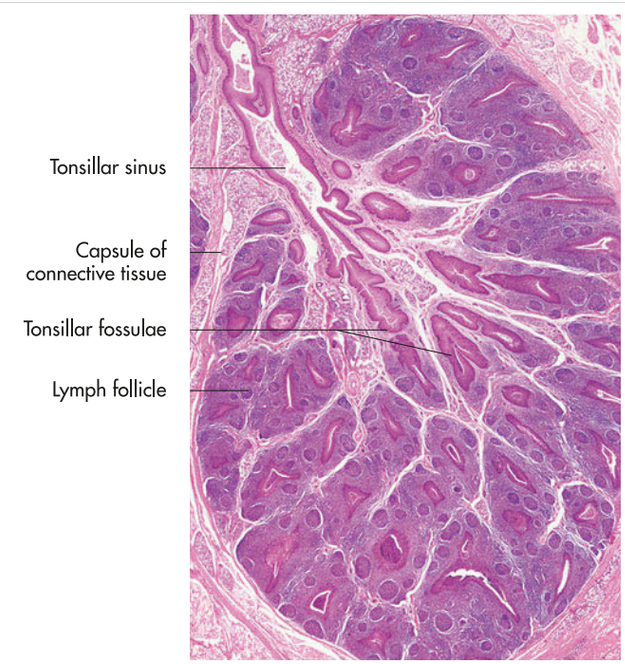


Fig. 8.45 Histological section of the palatine tonsil of an ox. (source: courtesy of Prof. H.-G. Liebich, 2010)

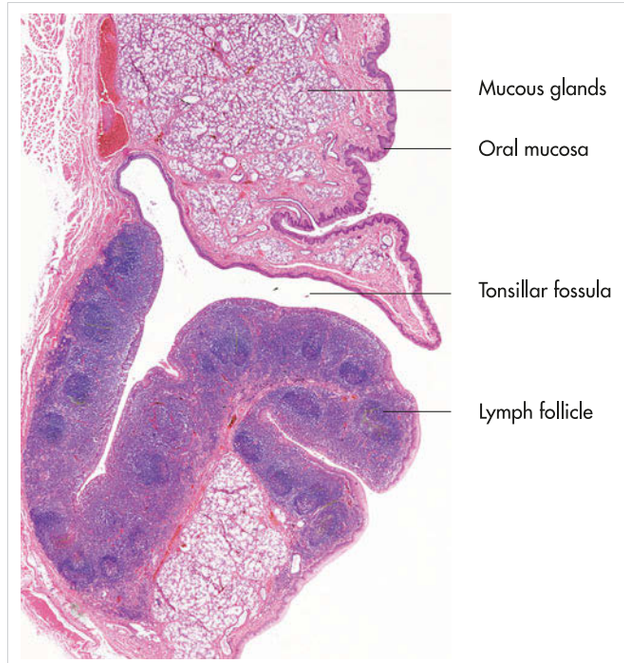


Fig. 8.46 Histological section of a tonsillar fossa in a dog. (source: courtesy of Prof. H.-G. Liebich, 2010)

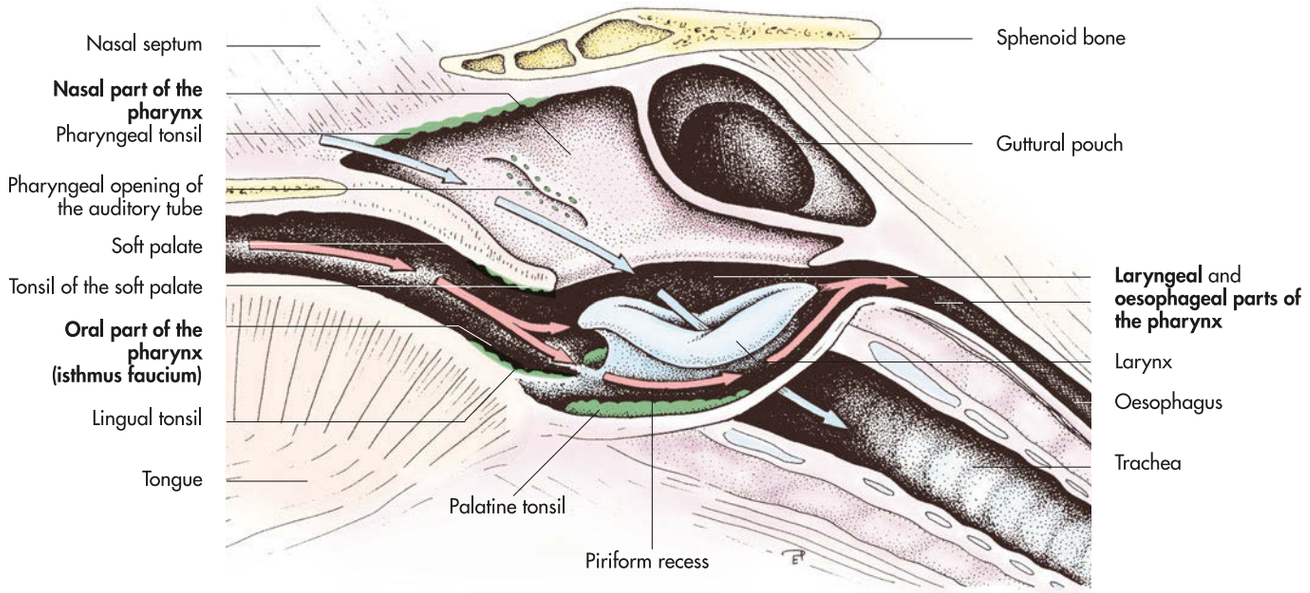


Fig. 8.47 Lymphatic tissue of the pharynx of the horse, illustrating the crossing of the nasal and oral passages (schematic, longitudinal section).

The **transverse hyoid muscle** arises from the ceratohyoid and meets its contralateral counterpart in an indistinct median raphe. It is a rather weak muscle and is absent in the dog, cat and pig. The nerve supply of the upper muscles of the hyoid apparatus, with the exception of the mylohyoid muscle, is provided by the ventral branches of the first two cervical nerves and the hypoglossal nerve.

Lower muscles of the hyoid apparatus

The lower hyoid muscles can be regarded as the cranial continuation of the rectus abdominis muscle and are described in detail in Chapter 3 "Fasciae and muscles of the head, neck and trunk" (p. 137). This group comprises three pairs of muscles:

- sternohyoid muscle (m. sternohyoideus),
- sternothyroid muscle (m. sternothyroideus) and
- omohyoid muscle (m. omohyoideus).

The **sternohyoid muscle** is a strong straplike muscle, which originates from the manubrium of the sternum and the first rib (carnivores) and inserts on the basihyoid bone. It meets its contralateral pair on the midline of the neck, and these muscles extend cranially, covering the ventral surface of the trachea. Its caudal half is fused to the sternothyroid muscle.

The **sternothyroid muscle** separates from the sternohyoid in the middle of the neck and inserts on the thyroid cartilage of the larynx. Both muscle pairs pull the hyoid bone, the larynx and the tongue caudally during deglutition.

The **omohyoid muscle** is developed most in the horse and is absent in carnivores. It originates from the subscapular fascia, close to the shoulder joint in the horse, and from the deep fascia of the neck in ruminants and inserts on the basihyoid bone. In the horse, the omohyoid muscle unites with the corresponding muscle of the opposite side midway up the neck and inserts together with the sternohyoid muscle on the lingual process of the hyoid bone. In the cranial half of the neck it is positioned between the external jugular vein and the common carotid artery, thus providing some protection for the latter during intravenous injection in that part of the neck.

The upper hyoid muscles dilate the pharynx by pulling the hyoid bone, the tongue and the larynx caudally. If these muscles are passively tensed by elevating head and neck to administer intraoral medication, deglutition cannot be performed properly and medication may pass into the trachea or the nasal cavity. These muscles are also innervated by the ventral branches of the first two cervical nerves.

8.2 Cranial part of the alimentary canal (oesophagus and stomach)

8.2.1 Oesophagus

The oesophagus or gullet is the tube between the pharynx and the stomach. It begins dorsal to the cricoid cartilage of the larynx and ends at the cardia of the stomach. At its origin it passes to the left of the trachea, so that at the thoracic inlet it comes to lie on the left lateral aspect of the trachea.

Within the thoracic cavity it is located dorsal to the trachea and runs in the mediastinum, continuing beyond the tracheal bifurcation and over the base of the heart. It continues ventral to the ascending aorta with a slight dorsal inclination and enters the abdominal cavity through the oesophageal hiatus of the diaphragm, flanked by the ventral and dorsal trunk of the vagus. It passes over the dorsal border of the liver to join the stomach at the cardia.

Since it traverses most of the neck, all of the thorax and ends on entering the abdomen, it is divided into cervical, thoracic and abdominal portions. In ruminants and the horse, the lumen of the oesophagus narrows at the thoracic inlet and the oesophageal

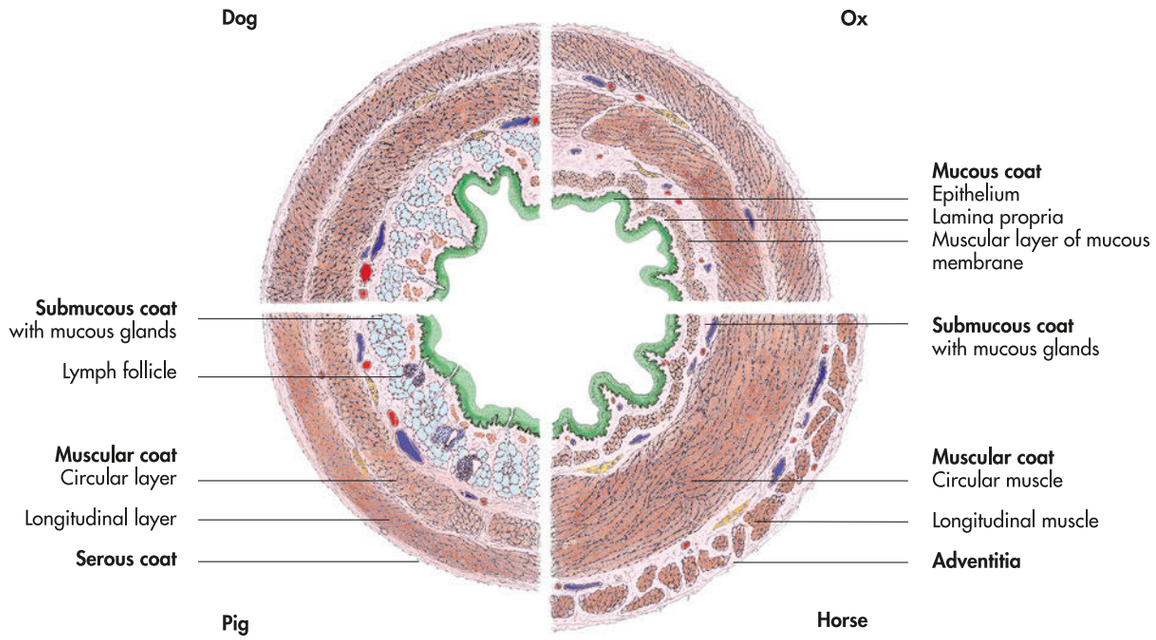


Fig. 8.48 Transverse section of the oesophagus of the dog, pig, ox and horse (schematic).

hiatus of the diaphragm, which predisposes these species to choke at those sites. Carnivores, however, are prone to mega-oesophagus or dilatation of the oesophagus before it enters the abdomen.

Structure of the oesophagus

The structure of the oesophagus conforms to a general pattern common to the remainder of the alimentary canal.

The esophagus has **four layers** (▶ Fig. 8.48); these are (from the inside to the outside):

- **mucosa** (tunica mucosa) with:
  - epithelium (epithelium mucosae),
  - lamina propria (lamina propria mucosae) and
  - muscular layer of mucous membrane (lamina muscularis mucosae);
- **submucosa** (tela submucosa),
- **muscular layer** (tunica muscularis) with:
  - circular muscle layer (stratum circulare) and
  - longitudinal muscle layer (stratum longitudinale);
- **adventitia** (tunica adventitia) in the **cervical portion**, **serosa** (tunica serosa) in the **thoracic portion** (pleura) and **abdominal portion** (peritoneum).

The **superficial layer of the mucosa** is composed of a superficially cornified, stratified squamous epithelium, with the degree of keratinisation varying between species according to the coarseness of their diet. The submucosa loosely connects the mucosa with the muscular layers, thus allowing the mucosa to be thrown into longitudinal folds when the oesophagus contracts. These folds can be visualised with contrast radiography and endoscopy. The submucosa contains mucous glands on its entire length in the dog, in the first cranial half in the pig and at the beginning of the oesophagus only in the other domestic mammals.

The **muscular layers** consists of two muscle strata, an outer longitudinal layer and an inner circular layer. Both layers are spiral and they wind in opposite directions in the first part of the oesophagus, but closer to the stomach the outer layer becomes more longitudinal and the inner one more circular.

The muscular layers consist of striated muscle over the whole length of the oesophagus in ruminants and in the dog; in the pig the most caudal part of the oesophagus is smooth muscle; and in the horse and the cat only the first two thirds of the oesophagus is striated muscle, while the caudal third is smooth muscle.

The **muscular layer** forms the cardiac sphincter (m. sphincter cardiae), where the oesophagus joins the stomach. Successive contractions of the muscular layers cause peristaltic waves, which propel food from the pharynx to the stomach. Antiperistaltic contractions are responsible for regurgitation in ruminants and vomiting in the other domestic mammals.

The **outer layer of the cervical portion** of the oesophagus is adventitia, loose connective tissue, which connects the oesophagus with adjacent tissue in a mobile fashion. The **adventitia** is replaced by serosa in the thorax and in the abdomen (a more detailed description can be found in histology textbooks).

The oesophagus receives its innervation from the sympathetic and vagus nerves.

Lymphatics drain into the deep cervical lymph nodes (lymphonodi cervicales profundi) and into the mediastinal lymph nodes (lymphonodi mediastinales).

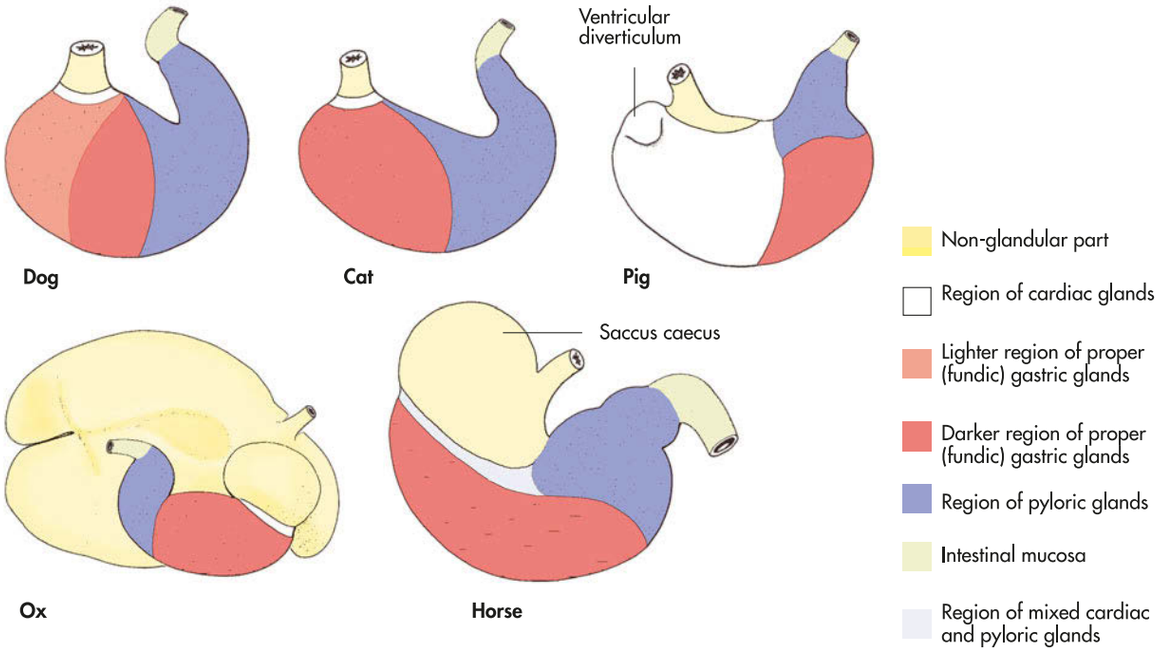


Fig. 8.49 Distribution of the gastric mucosa in the domestic mammals (schematic).

8.2.2 Stomach (gaster, ventriculus)

The stomach is interposed between the oesophagus and small intestine. In the domestic mammals the stomachs vary considerably in form and distribution of the different types of mucosa lining the stomach. Considering their form they can be divided into simple stomachs, which have only one compartment, and complex stomachs with several compartments (▶ Fig. 8.49).

The mucosal lining of glandular stomachs are lined by glandular mucosa with a simple columnar epithelium. Composite stomachs have an area of glandular mucosa, and another lined by a non-glandular mucosa covered by a stratified squamous epithelium.

Cats and dogs have simple, glandular stomachs. The horse and the pig have simple, composite stomachs, whereby the majority of the stomach is lined by glandular mucosa and a small cranial part by non-glandular mucosa. Ruminants have a complex, composite stomach, which comprises four compartments, three of which (rumen, reticulum, omasum) are lined by non-glandular mucosa and one (abomasum) lined by glandular mucosa.

Simple stomach

The simple stomach is a sac-shaped dilatation of the alimentary canal (▶ Fig. 8.49, ▶ Fig. 8.55 and ▶ Fig. 8.56). The **major divisions** of the stomach are the:

- cardiac portion (pars cardiaca),
- fundus (fundus ventriculi),
- body (corpus ventriculi) and
- pyloric portion (pars pylorica).

It possesses visceral and parietal surfaces and greater and lesser curvatures.

The inlet of the stomach is called the **cardia** and the outlet, the **pylorus**, both of which are controlled by **sphincters**. The cardia, where the oesophagus joins the stomach, lies to the right of the median plane of the abdomen; the pylorus, which continues into the duodenum, lies more to the left. The exact shape and position of the stomach depends on the degree of filling.

The **body** is the large middle portion of the stomach, which extends from the fundus on the left to the pylorus on the right. The **pyloric** part can be divided into the expanded **pyloric antrum** (antrum pyloricum) and the **pyloric canal** (canalis pyloricus) towards the duodenum. The fundus is a blind outpocketing rising above the body and the cardia. It has the form of a rather **large sac** (saccus caecus) in the horse and forms the ventricular **diverticulum** in the pig.

The **parietal surface** (facies parietalis) of the stomach lies against the diaphragm and the liver, whereas the **visceral surface** (facies visceralis) is in contact with the adjacent abdominal organs caudal to it.

The **greater curvature** (curvatura ventriculi major) is the convex, ventral border of the stomach extending from the cardia to the pylorus, which gives attachment to the greater omentum. The **lesser curvature** is the concave dorsal border of the stomach and also runs from the cardia to the pylorus (▶ Fig. 8.54 and ▶ Fig. 8.57). It is connected to the liver by the lesser omentum. The lesser curvature is not evenly concave, but marked by the **angular notch** (incisura angularis). In some individuals, especially cats, this notch is rather pronounced and might cause difficulties during gastroscopy.

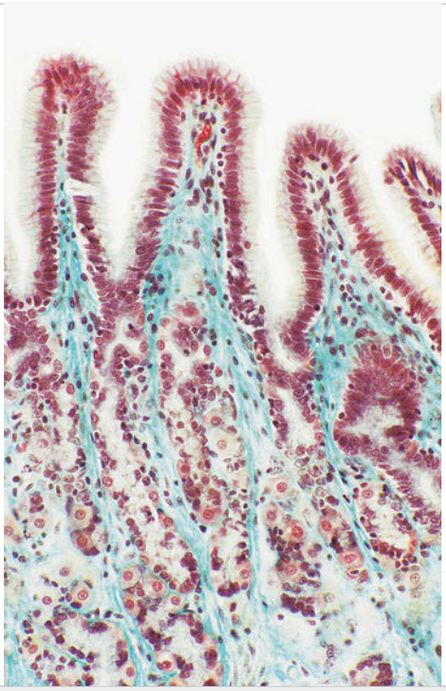


Fig. 8.50 Section of the cardiac gland region in the stomach of a dog, showing cardiac glands in the proper lamina and foveolae gastricae.

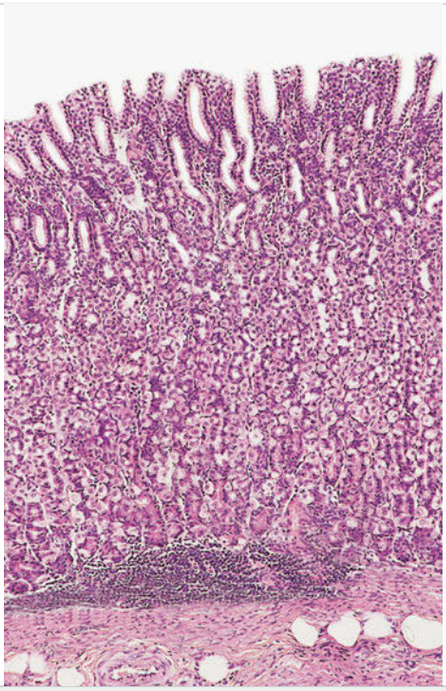


Fig. 8.51 Section of the fundic gland region in the stomach of a dog showing the long tubular proper gastric glands in the proper lamina.

Structure of the gastric wall

The general architecture of the gastric wall corresponds to that of the oesophagus. It is composed of the following layers from the inside to the outside:

- mucosa (tunica mucosa),
- submucosa (tela submucosa),
- muscular layer (tunica muscularis) and
- peritoneum (serosa seu lamina visceralis).

The **mucosa** close to where the oesophagus joins the stomach is non-glandular, whereas glandular mucosa lines the rest of the stomach. The non-glandular mucosa is whitish and often slightly folded; its surface consists of a cornified stratified squamous epithelium. In the horse the junction between the non-glandular and the glandular mucosa is marked by a ridge, the **plicate border** (margo plicatus) (▶ Fig. 8.60). The **glandular mucosa** forms folds and is marked by a multitude of grooves and pits, which can only be seen under the microscope (foveolae gastricae). The stomach can be divided into three regions based on the species-specific distribution of different types of **gastric glands** (glandulae gastricae) (▶ Fig. 8.49):

- region of the cardiac glands (glandulae cardiacae),
- region of the proper (fundic) gastric glands (glandulae gastricae propriae) and
- region of the pyloric glands (glandulae pyloricae).

The **region of the cardiac glands** is a narrow zone around the cardia on most animals except the pig, in which it is rather extensive (▶ Fig. 8.49 and ▶ Fig. 8.50).

Pyloric glands (▶ Fig. 8.49 and ▶ Fig. 8.52) are found in the mucosa of the pyloric part of the stomach, the **proper or fundic glands** (▶ Fig. 8.49 and ▶ Fig. 8.51) in the fundus and body.

The **gastric glands** differ in the nature of secretion they produce: the cardiac and pyloric glands function mainly to produce mucus, which provides a protective barrier for the mucosa against the gastric juice by lining the inner surface of the stomach and by buffering the acid gastric juice.

Three different types of cells are found in the region of the proper (fundic) gastric glands. **Neck cells**, which are located in the neck of the glands, produce mucus and serve as reserve cells to replace epithelial cells. **Chief cells** produce pepsinogen, the precursor for pepsin. **Parietal cells** are the source of chloride and hydrogen ions and an intrinsic factor which is essential for the resorption of vitamin B_{12} in the ileum (a more detailed description can be found in histology and physiology textbooks).

The **submucosa** consists of a strong, but thin layer of areolar tissue. It is separated from the mucosa proper by a plexiform muscularis mucosae. It contains gastric arteries, veins and nerves, fat, lymphatic tissue and collagenous and elastic fibres. The latter assist the muscularis mucosae to form folds characteristic of the empty organ. These folds are predominantly longitudinal in orientation and start to disappear when the stomach is distended.

Since the **muscular layer** of the stomach plays an important role in mixing the food with the gastric juice and finally transferring it to the small intestine, its structure varies in the different parts of the stomach. It essentially consists of **two layers of smooth muscle**:

- the **inner circular layer** (stratum circulare), which forms the:
  - cardiac sphincter (m. sphincter cardiae) and
  - pyloric sphincter (m. sphincter pylori);
- the **outer longitudinal layer** (stratum longitudinale) with:
  - longitudinal fibres (fibrae longitudinales),
  - external oblique fibres (fibrae oblique externae) and
  - internal oblique fibres (fibrae obliquae internae).

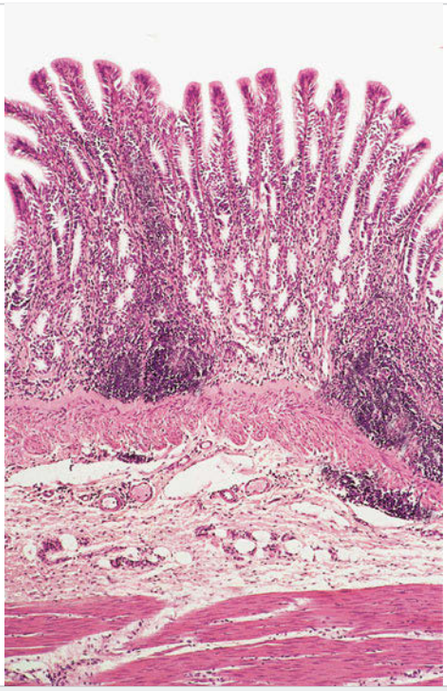


Fig. 8.52 Section of the pyloric gland region in the stomach of a dog showing pyloric glands in the proper lamina.

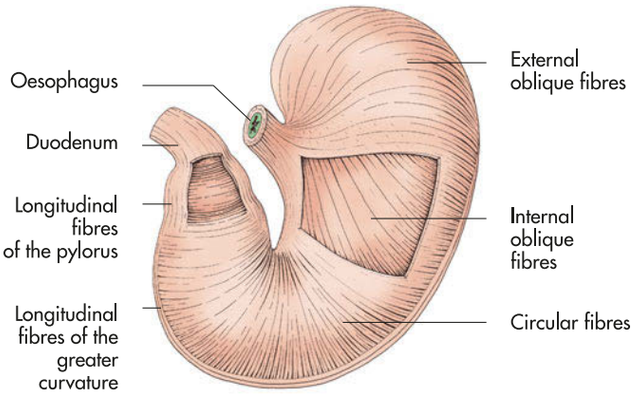


Fig. 8.53 Muscular coat of the stomach of a horse, illustrating its different layers (schematic); fig. based on data from Schaller, 1992.

The **outer longitudinal layer** is continuous with the outer longitudinal layer of both the oesophagus and duodenum (▶ Fig. 8.53) and is concentrated along the curvatures of the stomach.

The **inner circular layer** is more complete than is the longitudinal layer. At the cardia it is thickened to form the feeble **cardiac sphincter**. The circular layer is well developed as it surrounds the pyloric canal, especially in the pig, where it protrudes into the lumen to form the **torus pyloricus**. The pylorus is also surrounded by a circular muscle termed the **pyloric sphincter** (▶ Fig. 8.61). The innermost oblique fibres do not form a complete layer (▶ Fig. 8.53), but compensate for the deficiencies in the circular layer. Particularly strong bundles arch around the cardia of the horse, which is one of the reasons, why a horse cannot vomit easily.

The **visceral serosa** (serosa seu lamina visceralis peritonei) covers the entire organ, adhering to the underlying muscle except along the curvatures where it is reflected to continue into the omenta. The greater and lesser omenta are special derivatives of the **connecting serosa** (serosa intermedia), which consists of double sheets of serosal membranes extending from the stomach to the **parietal serosa** (lamina parietalis peritonei).

Conclusion

Species-specific variations of the simple stomach

- **Dog:** The empty or partly filled stomach is shaped like a "C" with its convex surface facing caudoventrally and to the left (▶ Fig. 8.49, ▶ Fig. 8.57 and ▶ Fig. 8.58). The funnel-shaped cardia is rather wide, which may be related to the ease with which dogs vomit. Gastric volvulus is relatively common, especially in large breeds. The non-glandular region and the cardiac gland region are limited to a circular zone around the entrance of the oesophagus (▶ Fig. 8.49).
- **Cat:** The stomach of the cat is also C-shaped, but has a narrower lumen than that of the dog (▶ Fig. 8.54). The angular notch is comparatively deep. The distribution of the gastric glands is similar to that of the dog (▶ Fig. 8.49).
- **Pig:** The stomach of the pig is characterised by the presence of a diverticulum surmounting the fundus. The non-glandular area surrounds the cardiac opening and extends to the diverticulum of which it lines a small part. The major part of the diverticulum is lined by glandular mucosa. The region of the cardiac glands is relatively large (▶ Fig. 8.49 and ▶ Fig. 8.59). The pylorus is accentuated by a fleshy protuberance, the torus pyloricus.
- **Horse:** The stomach of the horse is small in relation to the animal compared to other species. Its capacity is between 5 and 15 litres, which has to taken into account when administering fluids via a nasogastric tube to avoid overdistension. The fundus is extended to form the saccus caecus. A rised edge, the plicate border, divides the interior in a rather large non-glandular region, which occupies the fundus and part of the body and a glandular region (▶ Fig. 8.49, ▶ Fig. 8.60 and ▶ Fig. 8.61). In some horses, the non-glandular region is marked by scars from the larvae of Gastrophilus intestinalis. The cardiac sphincter is especially well developed and this, together with the oblique entrance of the oesophagus, is thought to be responsible for the horse's reputed inability to vomit. However, vomiting and regurgitation, although rare, are possible.

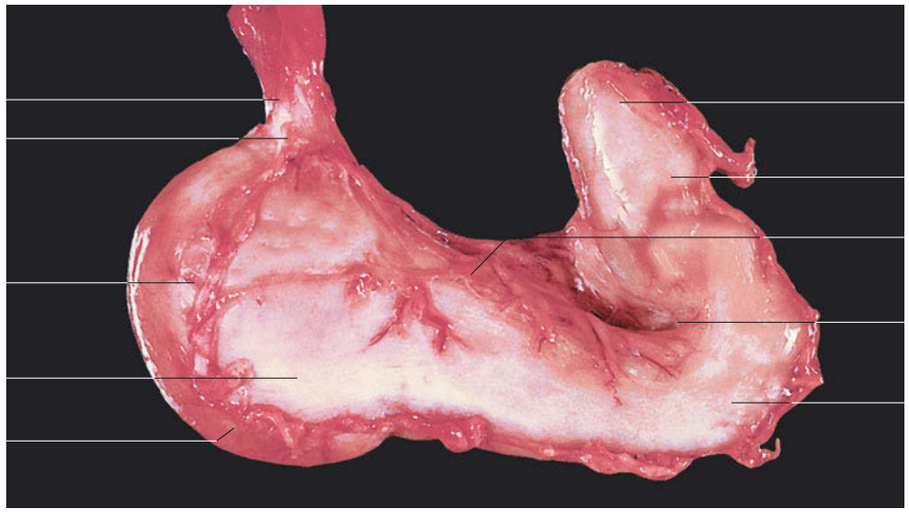


Fig. 8.54 Stomach of a cat (caudal aspect).

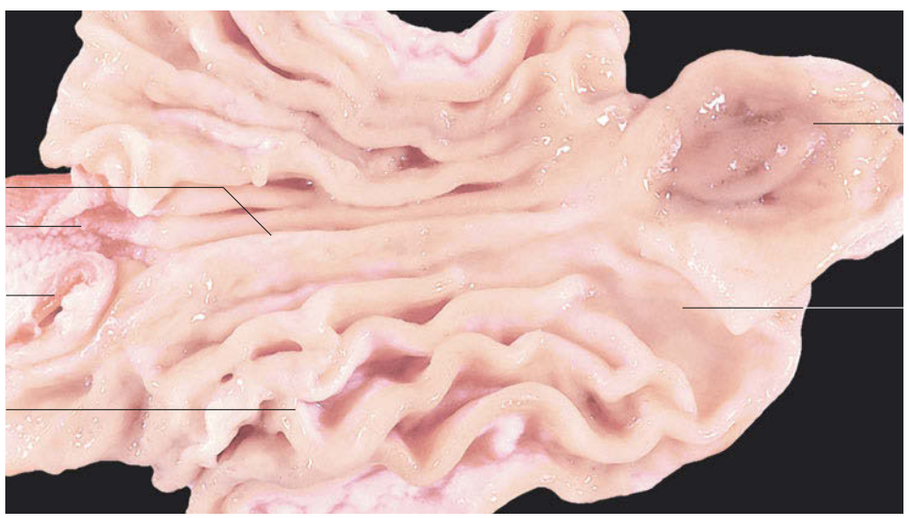


Fig. 8.55 Stomach of a cat (interior).

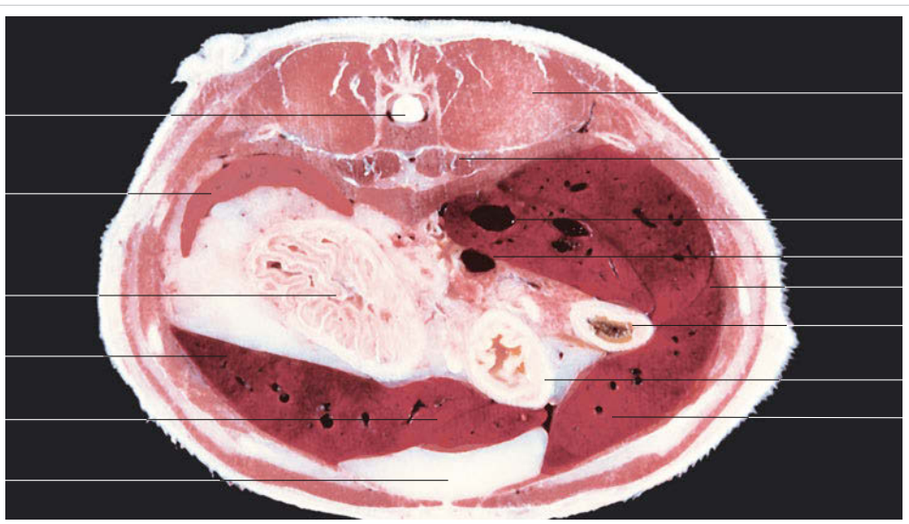


Fig. 8.56 Transverse section of the abdomen of a cat at the level of the stomach (caudal aspect).

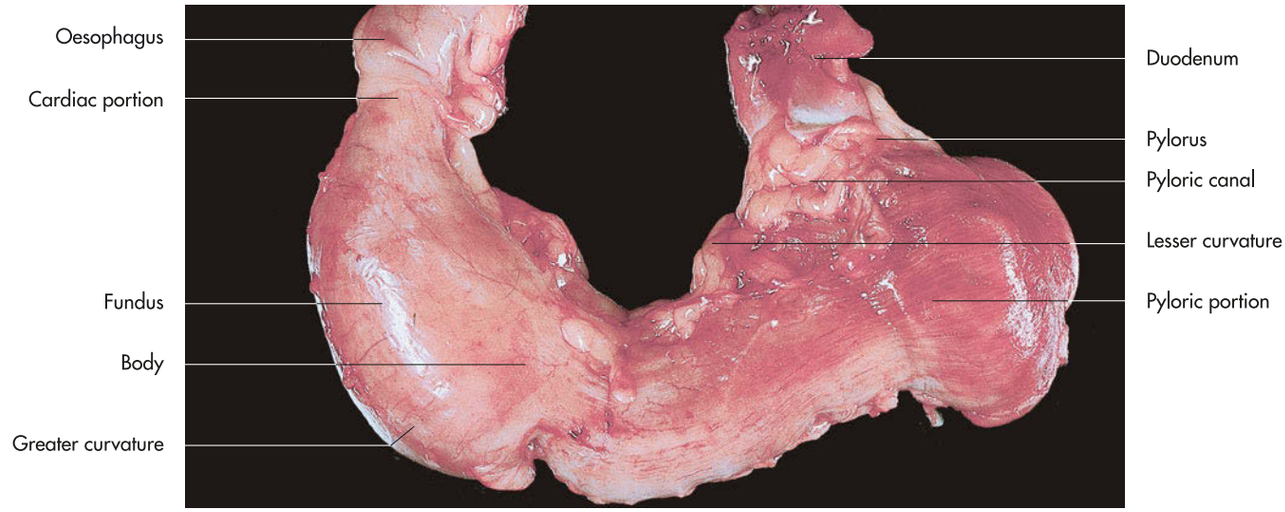


Fig. 8.57 Stomach of a dog (caudal aspect).

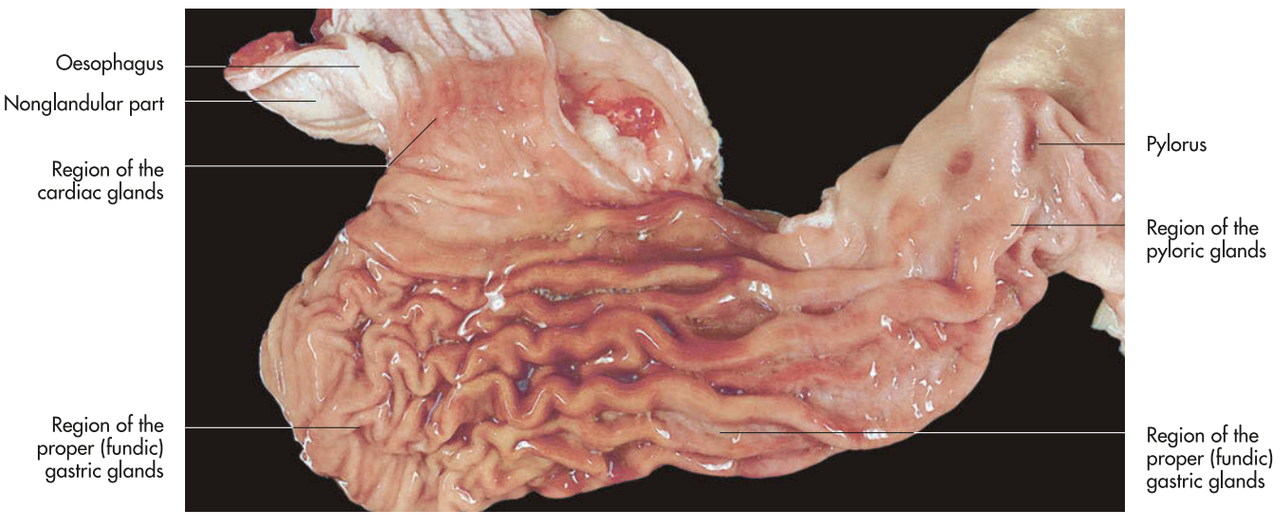


Fig. 8.58 Stomach of a dog (interior).

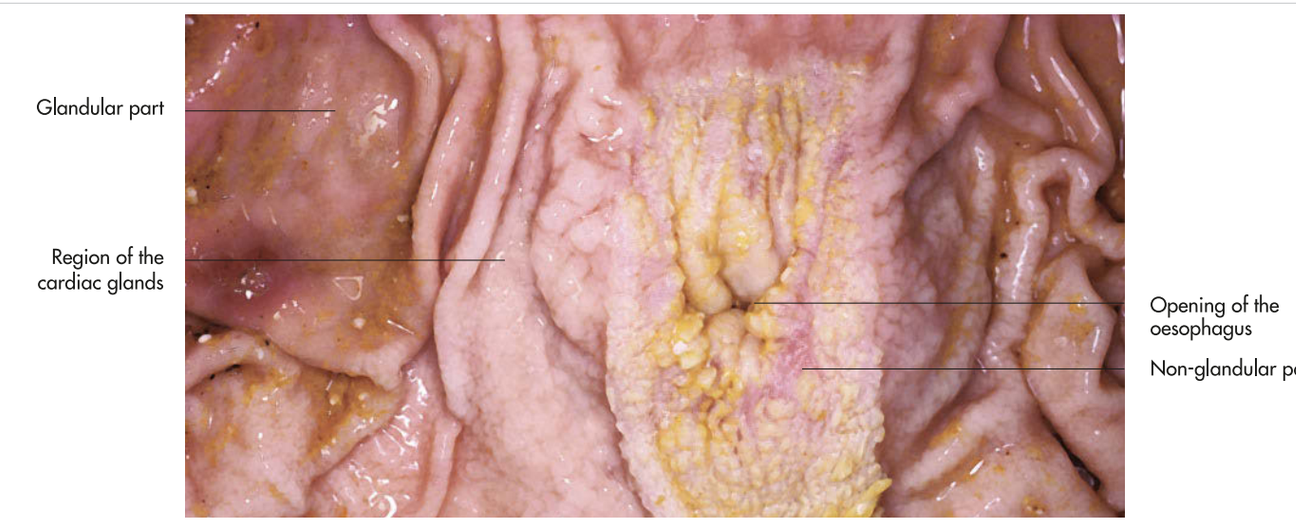


Fig. 8.59 Stomach of a pig (cardiac region, interior).

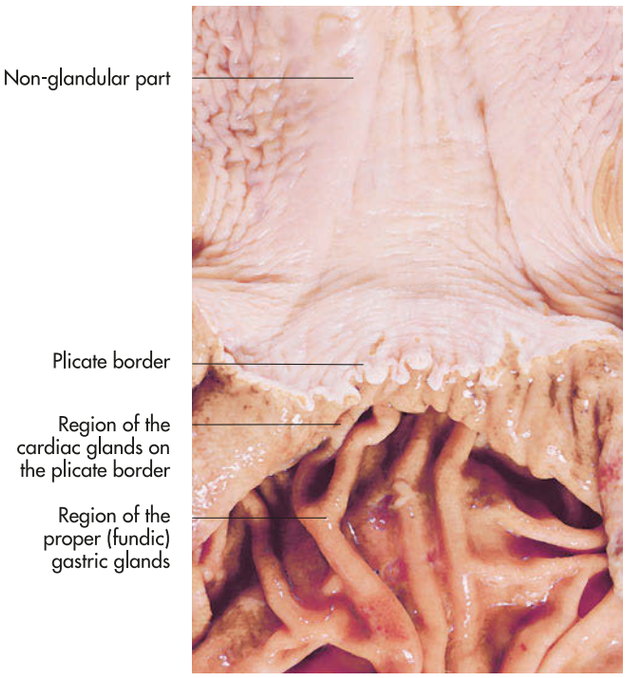


Fig. 8.60 Stomach of a horse (cardiac region, interior).

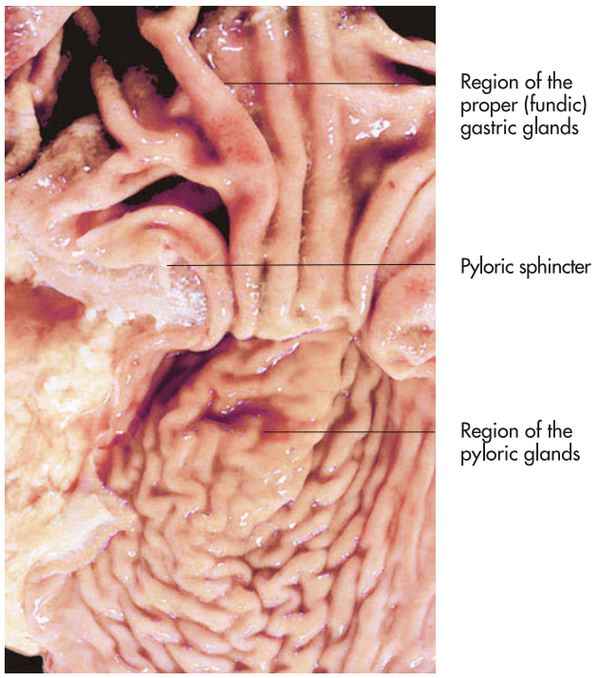


Fig. 8.61 Stomach of a horse (pyloric region, interior).

Blood supply and innervation

The blood supply of the simple stomach comes from all three main branches of the **coeliac artery** (a. coeliaca) (▶ Fig. 8.62, ▶ Fig. 13.21 and ▶ Fig. 13.22):

- **left gastric artery** (a. gastrica sinistra),
- **hepatic artery** (a. hepatica) with:
  - right gastric artery (a. gastrica dextra) and
  - right gastroepiploic artery (a. gastroepiploica dextra) and
- **splenic artery** (a. lienalis) with:
  - left gastric gastroepiploic artery (a. gastroepiploica sinistra).

The **left** and **right gastric arteries** run along the lesser curvature; the left and right gastroepiploic arteries run along the greater curvature. Thus the blood supply is particularly generous along the two curvatures, while it is less so in the middle of the parietal and visceral surface. This should be taken into accountes, when performing gastrotomy.

The **left gastric artery** is a direct branch of the coeliac artery and is the largest of the arteries supplying the stomach. On reaching the lesser curvature it divides into a branch for each gastric surface and vascularises the major part of the stomach. It forms anastomoses with the right gastric artery and with the oesophageal artery.

The second branch of the coeliac artery is the **hepatic artery**, which provides blood supply to the liver, and also extends the right gastric and the right gastroepiploic arteries to the stomach. The third main branch of the coeliac artery, the **splenic artery**, which supplies the spleen, continues as the left gastroepiploic artery to the greater curvature, where the epiploic vessels anastomose with each other.

In addition to these arteries two or more branches (aa. gastricae breves) leave the terminal part of the splenic artery and supply a portion of the fundus of the stomach. In cases where surgical removal of the spleen is indicated (splenectomy) the splenic artery should not be ligated completely to prevent impairment of the blood supply to the stomach. Because of the anastomoses of the gastric arteries with each other and the gastroepiploic arteries, which also anastomose with each other, a perigastric arterial ring is formed which includes the whole stomach except the left part of the fundus.

The **veins** have a similar arrangement to that of the arteries and ultimately join the **portal vein** (v. portae) to enter the liver. Anastomoses between the **oesophageal vein** (v. oesophagea) and the **left gastric vein** (v. gastrica sinistra) function as portocaval shunts. Numerous arteriovenous anastomoses are thought to be responsible for regulating the blood supply to the gastric mucosa: in the empty stomach most blood is diverted away from the capillary bed.

Lymph vessels are present in profusion, especially in the submucosa. They eventually drain into several gastric lymph nodes, each receiving the lymphatics of a particular region.

The stomach is innervated by **parasympathetic fibres** from the vagal trunks and by **sympathetic fibres** that reach the organ with the arteries. The vagal part stimulates gastric secretion.

Position of the stomach and omenta

The position of the stomach is closely related to the development of the **greater omentum** (omentum majus) and the **lesser omentum** (omentum minus). This particular situation of the mesentery permits the connection of the stomach to adjacent organs. In principle the following structures can be distinguished:

- **dorsal mesogastrium** with:
  - greater omentum (omentum majus) with:
    - bursal portion enclosing the caudal omental recess,
  - gastrophrenic ligament (ligamentum gastrophrenicum),
  - phrenicosplenic ligament (ligamentum phrenicosplenicum),

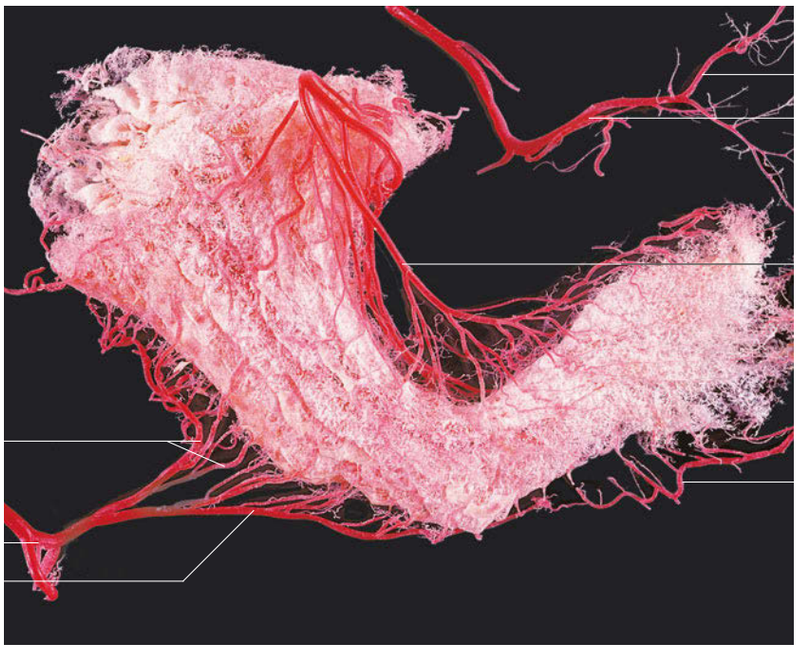


Fig. 8.62 Arteries of the stomach of a dog (corrosion cast).

- gastrosplenic ligament (ligamentum gastrolienale),
- omental veil (velum omentale) in carnivores and
- nephrosplenic ligament (ligamentum splenorenale) in the horse;

- **ventral mesogastrium** with:
  - lesser omentum (omentum minus) with:
    - hepatogastric ligament (ligamentum hepatogastricum) and
    - hepatoduodenal ligament (ligamentum hepatoduodenale),
  - falciform ligament (ligamentum falciforme),
  - coronary ligament (ligamentum coronarium hepatis),
  - right triangular ligament (ligamentum triangulare dextrum) and
  - left triangular ligament (ligamentum triangulare sinistrum).

The **greater omentum** develops from the dorsal mesentery of the stomach (mesogastrium dorsale), while the **lesser omentum** is derived from the ventral mesogastrium. In addition to the omenta there are several double-layered peritoneal folds extending between neighbouring organs, which are also derived from the dorsal and ventral mesogastrium.

The **greater omentum**, also referred to as **epiploon**, originates from the dorsal wall of the abdomen and attaches to the greater curvature of the stomach. It is drawn out caudally and folded on itself forming a pouch, the **omental bursa**, which encloses the **caudal omental recess** (recessus caudalis omentalis). The greater omentum has a lace-like appearance, due to the streaks of fat around the arteries that run through an otherwise transparent serous membrane. Its walls are described as **parietal** (also called superficial or ventral) and **visceral** (also called deep or dorsal) because of their relationship to abdominal wall and viscera.

The parietal wall extends from the origin on the greater curvature of the stomach to the pelvic inlet, where it reflects back as the visceral wall. In carnivores it includes the left crus of the pancreas in its origin. The visceral wall encloses the spleen.

The adult arrangement of the greater omentum is determined by the longitudinal growth of the mesentery and the rotation of the gastrointestinal tract during development. This results in considerable variations between species with regard to size, position and capacity of the greater omentum. In carnivores and ruminants it runs caudally between the viscera and the abdominal floor to the pelvic inlet and back to the stomach. It is liable to be shifted around between organs and the ventral and lateral abdominal walls, and has an important role in controlling inflammation, thus protecting the abdominal organs. In the horse and pig it lies irregurlary between loops of intestine, but can also reach the pelvic inlet.

The **omental bursa**, the part of the peritoneal cavity enclosed in the greater omentum, is a flat pouch that has the following compartments:

- vestibule of the omental bursa (vestibulum bursae omentalis),
- dorsal and caudal omental recess (recessus dorsalis and recessus caudalis omentalis),
- entrance of the omental bursa (aditus ad recessum caudalem) and
- recessus lienalis.

Access to the interior of the vestibule of the omental bursa is reduced to the narrow **epiploic (omental) foramen**, through which the cavity of the omental bursa remains in open communication with the major part of the peritoneal cavity. Vestibule and caudal recess communicate freely over the lesser curvature of the stomach. The **epiploic foramen** is bounded ventrally by the peritoneum covering the portal vein and dorsally by that covering the caudal vena cava (▶ Fig. 8.63). Entrapment of intestine in the epiploic foramen can cause colic in the horse. In addition to the **greater omentum** there are several double-layered peritoneal folds extending between neighbouring organs, which are also derived from the **dorsal mesogastrium**:



Fig. 8.63 Position of the epiploic (omental) foramen in the dog (arrow) (schematic).

- **gastrophrenic ligament** (ligamentum gastrophrenicum),
- **phrenicosplenic ligament** (ligamentum phrenicosplenicum), between the left crus of the diaphragm and the stomach and spleen,
- **gastrosplenic ligament** (ligamentum gastrosplenicum), between the spleen and stomach,
- **omental veil** (velum omentale), which is present in carnivores only, is a rectangular portion of the dorsal mesentery extending on the left side of the abdomen between the spleen and the mesentery of the colon, and
- **nephrosplenic ligament** (ligamentum lienorenale), which in the horse is the caudal extension of the phrenicosplenic ligament; displacement of intestines over this ligament is a common cause of colic.

The **lesser omentum** is the largest derivative of the **ventral mesogastrium**, but is not nearly as large as the greater omentum, which it resembles in structure. It loosely spans the distance from the lesser curvature of the stomach to the porta of the liver and attaches to the abdominal floor, the line of attachment extending from the diaphragm to the umbilicus. It is continuous with the cranial mesoduodenum and attaches to the margin of the oesophageal hiatus of the diaphragm between the cardia of the stomach and the liver. The **lesser omentum** is divided into a proximal and distal portion by the liver. The proximal portion reaches from the diaphragm to the liver and is referred to as the **hepatogastric ligament** (ligamentum hepatogastricum). The distal portion continues as the **falciform ligament** (ligamentum falciforme) to the abdominal floor. The portion of the lesser omentum which expands from the duodenum to the liver is known as the **hepatoduodenal ligament** (ligamentum hepatoduodenale).

In the hepatoduodenal ligament the **common bile duct** (ductus choledochus) is enveloped on its course from the liver to the duodenum, thus indicating the ontogenetic origin of this accessory gland of the digestive system. The duodenal ligament is the only remnant of the ventral mesentery present during embryonic development.

Complex stomach

The stomach of the domestic ruminants (▶ Fig. 8.65) is composed of **four chambers:**

- rumen,
- reticulum,
- omasum and
- abomasum.

Rumen, reticulum and omasum are collectively referred to as **forestomach** (proventriculus), which has a **non-glandular mucosa** and is responsible for the enzymatic destruction of the complex carbohydrates, especially cellulose, which form a large part of the normal diet of ruminants, and the production of short-chained fatty acids (propionate, butyrate and acetate) with the help of microbes.

The last chamber, the **abomasum**, has a glandular mucosa and is comparable to the simple stomach of the other domestic mammals. A more detailed description of the function of the different chambers can be found in textbooks of veterinary physiology and nutrition.

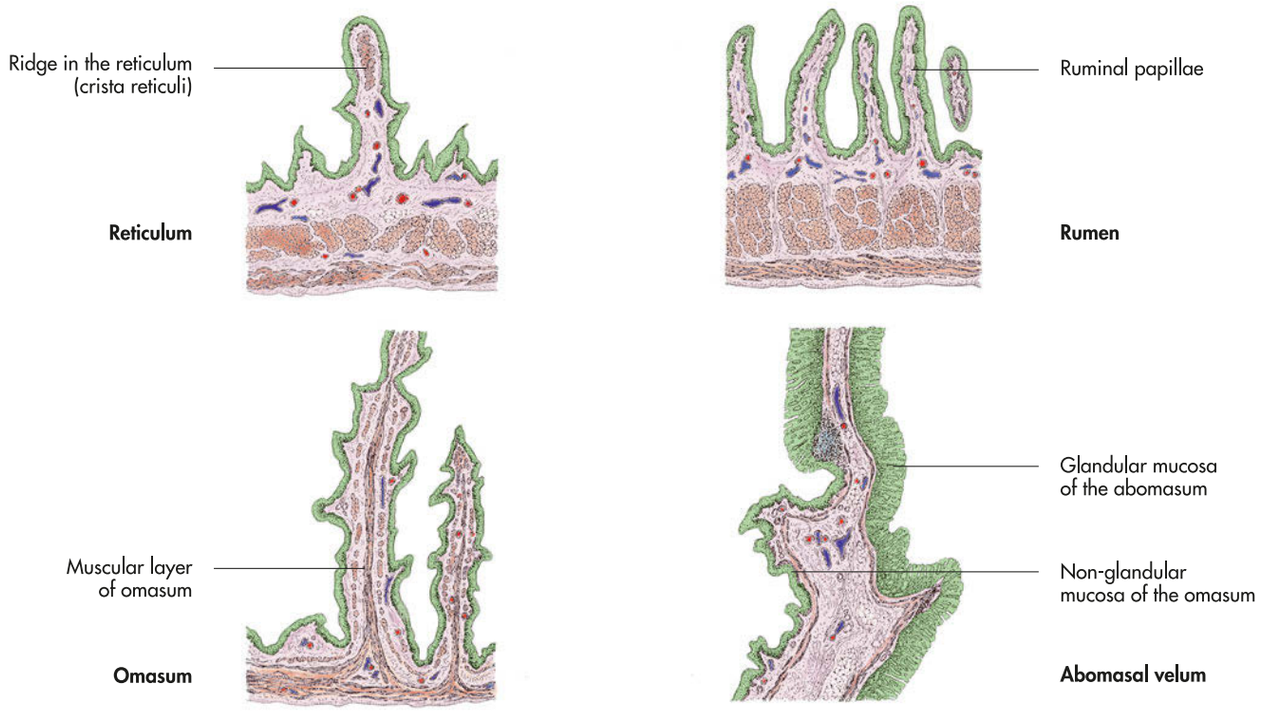


Fig. 8.64 Walls of the different stomach: compartments in the ox (schematic).

All four chambers are derived from the **gastric spindle** during embryonic development without a contribution of the oesophagus, which was hypothesised earlier due to the non-glandular lining of the proventriculus. The different chambers can be identified as expansions of the gastric spindle in the early embryo. They increase at unequal rates during embryonic and foetal development. At the time of birth the abomasum is the **largest part of the stomach**, which is appropriate since it is the only part which has an immediate function to perform in receiving and digesting milk, which bypasses the forestomach.

Although its form and structure is similar to that of an adult's and its capacity already reaches 60% of an adult abomasum, it still takes a few days after birth for the mucosa to mature and function properly. This window of time is very important to guarantee the resorption of colostral antibodies in the first 24 hours postpartum. After about three weeks, when the calf starts to eat solid food, the rumen and reticulum begin to show rapid growth; by the eighth week they have almost overtaken the abomasum and by the twelfth week they are more than twice as large. At the same time the interior of the stomach changes: the reticulate pattern of the lining of the reticulum appears as well as the ruminal pillars. The definitive proportions and topography are established at 3–12 months of age, depending on the diet.

The large stomach dominates the abdominal topography of ruminants by occupying almost the **whole of the left half of the abdomen** and a substantial part of the right half. The rumen is situated in the **left half of the abdomen**, the reticulum in the cranial part, and the omasum in the right half.

Depending on the size of the animal, the total capacity of the adult bovine stomach is 60–100 l, 80% of which is the rumen.

Rumen and reticulum are so intimately related in structure and function that it is also referred to as **ruminoreticular compartment**. The division of the two is marked by an inflection of the wall, that projects internally, the **ruminoreticular fold** (plica ruminoreticularis).

Rumen

The rumen resembles a large, laterally compressed sac, which fills almost the entire left half of the abdomen and crosses the midline into the right half with its caudoventral portion (▶ Fig. 8.68). It extends from the diaphragm cranially to the pelvic inlet caudally. The rumen has a **parietal surface** (facies parietalis), adjacent to the diaphragm and the left lateral and ventral abdominal wall, and a **visceral surface**, against the liver, the intestines, the omasum and the abomasum. These surfaces meet in the dorsal curvature, against the roof of the abdominal cavity and in the ventral curvature towards the floor of the abdominal cavity.

The rumen is divided into several portions by inflections of the walls, the **pillars of the rumen** (pilae ruminis), which project into the lumen. The ruminal portions (▶ Fig. 8.65) are the:

- ventral sac (saccus ventralis) with the ruminal recess (recessus ruminis),
- dorsal sac (saccus dorsalis),
- cranial sac (saccus cranialis, atrium ruminis),
- caudodorsal blind sac (saccus caecus caudodorsalis) and
- caudoventral blind sac (saccus caecus caudoventralis).

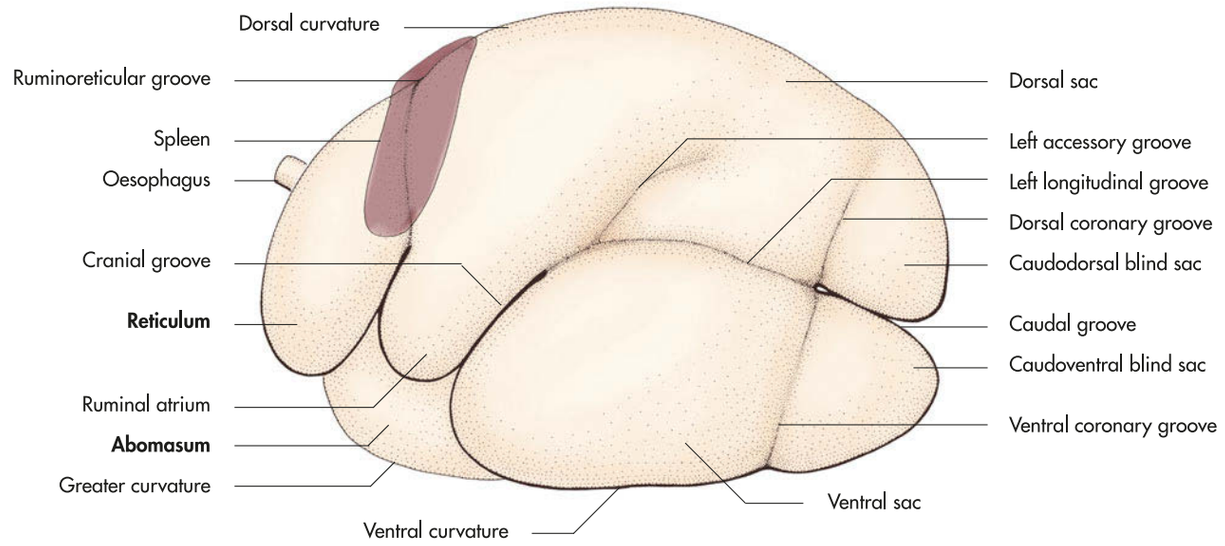


Fig. 8.65 Compartments of the stomach of the ox (schematic, left lateral aspect); fig. based on data from Schaller, 1992.

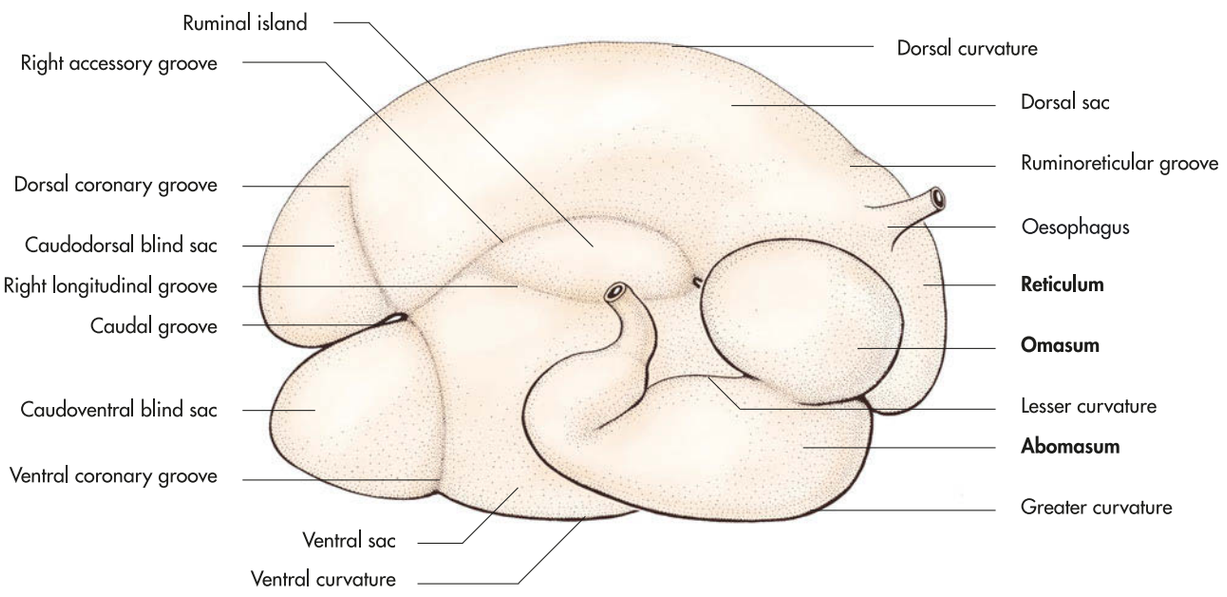


Fig. 8.66 Compartments of the stomach of the ox (schematic, right lateral aspect); fig. based on data from Schaller, 1992.

These subdivisions are visible on the external surface as grooves that correspond to the position of all these folds. The **principal ruminal pillars** (pila longitudinalis dextra et sinistra) encircle the whole organ (▶ Fig. 8.70), dividing it into dorsal and ventral **major sacs**. These are marked externally by the **left** and **right longitudinal grooves** (sulcus longitudinalis dexter et sinister) (▶ Fig. 8.65). The right longitudinal pillar (and the corresponding groove) splits into **two branches** (pilae accessoriae dextrae), which encircle an area of the right wall of the rumen, which is referred to as the **ruminal island** (insula ruminis) (▶ Fig. 8.66). The two longitudinal grooves are connected cranially and caudally by deep **transverse grooves** (sulcus cranialis et caudalis). Lesser coronary pillars (pila coronaria dorsalis et ventralis) mark the **caudal blind sacs** and are visible as grooves on the external surface of the rumen (sulcus coronarius dorsalis et ventralis).

The most cranial part of the dorsal sac forms the **cranial sac** of the rumen, also called the **atrium** of the rumen, which has a wide communication with the reticulum, through which food passes from the rumen into the reticulum and vice versa, thus playing an important role in remastication.

The division of the rumen from the reticulum is achieved by the **ruminoreticular fold** (plica ruminoreticularis) and is an inflection of the wall similar to the subdivisions of the rumen. The ventral ruminal sac is extended cranially to form the **ruminal recess** (▶ Fig. 8.67).

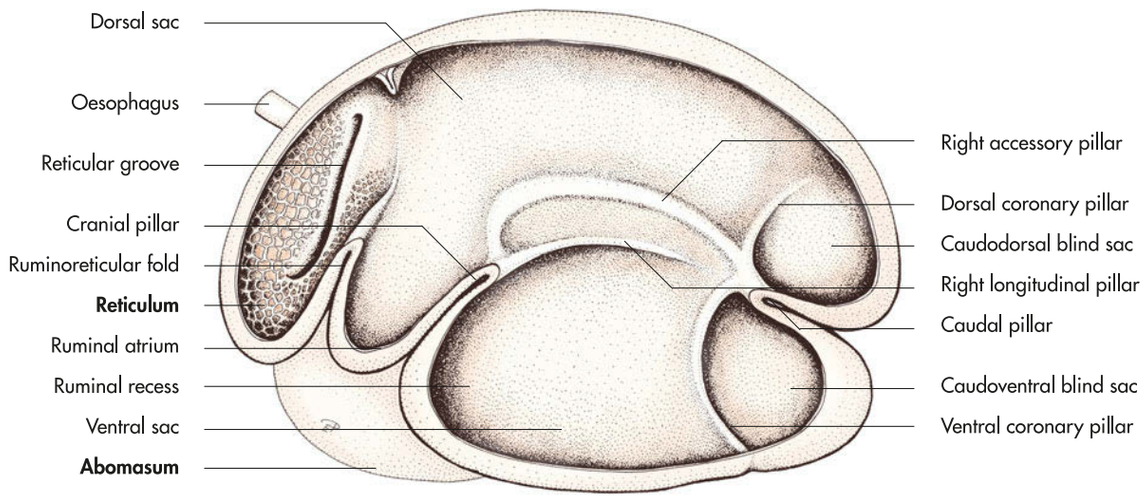


Fig. 8.67 Interior of the rumen of the ox (schematic, left aspect); fig. based on data from Schaller, 1992.

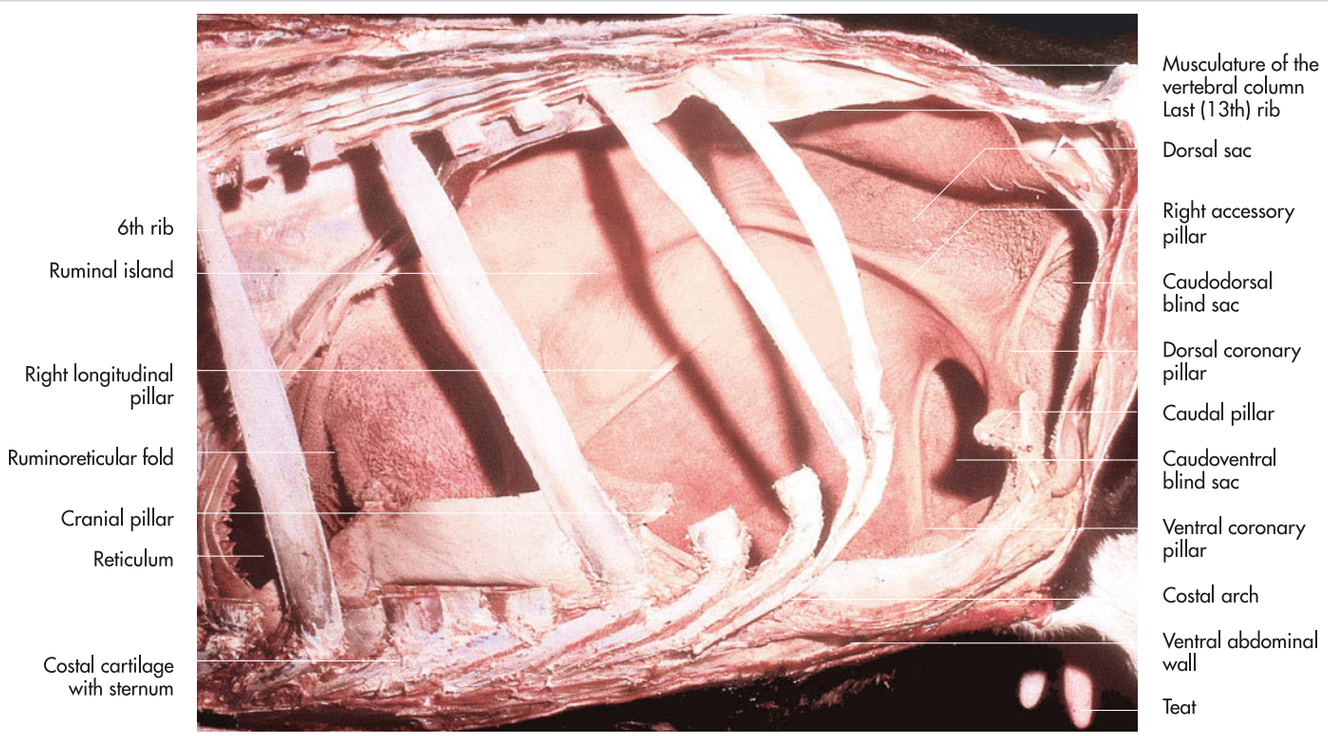


Fig. 8.68 Topography of the rumen in an ox. Parts of the lateral body wall, several ribs and the lateral ruminal wall are removed (left lateral aspect). (source: courtesy of Dr. Pavaux, 1983)

The relative proportions of the compartments vary among the domestic ruminants. In the goat and sheep the dorsal sac is smaller than the ventral one, which has an extensive caudal projection.

The **non-glandular mucosa** of the rumen consists superficially of stratified, squamous epithelium and forms papillae, giving the ruminal mucosa its characteristic appearance. The **ruminal papillae** are soft-tissue formations of the lamina proper and submucosa are thought to increase the epithelial surface area by a factor of seven. This is important for the resorption of the volatile fatty acids produced by microbial fermentation, and for the resorption of water, vitamins K and B. This function is facilitated by a very rich subepithelial vascular plexus.

The ruminal papillae are not developed over the centre of the roof or the free margins of the pillars. Individual papillae show a great variation in form and size: they vary from low round elevations through conical and tonguelike forms to flattened leaves. Prominence, form and density largely depend on the diet the ani-

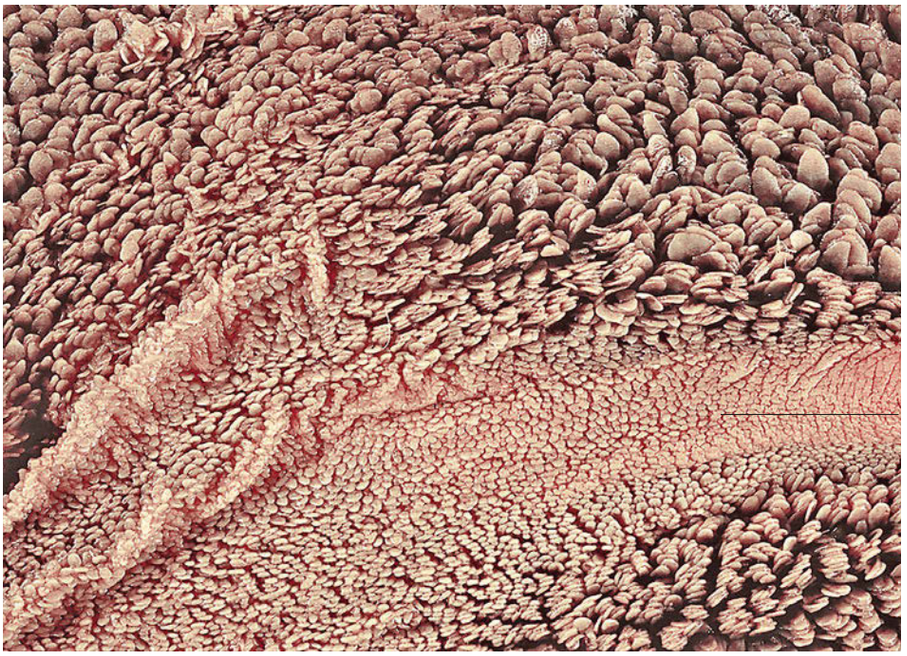


Fig. 8.69 Ruminal papillae of an ox (dorsal aspect).



Fig. 8.70 Ruminal papillae of an ox (lateral aspect).



Fig. 8.71 Gastric groove of an ox with opened reticulum and rumen.

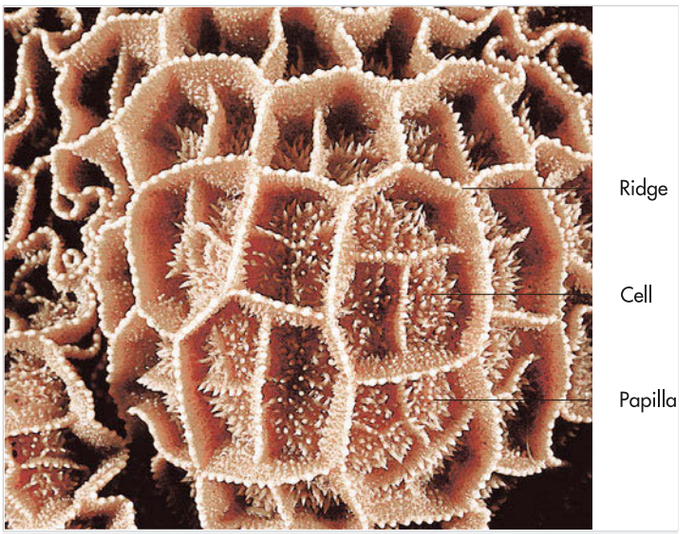


Fig. 8.72 Interior of a bovine reticulum.

mal is fed. Increasing the amount of roughage results in shortening of the papillae, whereas increasing the energy content of the diet causes the papillae to become longer as seen in cows during lactation. Similar adaptive mechanisms are also seen in wild ruminants, in which proliferation and regression of the papillae depend on the season (winter versus summer, rainy season versus drought).

Clinical note

The dorsal sac of the rumen can be examined by **rectal palpation**. Auscultation and palpation of the rumen in the standing animal are among the most commonly conducted procedures in cattle practice. Both are performed at the left **paralumbar fossa** (fossa paralumbalis). In the normal animal, 7–12 wave-like ruminal contractions are typically detected over a 5-minute period. The left paralumbar fossa is also the site at which a **trocar** is inserted for the **treatment of bloat** (accumulation of gas in the rumen).

The same location is used for placement of a fistula to provide access for examination of rumen contents.

Reticulum

The reticulum is intimately related to the rumen in structure and function and many authors prefer to describe a combined ruminoreticular compartment (▶ Fig. 8.65, ▶ Fig. 8.71 and ▶ Fig. 8.72). The spherical reticulum is much smaller than the rumen and is located just cranial to the latter in contact with the caudal surface of the diaphragm. It lies just ventral to the oesophageal-gastric junction and above the xiphoid process of the sternum. This position allows the application of external pressure to elicit pain if the reticulum is diseased. Cattle are non-selective feeders and often ingest foreign bodies such as nails or pieces of wires with their forage. Due to their weight these bodies tend to collect within the reticulum and may be driven through the reticular wall by the contractions of this organ (traumatic reticulitis or "hardware disease"). Common sequelae include purulent pericarditis after penetration of the diaphragm or abscessation of the liver and other adjacent tissues (▶ Fig. 8.77).

The **reticular mucosa** is non-glandular and is lined by a stratified epithelium, similar to the ruminal mucosa. It has a distinctive honeycomb pattern formed by **ridges** (crista reticuli), that outline 4-, 5- and 6-sided **cells** (cellulae reticuli) (▶ Fig. 8.64 and ▶ Fig. 8.69). These ridges and the cell floors between them carry short papillae. The smooth muscle of the ruminoreticular wall is arranged in two layers, an outer thinner layer and a thicker inner layer, the fibres of which are orientated in a more or less perpendicular angle to each other. The regular sequence of ruminoreticular contractions mixes and redistributes the stomach contents and plays an important role in regurgitation of the food for remastication.

Clinical note

In addition to **solid feedstuffs**, **foreign bodies** with a high specific weight (weight per unit volume) may pass into the reticulum. Transport of this foreign material into the rumen is prevented by the height of the ruminoreticular fold (plica ruminoreticularis). The powerful contractions of the reticulum may cause foreign material, particularly sharp objects such as nails, to penetrate the reticular wall. In many cases, these objects pass through the diaphragm and may reach the pericardial cavity or the heart (▶ Fig. 8.77).

Traumatic pericarditis caused by migration of ingested foreign bodies is thus relatively common in cattle. If **reticulitis** or **traumatic pericarditis** is suspected, elicitation of a pain response by applying pressure to the ventral abdominal wall at the level of the xiphoid process supports this provisional diagnosis.

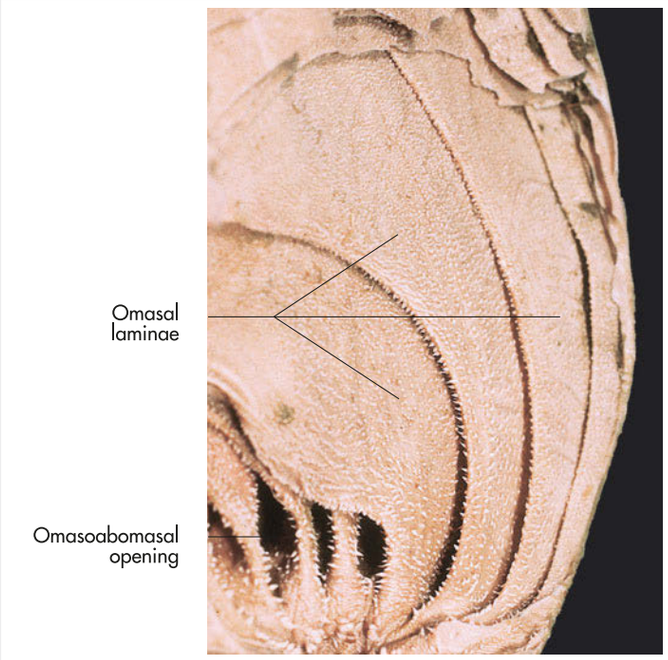


Fig. 8.73 Bovine omasum.



Fig. 8.74 Section of a bovine omasum.

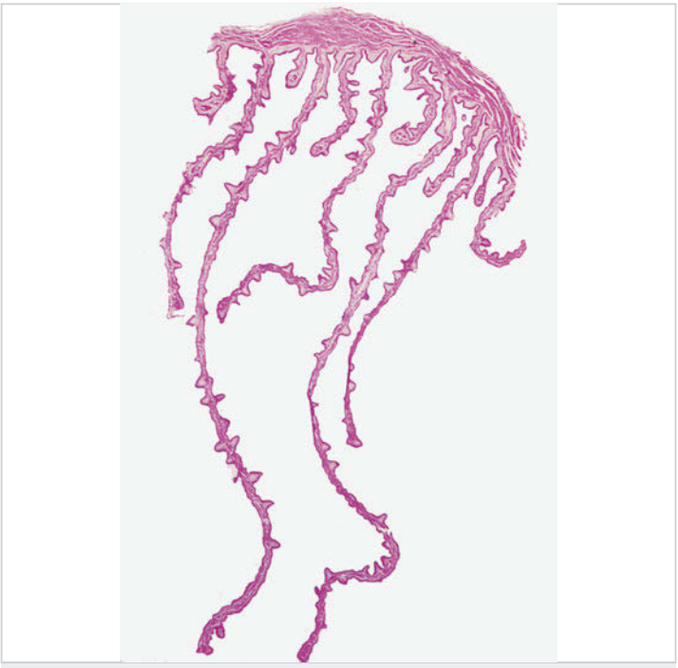


Fig. 8.75 Histological section of a bovine omasum.

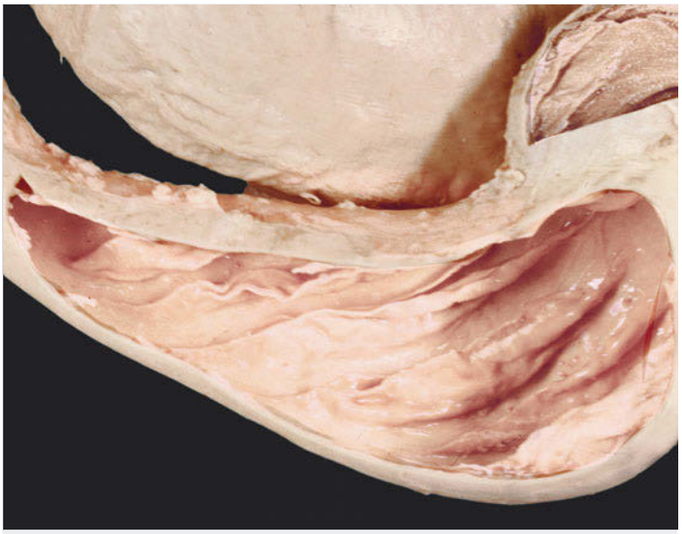


Fig. 8.76 Interior of a sheep abomasum with adjacent rumen, omasum and reticulum.

Omasum

The omasum lies within the intrathoracic part of the abdomen to the right of the ruminoreticular compartment (▶ Fig. 8.66). It has the shape of a bilaterally flattened sphere in cattle and is bean-shaped in the goat and sheep. It communicates with the reticulum through the **reticulo-omasal opening** (ostium reticulo-omasicum) and with the abomasum through the large, oval omasoabomasal opening. The **omasoabomasal opening** is flanked by two mucosal **folds** (vela abomasica), which are thought to be able to close this opening to prevent reflux of the ingesta from the abomasum into the omasum.

The two openings are connected by the **omasal groove** (sulcus omasi). The interior is occupied by a multitude of **parallel laminae** (laminae omasi) that arise from the roof and the sides and project towards the floor, leaving room for the omasal canal, the floor of which is the omasal groove. The crescentic laminae are of different lengths and sizes and divide the lumen into a series of narrow recesses (▶ Fig. 8.73, ▶ Fig. 8.74 and ▶ Fig. 8.75). The laminae are thin muscular sheets covered with a non-glandular mucosa, which forms short papillae. Omasal contractions are biphasic. The first phase presses food from the omasal canal into the omasal recesses, where resorption of water takes place. The sec-



Fig. 8.77 Paramedian section of the cranial part of a bovine trunk, demonstrating the close relationship between the heart and the reticulum. (source: courtesy of Prof. Dr. J. Sautet, Toulouse)

ond phase discharges the now dryer contents of the omasal recesses into the abomasum.

An unbalanced diet can result in impaction of the omasum, which is fatal in most cases. On postmortem examination the characteristic findings include a very hard omasum, packed with dry contents.

Abomasum

The abomasum corresponds to the simple stomach of the other domestic mammals (▶ Fig. 8.66, ▶ Fig. 8.76 and ▶ Fig. 8.77) and analogous to that it can be divided into **fundus**, **body** and **pylorus**. It has a greater curvature facing ventrally and a lessor curvature facing dorsally. It is lined by a glandular mucosa, which contains the **gastric glands proper** and **pyloric glands**. During the suckling period rennet is produced, which is essential for the digestion of milk. The mucosal surface area is increased by the presence of large **folds** (plicae spirales), which have a spiral orientation and do not disappear when the stomach distends. The musculature comprises an outer longitudinal layer and an inner circular layer.

The position and relationship of the abomasum is rather variable and depend upon the fullness of the forestomach and their activities. Age and pregnancy are other factors influencing its topography, although there are limits to the normal variations beyond which deviations produce digestive disturbance and may endanger life.

Clinical note

Displacement of the abomasum is a relatively common occurrence in high production dairy cows (e.g. Holstein-Friesians). In severe cases, the abomasum can be auscultated on the left side, ventral to the paralumbar fossa.

Gastric groove (sulcus ventriculi)

The gastric groove consists of the reticular groove extending in the ruminoreticular compartment, the omasal groove in the omasum and the abomasal groove in the abomasum. The reticular groove extends from the oesophagus (▶ Fig. 8.67 and ▶ Fig. 8.71), which joins the forestomach at the junction of the rumen and reticulum, to the omasum, where it continues as the omasal canal to the abomasum. It is bounded by spiral muscular lips, which reflexively contract in unweaned animals stimulated by suckling the teat to convert the groove into a closed tube, which channels the milk directly into the abomasum.

With continuing growth and change of diet and feeding regimes this bypass is used less frequently. Closure of the groove can be stimulated by certain chemicals, such as copper sulphate, which may be useful when application of drugs to the abomasum is desirable. A fold-free band along the lesser curvature of the abomasum is considered to be the third part of the gastric groove.

Omenta

Analogous to the simple stomach of the other domestic mammals the omenta are derivatives of the **dorsal** and **ventral mesogastrium**. To understand the rather complex topography of the omenta it is helpful to remember that the three compartments of the forestomach and the abomasum develop as expansions of the gastric spindle in the early embryo. The gastric spindle is suspended from the roof of the abdominal cavity of the embryo by the dorsal mesogastrium and is attached to the floor of the abdominal cavity by the ventral mesogastrium.

The rumen, reticulum and most of the abomasum develop from the **greater curvature**, the omasum and a smaller part of the abomasum, from the **lesser curvature**. Consequently the **greater omentum** attaches to the rumen, the reticulum and to the abomasum (▶ Fig. 8.78, ▶ Fig. 8.79 and ▶ Fig. 8.80). The attachment

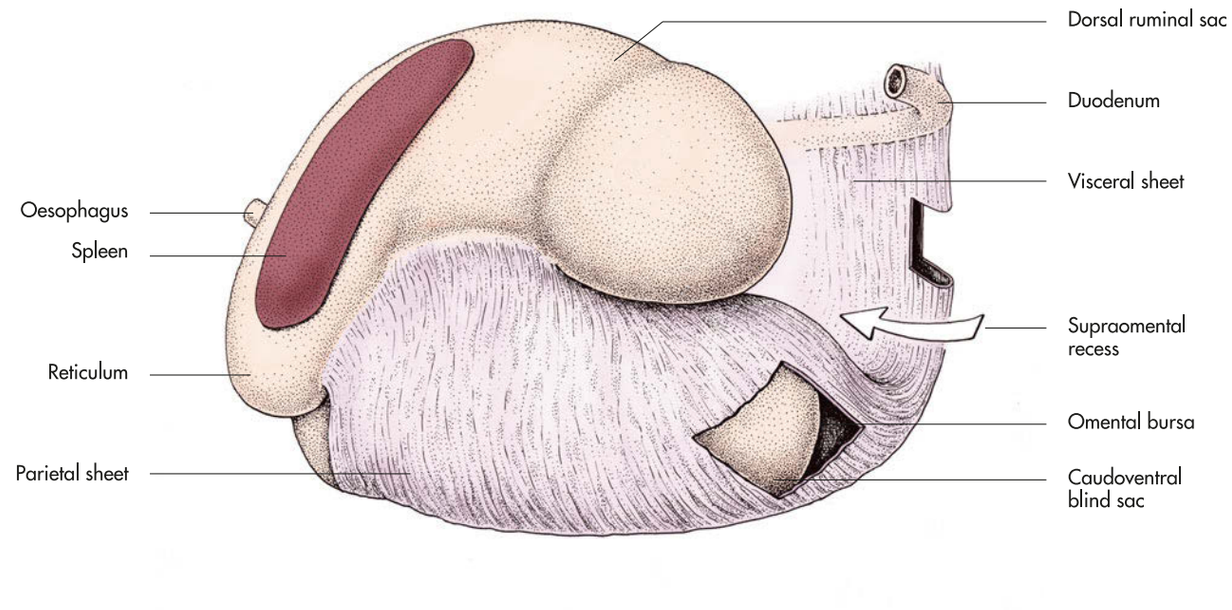


Fig. 8.78 Greater omentum of a ruminant (schematic, left aspect).

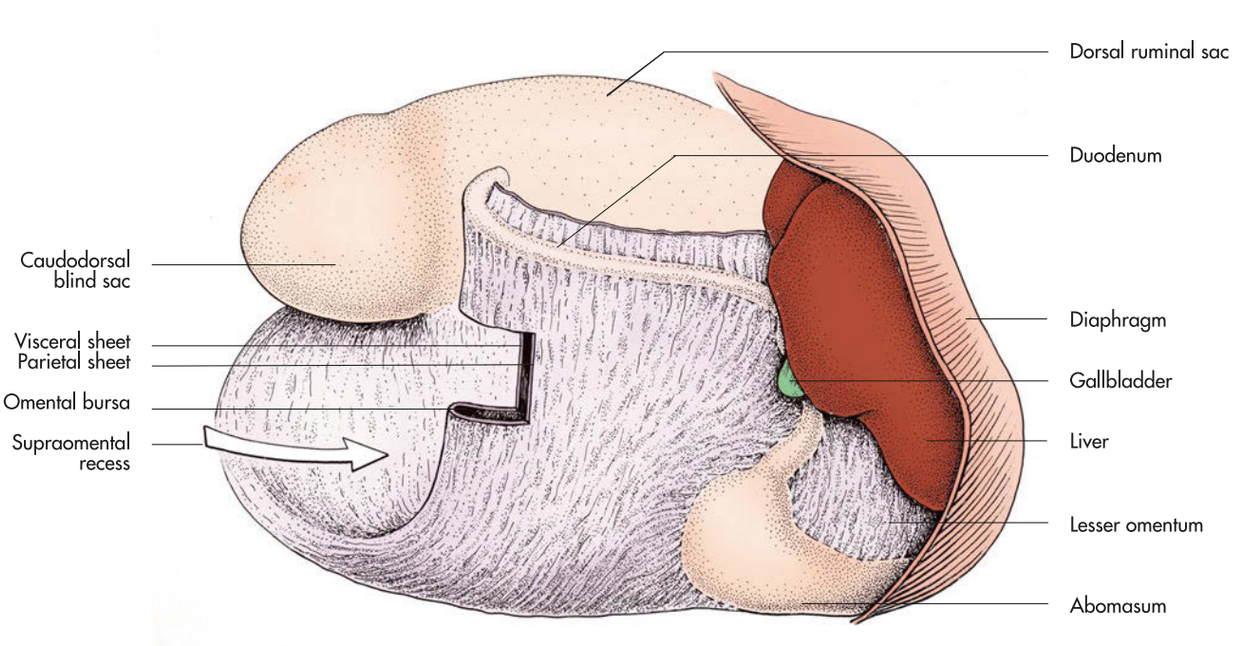


Fig. 8.79 Greater omentum of a ruminant (schematic, right aspect).

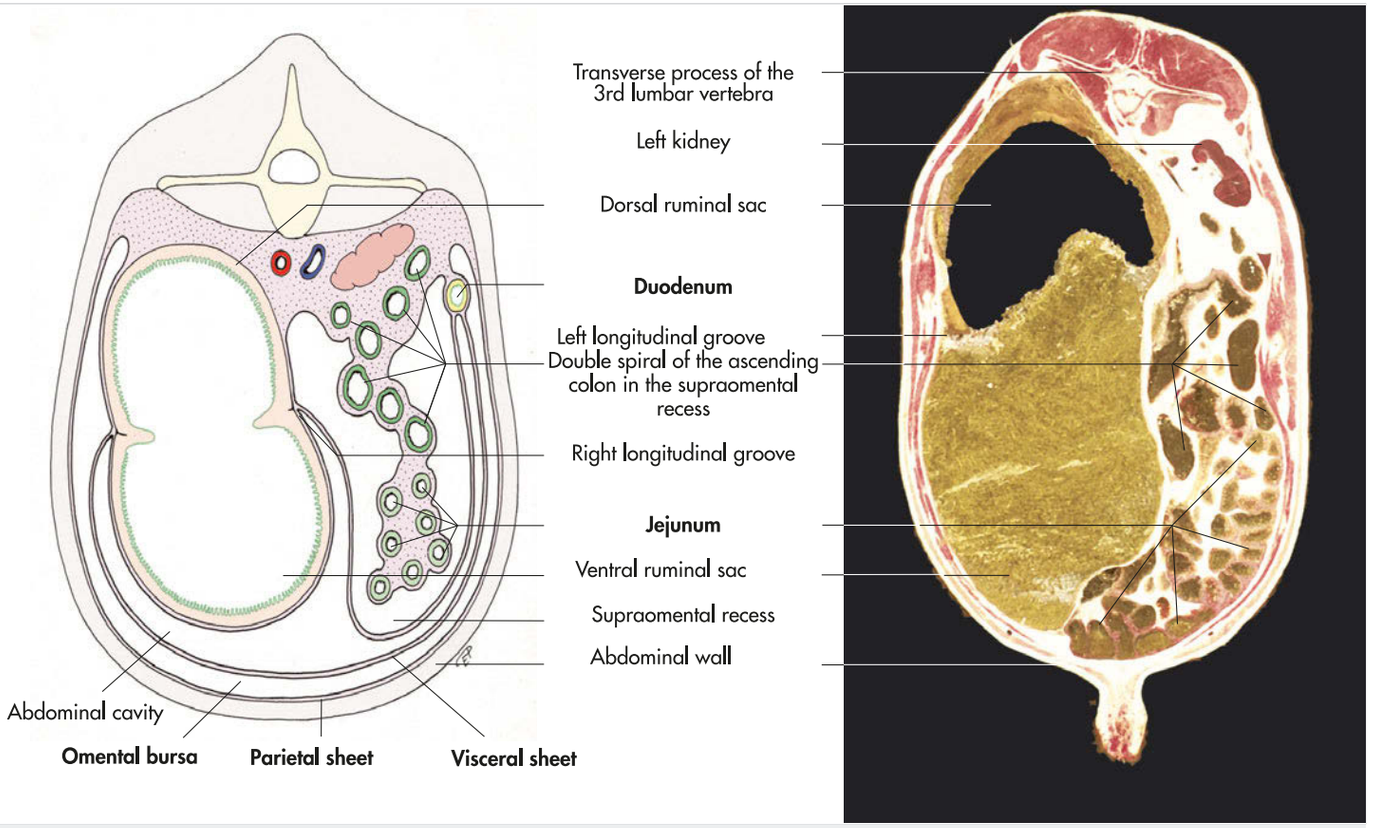


Fig. 8.80 Transverse section of a bovine abdomen at the level of the third lumbar vertebra (caudal aspect).

begins dorsal to the oesophagus, passes caudally along the right longitudinal groove through the caudal groove and cranially again along the left longitudinal groove. It crosses the atrium ruminis and widens to form a broad attachment to the reticulum before bending sharply to the right, ventral to the ruminoreticulum, to reach the greater curvature of the abomasum. It follows the greater curvature to the pylorus, where it passes onto the mesoduodenum. The dorsal sac of the rumen lies in direct contact with the dorsal abdominal wall and the diaphragmatic crura. Thus it has a retroperitoneal position and does not have a dorsal mesentery.

The **lesser omentum** arises from the visceral surface of the liver, between the portal vein and the oesophageal impression, passes onto the right surface of the omasum, the lesser curvature of the abomasum and onto the duodenum. Similar to the lesser omentum in the other domestic mammals it can be divided into the hepatogastric and the hepatoduodenal ligament.

The omental sheets enclose the **omental bursa**, a capillary cleft, which is completely divided from the rest of the abdominal cavity, except at the epiploic foramen. The **epiploic foramen** is situated between the liver and the duodenum, between the caudal vena cava dorsally and the portal vein ventrally. The walls of the bursa are formed by the visceral and parietal sheets of the omenta similarly to as in the dog, with the exception that the right lateral border blends with the mesoduodenum, whereas on the left there is no direct communication between the two layers, but the rumen is interposed. Thus the deep sheet attaches to the right longitudinal groove and the superficial sheet to the left longitudinal groove of the rumen; the two meet in the caudal ruminal groove. The omasum, abomasum and lesser omentum form most of the cranial bursal wall.

The intestines are located in the space above the omental bursa and to the right of the rumen, which is known as the **supraomental recess** (recessus supraomentalis). It is open caudally and is often entered by the pregnant uterus (▶ Fig. 8.78, ▶ Fig. 8.79 and ▶ Fig. 8.80). If the abdominal cavity is entered through an incision on the right flank, the descending duodenum is usually the only part of the gastrointestinal tract visible. The rest is covered by the mesoduodenum and the superficial wall of the greater omentum. Incising the latter leads into the omental bursa and exposes the deep wall of the greater omentum, which covers the intestines within the supraomental recess.

The **greater omentum** is an important store of fat, which usually renders the omentum opaque.

Blood supply

Similar to the simple stomach of the other domestic mammals, the **stomach of ruminants** is supplied by several branches of the **coeliac artery**. In addition to the three main branches of the coeliac artery present in animals with a simple stomach (a. splenica (lienalis), a. gastrica sinistra, a. hepatica), there is a **left** and **right ruminal artery** (a. ruminalis dextra et sinistra). The large right ruminal artery runs caudally in the right longitudinal groove and continues into the left longitudinal groove by passing between the dorsal and ventral blind sacs. It ends in an anastomosis with the left ruminal artery, which follows the cranial groove between the atrium and the ventral sac and caudally in the left longitudinal groove. Shortly after its origin the left ruminal artery extends the reticular artery to supply the reticulum.

The **omasum** and **abomasum** are supplied by the **gastric** and **gastroepiploic arteries**. The left gastric artery is a direct branch

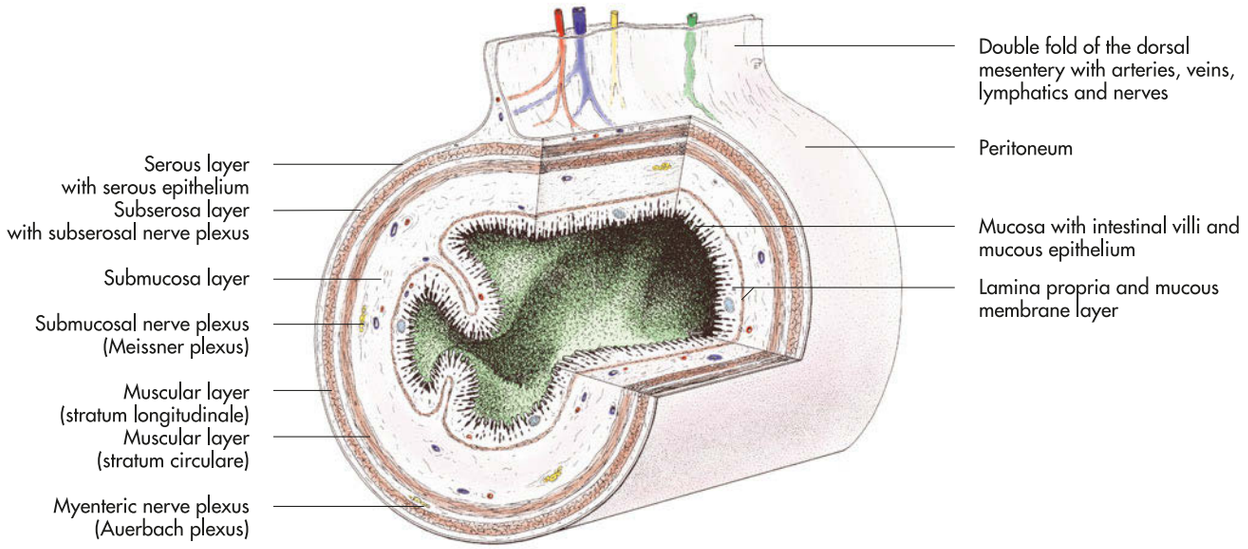


Fig. 8.81 Transverse section through the intestine with dorsal mesentery (schematic).

of the coeliac artery and passes on the right side of the rumen to the lesser curvature of the abomasum, where it eventually unites with the right gastric artery, which is a branch of the hepatic artery. The left gastroepiploic artery leaves the left gastric artery at the level of the omasum and runs to the greater curvature of the abomasum. Here it anastomoses with the right gastroepiploic artery coming from the hepatic artery.

Thus, the abomasum is supplied by a **double perigastric ring of arteries** which provide a direct connection between the hepatic and the left gastric arteries. The gastric artery also extends branches to the omasum. The **veins** run parallel to the arteries and ultimately join the portal vein.

Innervation

Gastric innervation is achievedby **sympathetic** and **parasympathetic nerves**. The sympathetic fibres come from the coeliac plexus and form the gastric plexus and the right and the left ruminal plexus. The latter also detaches branches to the reticulum and the spleen.

Parasympathetic fibres arise from the **vagus nerve**. The dorsal vagal trunk is extensively connected with the coeliac plexus, but also supplies direct branches to the rumen, the left and right ruminal branches (ramus ruminalis dexter et sinister). Additional branches innervate the reticulum, the atrium ruminis, the omasum, the abomasum and the gastric groove. The ventral vagal trunk detaches branches to the atrium ruminis, reticulum, gastric groove, the lesser curvature of the abomasum and the pylorus. Additional branches extend to the liver and the duodenum.

Lymphatics

Lymphatic drainage of the ruminal stomach is achieved by many smaller lymph nodes, which are scattered over the ruminal stomach, particularly in the ruminal grooves and omasal and abomasal curvatures. They belong to the **coeliac group of lymph nodes** (**lymphocentre**). After passage through these lymph nodes, the lymph leads to a number of large atrial (splenic) lymph nodes between the spleen and the cardia. The lymph nodes along the curvature of the stomach direct their efferent vessels to the hepatic lymph nodes. The following groups of lymph nodes can be distinguished:

- **left** and **right ruminal lymph nodes** (lnn. ruminales dextri et sinistri) in the left and right longitudinal ruminal grooves,
- **cranial ruminal lymph nodes** (lnn. ruminales craniales) in the cranial ruminal groove,
- **reticular lymph nodes** (lnn. reticulares) on the dorsal and ruminal surfaces of the reticulum,
- **omasial lymph nodes** (lnn. omasiales) on the greater curvature of the omasum,
- **ruminoabomasial lymph nodes** (lnn. ruminoabomasiales) between the atrium ruminis, reticulum and abomasum,
- **dorsal abomasial lymph nodes** (lnn. abomasiales dorsales) on the lesser curvature of the abomasum and
- **ventral abomasial lymph nodes** (lnn. abomasiales ventrales), which are not always present but may occur on the greater curvature of the abomasum.

8.3 Intestine

The intestine is the caudal part of the alimentary canal. It commences at the pylorus and continues to the anus. It is divided into the **small intestine** (intestinum tenue) from the pylorus to the caecum and the **large intestine** (intestinum crassum) from the caecum to the anus. The diameter of these different parts do not always differ, as their names would suggest (▶ Fig. 8.81). The **small intestine** comprises **three parts**:

- the duodenum,
- the jejunum and
- the ileum.

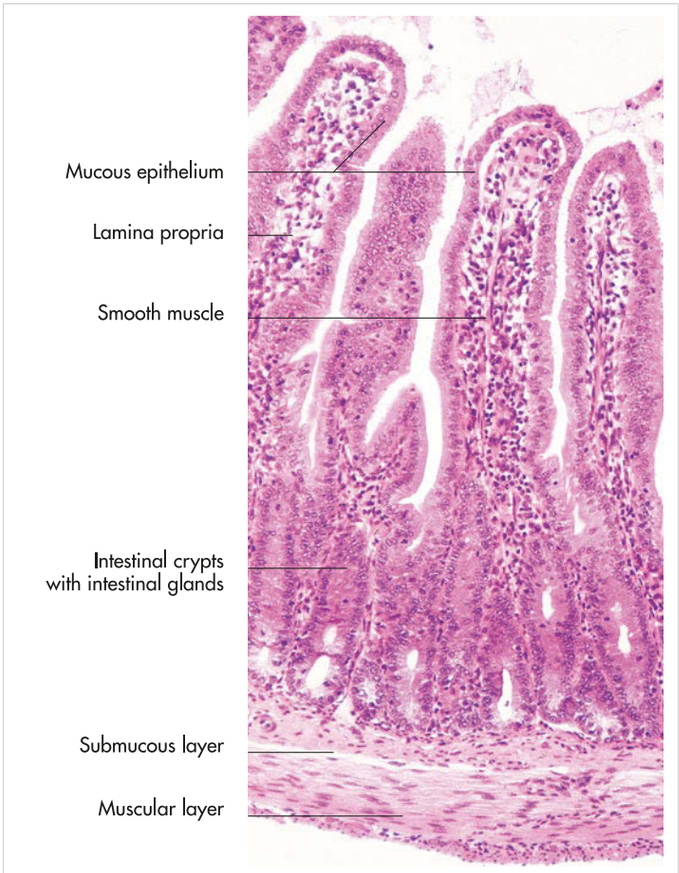


Fig. 8.82 Histological section of the jejunal wall of a cat, demonstrating intestinal villi and crypts.

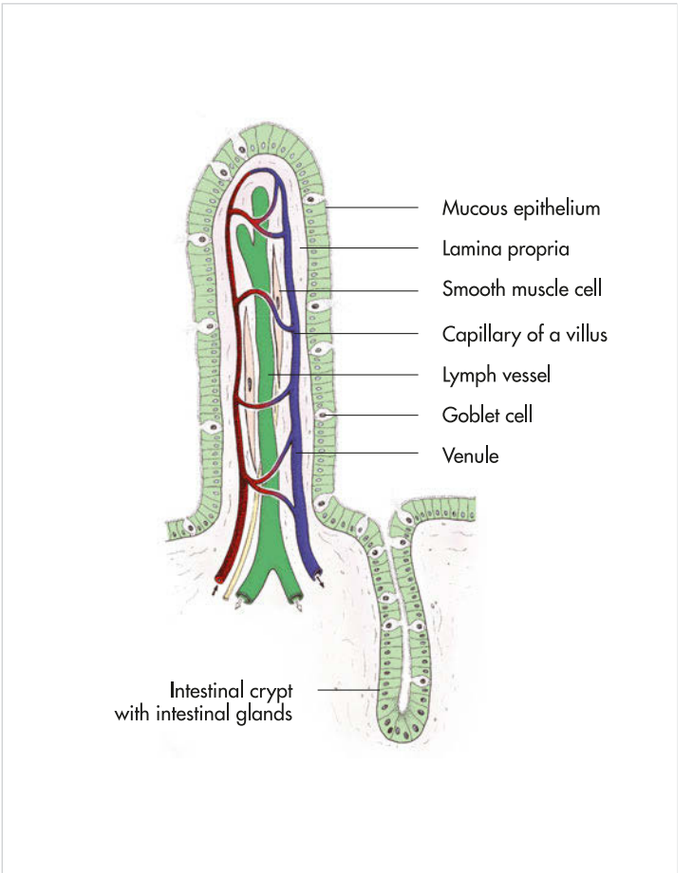


Fig. 8.83 Intestinal villi and crypts (schematic).

The **large intestine** consists of:
- the blind caecum,
- the colon and
- the rectum.

The total length of the intestine differs between species, breeds and even individuals. It is rather difficult to assess intestinal length in the living animal. Post mortem and after cessation of peristaltic contractions, the intestine increases in length. As a result of gastrointestinal adaption to the different diets and feeding habits, the intestinal tract of carnivores is rather short compared to the long intestines in herbivores. Generally the length of the intestine is considered to be five times the body length in carnivores, ten times the body length in the horse and 20 to 25 times the body length in ruminants.

8.3.1 Structure of the intestinal wall

The intestine like the other parts of the alimentary canal is composed of several layers (from the inside to the outside) (▶ Fig. 8.81):
- mucosa (tunica mucosa),
- submucosa (tela submucosa),
- muscular layer (tunica muscularis) and
- peritoneum (serosa seu lamina visceralis).

The single-layered **epithelium of the mucosa** consists of **columnar cells**, which function in absorption and interspersed goblet cells that produce mucous. Throughout the alimentary canal the propria mucosa is occupied largely by the straight, tubular **intestinal glands** (glandulae intestinales) (▶ Fig. 8.82 and ▶ Fig. 8.83). In the small intestine the surface of the mucosa is considerably increased by the presence of innumerable **intestinal villi** (villi intestinales). These densely packed, finger-like projections give the luminal surface of the small intestine its characteristic velvety look. The increase in surface area that this provides is essential for the absorptive functions of this part of the gastrointestinal tract.

Microscopic **intestinal glands** (crypts) open to the surface between the bases of villi. Absorption is facilitated by the fact that each villus has its own arteriole which resolves in a capillary net at the free end of the villus, which in turn drains into a venule at the base of the vilus. This microsystem is complemented by lymphatic capillaries, which drain the products of fat digestion.

The **mucosa of the large intestine** differs from that of the small intestine in that there are **no intestinal villi**. The intestinal glands of the large intestine are longer, straighter and richer in goblet cells, which produce the mucus necessary to ensure a smooth passage of the gut contents. Its most important function is the reabsorption of water and thus the dehydration of its faecal contents. In the horse, however, many absorption mechanisms are located in the large bowel. Further details can be found in histology and physiology textbooks. Similar to the stomach the capillaries are arranged to form a subepitheliar honeycomb-shaped network.

The **lymphatic tissue** of the intestinal wall is the first line of defence against microorganisms, which may gain access to the

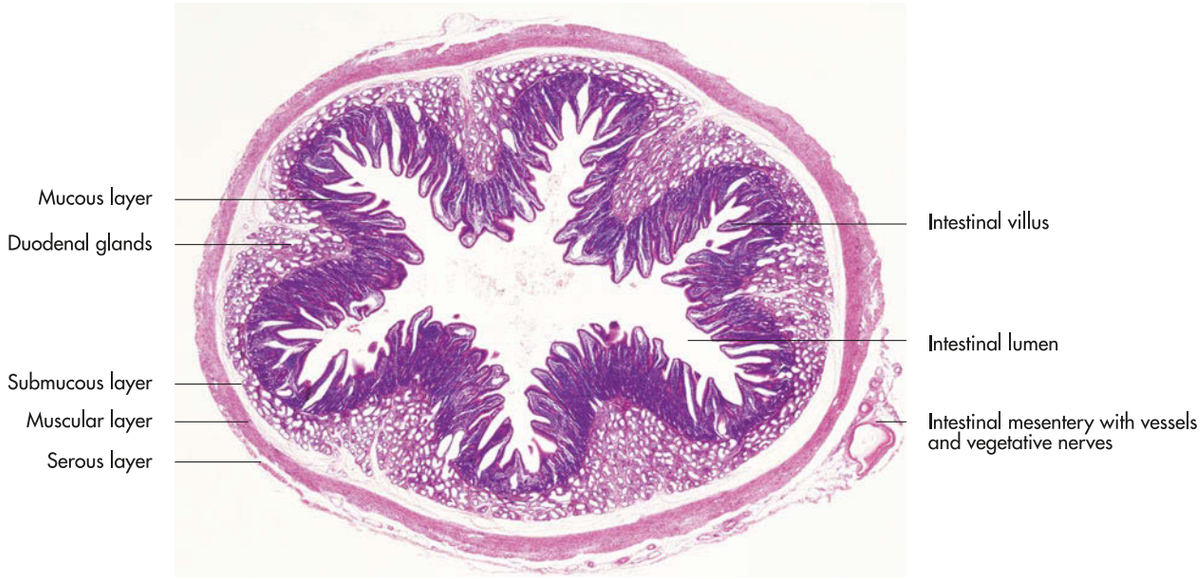


Fig. 8.84 Histological section of the duodenum of a cat.

body from the intestines. It is present as scattered lymphocytes in the mucosa, forms **single follicles** (lymphonoduli solitarii) or may aggregate to form **Peyer's patches**.

Peyer's patches are visible on the free surface of the mucosa as irregularly raised plaques or bands, ranging in length from a few millimetres to more than 25 cm in the ox. These are particularly well developed in the ileum and extend into the large bowel of the horse and ruminants. In the pig these patches are found in the jejunum and in the ileum. In the cat lymph follicles are especially numerous in the apex of the caecum.

The **submucosa** consists of loose connective tissue with smaller blood vessels, lymphatics, lymph follicles and nerve plexus located in it. In addition to the intestinal glands of the mucosa, tubular duodenal glands are found in the submucosa of the proximal part of the small intestine. The submucous nerve plexus are also known collectively as Meissner plexus and supply the intramural glands, smooth muscle fibres and vessel walls.

The **muscular layer** (tunica muscularis) consists of a relatively thin outer longitudinal layer and a thicker inner circular layer. At the anus the circular layer is modified to form the **internal anal sphincter** (m. sphincter ani internus). In the horse and the pig the outer muscular layer is mainly concentrated in a number of bands (**taeniae**). Shortening of these taeniae results in the formation of linear sacculations (**haustra**).

The **serosal layer** of the intestine is provided by the visceral part of the peritoneum. Extending from the dorsal body wall the double sheets of the **connecting serosa** (**mesentery**) separate to cover the intestine. The mesentery serves as a route for blood vessels and nerves and contains lymph nodes.

The **lymph vessels** from the intestines drain into the following lymph nodes: portal lymph nodes, pancreaticoduodenal lymph nodes, cranial mesenteric lymph nodes, caecal lymph nodes, jejunal lymph nodes, colic lymph nodes, anorectal lymph nodes.

8.3.2 Innervation of the intestine

The intestine receives both sympathetic and parasympathetic nerves. The nervous system of the intestine comprises a complex system of intramural ganglia, which form plexus in the different layers of the intestinal wall. The **submucosa** contains the **submucosal nerve plexus** (**Meissner plexus**) and another plexus is located between the two layers of the **muscular layer**, the **myenteric plexus** (**Auerbach plexus**) (▶ Fig. 8.81). Both plexi are connected to the prevertebral ganglia of the abdominal cavity by a fine subserous network of nerve fibres. These plexi are under the control of the parasympathetic and the sympathetic systems, but they are independently and are responsible for the apparently spontaneous muscular and secretory activity of the gut.

8.3.3 Blood supply of the intestine

The blood supply to the intestines is mainly provided by the **cranial** and **caudal mesenteric arteries** (a. mesenterica cranialis et caudalis) (▶ Fig. 8.88, ▶ Fig. 8.89, ▶ Fig. 8.90, ▶ Fig. 8.91 and ▶ Fig. 13.29), with the exception of the proximal part of the duodenum, which is supplied by the hepatic branch of the **coeliac artery** (a. coeliaca) and the caudal part of the rectum, which is supplied by the rectal branches of the internal pudendal artery (a. pudenda interna). Although the details of branching vary between species and even individuals, the cranial mesenteric artery divides into **three main branches**:

- jejunal artery (a. jejunalis),
- ileocolic artery (a. ileocolica) and
- middle colic artery (a. colica media).

The **trunk of the jejunal artery** passes to the left and divides into numerous jejunal arteries, which run in the mesentery towards the jejunum. Shortly before reaching the jejunum they anastomose with each other forming arcades. From these arcades branches are detached to the mesenteric surface of the jejunal wall. The richness of anastomoses ensures that the intestine will

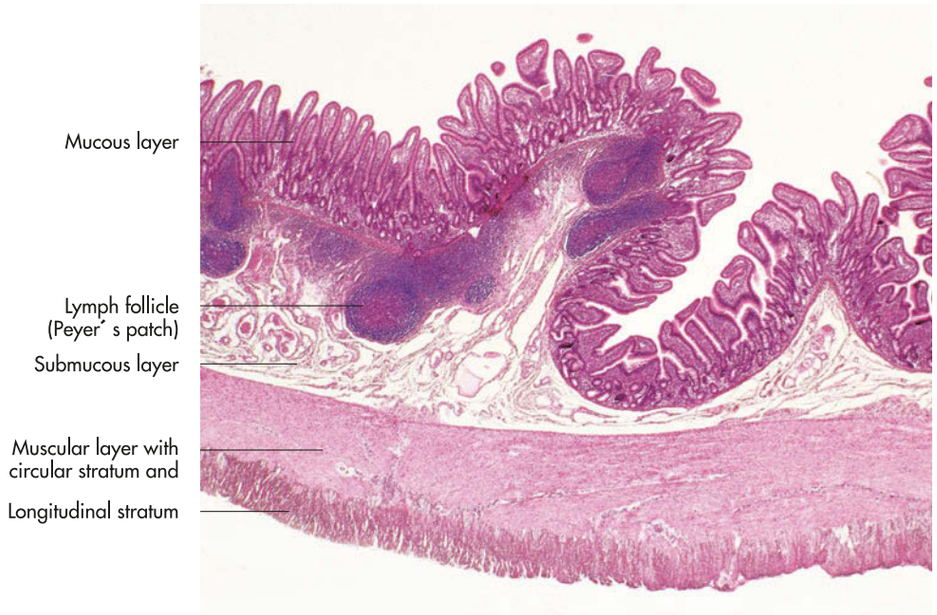


Fig. 8.85 Histological section of the ileum of a dog.

normally survive the complete obstruction of one of the jejunal vessel. The first jejunal artery detaches the caudal pancreaticoduodenal artery; the last of the jejunal arteries anastomoses with the mesenterial ileal branch of the ileocolic artery.

After originating from the cranial mesenteric artery the **ileocolic artery** passes to the right and supplies the ileum, caecum and the ascending colon with the following branches:

- mesenteric and antimesenteric ileal branch (ramus ilei mesenterialis et antimesenterialis) of the ileum,
- lateral and medial caecal artery (a. caecalis lateralis et medialis) of the caecum,
- colic branch (ramus colicus) of the proximal part of the ascending colon and
- right colic artery (a. colica dextra) of the distal part of the ascending colon.

In the horse the right colic artery supplies the dorsal part of the colon and is therefore referred to as **dorsal colic artery** (a. colica dorsalis), while the blood supply of the ventral colon is provided by the colic branch, which is referred to as **ventral colic artery** (a. colica ventralis). The two colic arteries form an anastomosis at the pelvic flexure of the colon.

The middle colic artery is the third branch of the cranial mesenteric artery and provides the blood supply for the transverse colon. It anastomoses with the ileocolic artery via the right colic artery and with the caudal mesenteric artery via the left colic artery.

Not only does the cranial mesenteric artery provide the blood supply for a large part of the intestine, it also has an important function in supporting the intestine. The soft-tissue connection of the aorta to the spine by the adventitia provides a form of suspension from the dorsal body wall to the cranial mesenteric artery. At the same time the blood pressure within the intestinal arteries render these quite inflexible, similar to a garden hose under pressure, which provides an additional means of fixation for the abdominal organs. This is a particularly important mechanism in the horse, in which the intestine is very mobile due to its relatively long mesentery. It is hypothesised that a change in blood pressure, e.g. by parasitic infestation of the arterial walls, can lead to intestinal displacement and thus cause colic in the horse.

The smaller **caudal mesenteric artery** originates from the abdominal aorta shortly before it reaches its terminal branch. Its distribution is restricted to the descending colon and the proximal part of the rectum. It divides into the **left colic artery** (a. colica sinistra) and the **cranial rectal artery** (a. rectalis cranialis). The left colic artery passes cranially within the mesentery of the descending colon and detaches small branches to the mesenterial surface of the descending colon. The cranial rectal artery supplies the cranial part of the rectum.

The **veins** are mainly parallel to the arteries and join to form the **cranial** and **caudal mesenteric veins**. These veins are two of the main supplies of the **portal vein**, with the splenic vein being the third. The veins of the caudal part of the rectum and the anal region join the **caudal vena cava**. The **portal vein** receives the venous blood from the distribution of the coeliac, cranial and caudal mesenteric arteries. Thus, it collects the venous blood from all **unpaired abdominal organs** except for the terminal rectum.

8.3.4 Small intestine (intestinum tenue)

The main functions of the small intestine are digestion and absorption. Digestion is defined as the enzymatic destruction of ingested material into particles ready for absorption. Both the pancreatic and the bile ducts open into the small intestine: pancreas secretion is the major source of the enzymes, and the bile is responsible for the emulsification of fat essential for digestion.

The **mucosal epithelium** consists mainly of columnar cells, which function in absorption, mucus production and endocrine function, and control pancreatic secretion and muscular function of the gallbladder and the intestinal walls (▶ Fig. 8.79 and

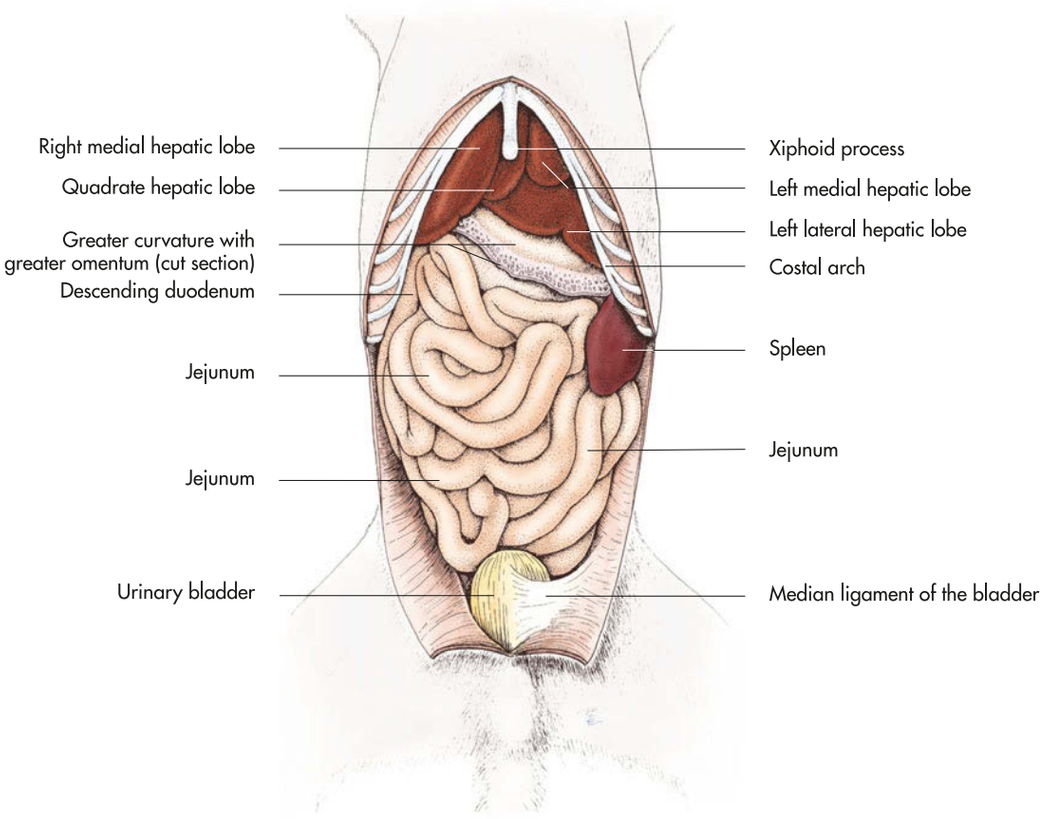


Fig. 8.86 Abdominal organs of the dog in situ (schematic, ventral aspect, greater omentum removed).

▶ Fig. 8.80). The mucosa is rich in lymphoid follicles, which aggregate to form **Peyer's patches** (▶ Fig. 8.84). The small intestine begins at the pylorus and ends at the caecocolic junction. It consists of **three main parts** (▶ Fig. 8.85):

- duodenum,
- jejunum and
- ileum.

The **small intestine** is connected to the dorsal abdominal wall by the **dorsal mesentery** over its whole length. The mesentery is **relatively long** for the most part and allows a great degree of mobility to the small intestine. However in the horse and in ruminants the duodenum is fixed in its position by a **short mesoduodenum**.

Duodenum

The duodenum is the proximal part of the small intestine, extending from the pyloric part of the stomach to the jejunum (▶ Fig. 8.84, ▶ Fig. 8.86, ▶ Fig. 8.87 and ▶ Fig. 8.88). The duodenum can be subdivided into a:

- cranial portion (pars cranialis duodeni),
- cranial duodenal flexure (flexura duodeni cranialis),
- descending portion (pars descendens duodeni),
- caudal duodenal flexure (flexura duodeni caudalis), also known as transverse portion (pars transversa),
- ascending portion (pars ascendens) and
- duodenojejunal flexure (flexura duodenojejunalis).

The initial portion continues from the pylorus of the stomach and passes towards the right abdominal wall before deflecting caudally to descend to the pelvic inlet. It then passes medially around the cranial root of the mesentery before ascending cranially for a short distance. It ends by bending ventrally, where it is continued as the jejunum.

Unlike in humans where the extent of the duodenum is defined over the presence of the duodenal glands, the caudal end of the duodenum is marked by the cranial border of the **duodenocolic fold** (plica duodenocolica) (▶ Fig. 8.88). The duodenum is attached to the abdominal roof by the mesoduodenum, the cranial part of the mesentery, which is relatively short in the horse and in ruminants, but longer in carnivores and the pig (▶ Fig. 8.88). The long mesoduodenum together with the rather extensive lesser omentum allows a great range of movement to the stomach. This is held responsible for the high prevalence of gastric torsions (torsio ventriculi) in the dog, a life-threatening condition occurring in middle-sized and large breeds.

The **cranial part of the duodenum** is connected with the liver by the **hepatoduodenal ligament**, a remnant of the ventral mesentery present in the embryo. Within the hepatoduodenal ligament passes the **common bile duct** (ductus choledochus) from the liver to the duodenum. The mesentery of the descending duodenum includes the right lobe of the pancreas.

Both the pancreatic and the bile ducts open into the duodenum (▶ Fig. 8.110 and ▶ Fig. 8.115). A more detailed description is given within this chapter in the section about the accessory glands of the intestinal tract (p. 384).

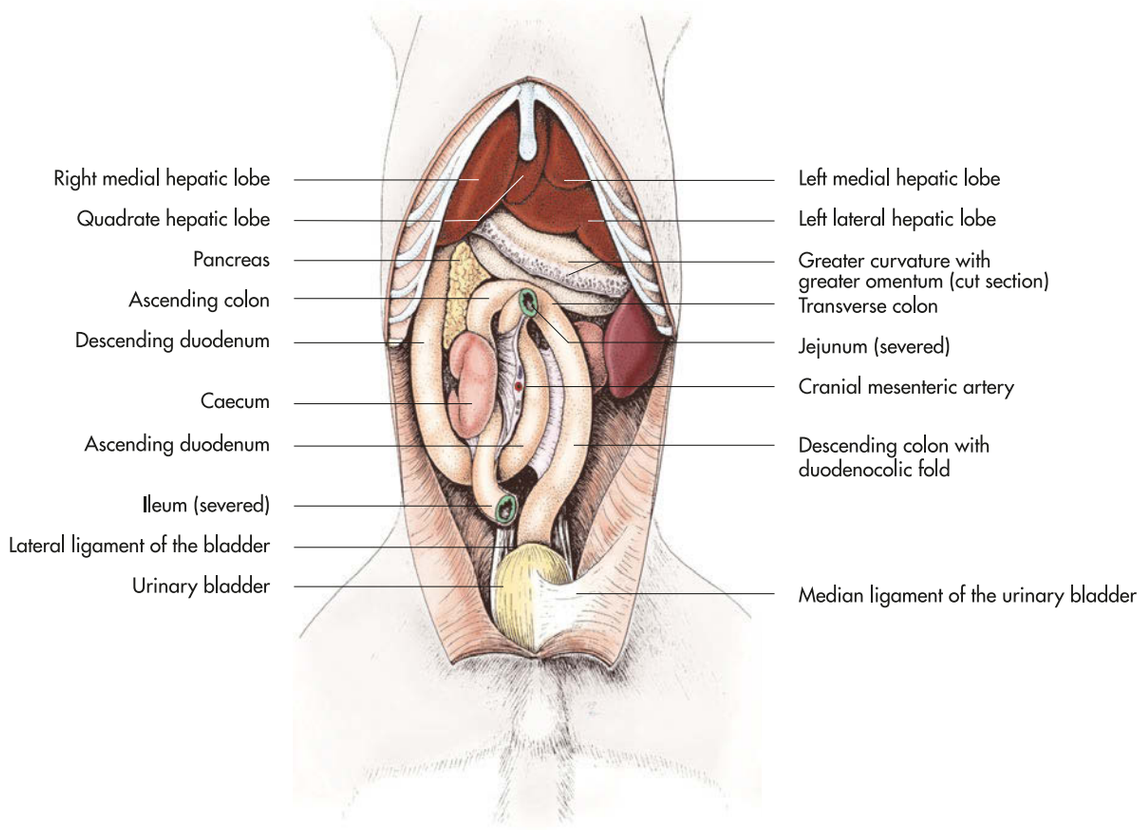


Fig. 8.87 Abdominal organs of the dog in situ (schematic, ventral aspect, greater omentum and jejunal coils removed); fig. based on data from Dyce, Sack and Wensing, 2002.

Jejunum

The jejunum is the longest part of the small intestine between the duodenum and the ileum. It is also the **most mobile** and free part of the entire alimentary canal, due to the **long mesojejunum** which suspends the jejunum and ileum from the abdominal roof (▶ Fig. 8.88).

The **mesojejunum** is continuous with the mesoileum and has the form of a large fan hanging from the abdominal roof with the convoluted jejunum and ileum located in its free distal border. The very short, bunched portion with which it attaches to the aorta is known as the **root of the mesentery** (radix mesenterii). It includes the **cranial mesenteric artery**, the **large mesenteric plexus of nerves** that surround the artery and **intestinal lymphatics**. The free border is much longer and folded or ruffled since it follows the turns of the intestine.

The distinction between the jejunum and ileum is rather arbitrarily chosen and the ileum is defined at the terminal part of the small intestine to which the **ileocaecal fold** (plica ileocaecalis) attaches. In carnivores the jejunal coils occupy the ventral part of the abdomen between the stomach and the bladder, lying on the deep layer of the greater omentum. The long mesojejunum imposes little restraint, which allows the gut to move freely in response to respiratory, and other movements.

In the pig the jejunum is also suspended by a long mesentery and its coils share the caudoventral part of the abdomen with the mass of the ascending colon. Since the latter lies largely in the left half of the abdominal cavity the jejunum lies more to the right (▶ Fig. 8.89).

In ruminants the large rumen occupies the left half of the abdomen, thus pushing the intestines to the right (▶ Fig. 8.90 and ▶ Fig. 8.92). The position of the jejunal coils depends on the fullness of the rumen and the size of the uterus. Usually it lies, together with the ascending colon, within the supraomental recess, but some coils may also be found behind the rumen against the left flank.

In ruminants and the pig the ascending colon is partly adherent to the right surface of the mesojejunum. Lymphoid tissue is generously spread throughout the mucosa, and both solitary and aggregated nodules occur. Aggregated nodules form large (up to 25 cm long) **Peyer's patches** and can be distinguished by their irregular surface. Usually one of these patches extends through the ileum into the large intestine.

In the horse most of the jejunum is found within the left dorsal part of the abdomen. A considerable degree of mobility is provided to the jejunum by its long mesentery (▶ Fig. 8.91 and ▶ Fig. 8.93).

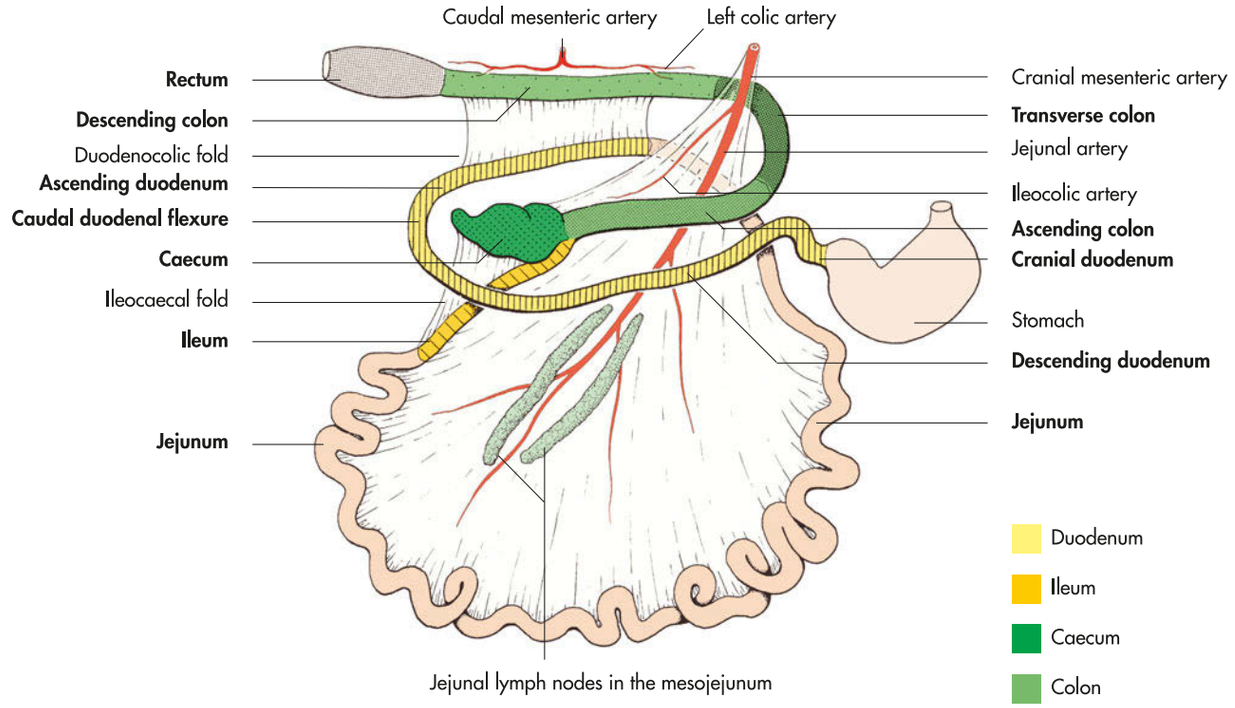


Fig. 8.88 Intestinal tract of the dog (schematic); fig. based on data from Ghetie, 1958.

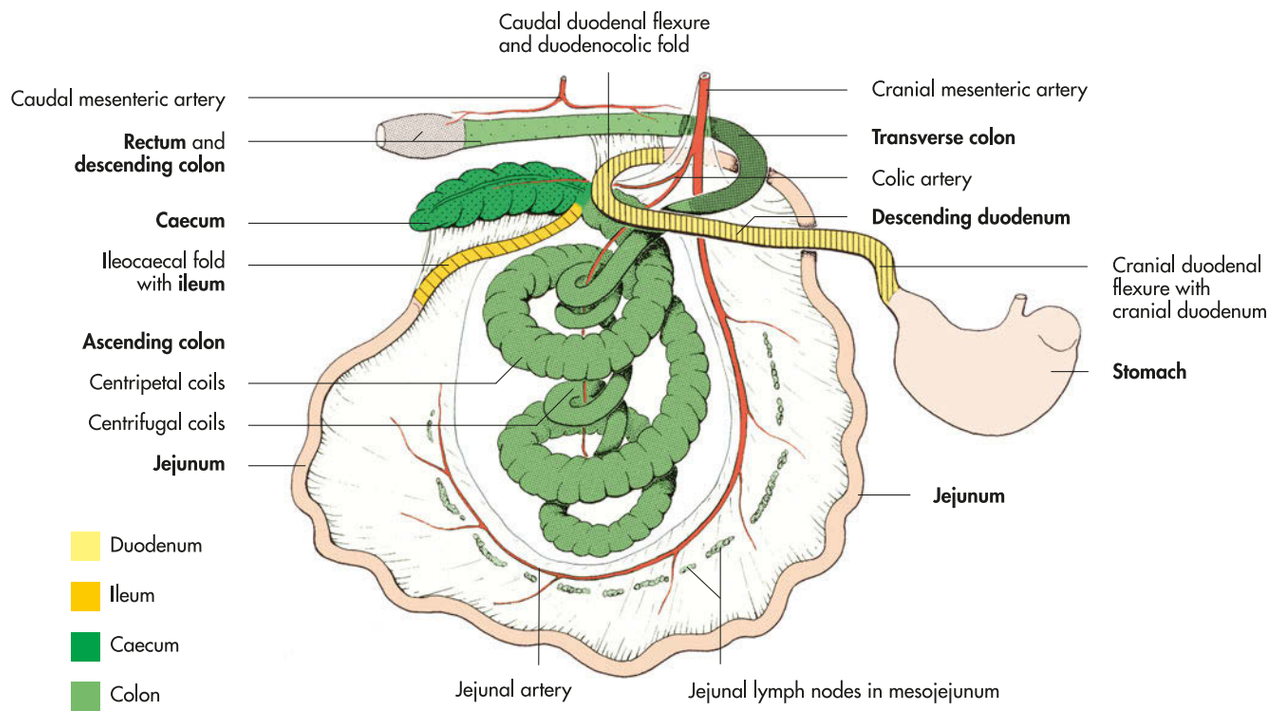


Fig. 8.89 Intestinal tract of the pig (schematic); fig. based on data from Ghetie, 1958.

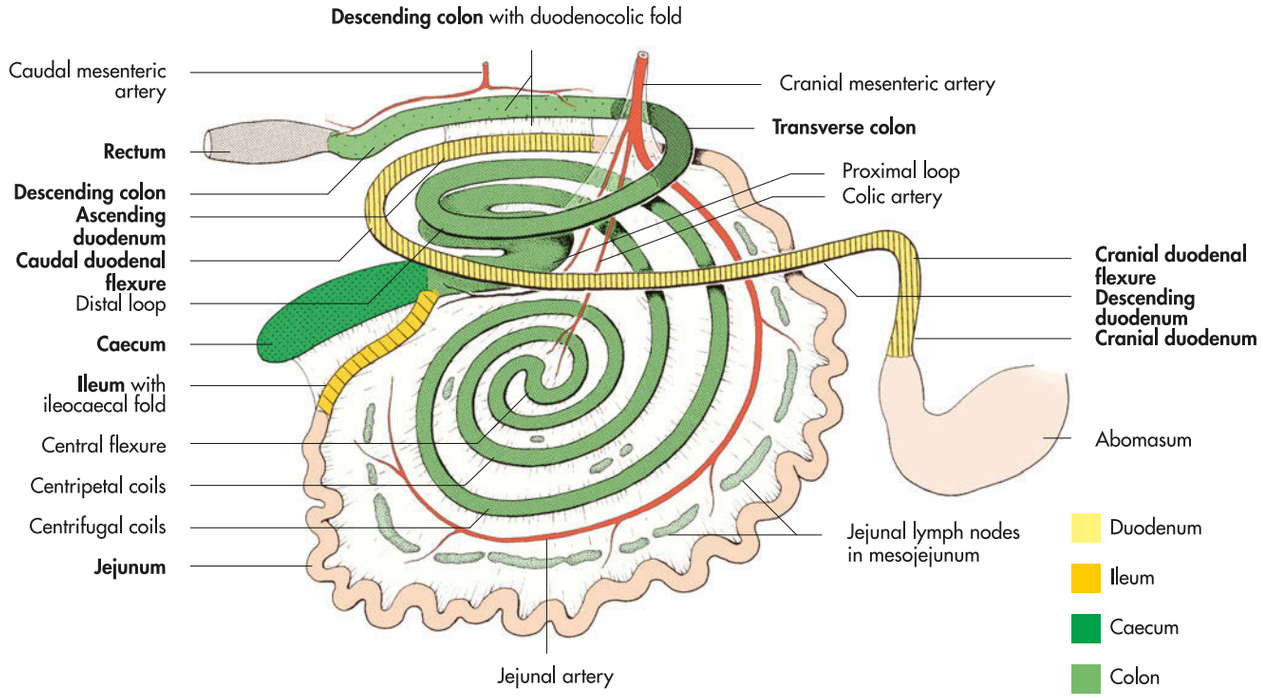


Fig. 8.90 Intestinal tract of the ox (schematic); fig. based on data from Ghetie, 1958.

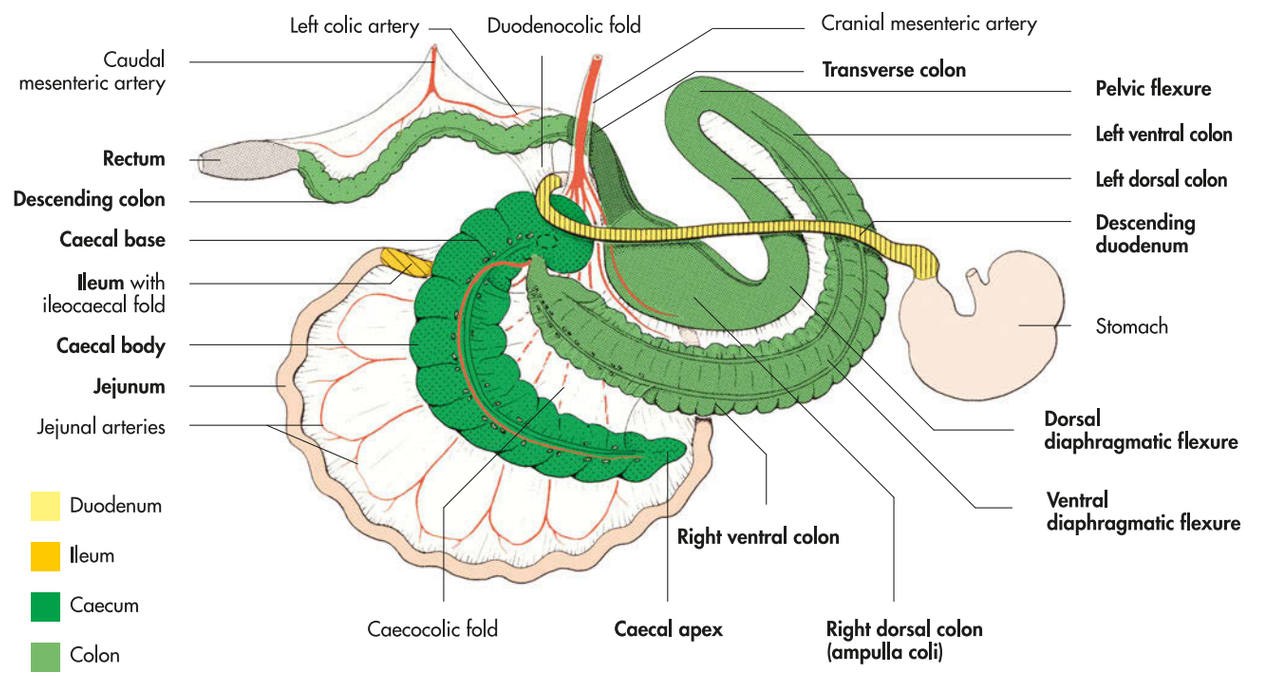


Fig. 8.91 Intestinal tract of the horse (schematic); fig. based on data from Ghetie, 1958.

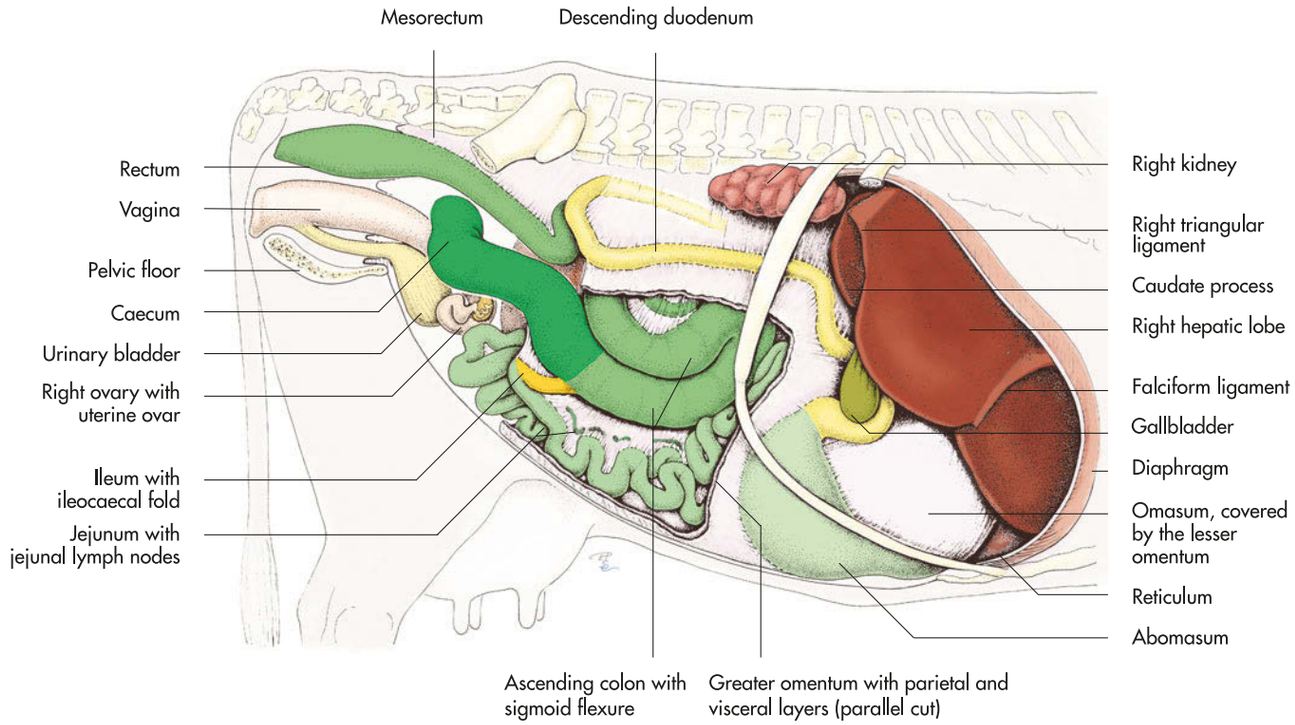


Fig. 8.92 Topography of the abdominal and pelvic organs of the cow (schematic, right lateral aspect, abdominal wall and greater omentum removed).

Clinical note

The mesojejunum is conspicuously long, permitting extensive movement of the jejunum (▶ Fig. 8.91). Jejunal loops may pass through the **epiploic foramen** (foramen epiploicum), become trapped over the renosplenic ligament (nephrosplenic entrapment) or herniate into the **vaginal process** (processus vaginalis). This can significantly impede the passage of ingesta and compromise blood flow to the intestine. The long jejunal mesentery is also considered to be a factor in the occurrence of intussusception and intestinal volvulus.

Ileum

The ileum is the rather short terminal part of the small intestine. The distinction between the jejunum and the ileum is defined by the proximal extent of the **ileocaecal fold** (plica ileocaecalis) (▶ Fig. 8.88). It ends at the ileocaecocolic junction with the **ileal opening** on the **ileal papilla**, the exact location varying between the different domestic mammals (▶ Fig. 8.96) It is more muscular and hence firmer than the jejunum and the mucosa is rich in lymphoid tissue, which aggregate to form **Peyer's patches**. The well-developed muscular layer is responsible for the uni-directional transportation of the ingesta into the caecum.

In the horse, dysfunction of the nervous supply to the ileum leads to a permanent contraction of the muscular coat of the ileum, which can result in impaction and thus colic. On rectal palpation a characteristic finding is the firm ileum passing from the left-ventral part of the abdomen right-dorsally.

8.3.5 Large intestine (intestinum crassum)

The large intestine can be divided into the following parts in all domestic mammals (▶ Fig. 8.88):

- **caecum**,
- **colon**, which is further subdivided into:
  - ascending colon (colon ascendens),
  - transverse colon (colon transversum) and
  - descending colon (colon descendens);
- **rectum**.

Caecum

The caecum is usually described as the first part of the large intestine. It is a blind tube, which is demarcated from the colon by the entrance of the ileum (▶ Fig. 8.87). It communicates with the ileum through the **ileal orifice** (ostium ileale) and with the colon through the **caecocolic orifice** (ostium caecocolicum).

The vermiform apex of man is **not present** in the domestic mammals.

In carnivores, ruminants and in the horse the caecum lies in the right half of the abdomen, in the pig it is on the left. It is attached to the ileum by the **ileocaecal fold** (plica ileocaecalis), which defines the proximal extent of the ileum. In the dog the caecum is short and is drawn into a spiral. Unlike in the other domestic mammals, it does not have a direct communication with the ileum, but joins the colon, which forms a continuous tube with the ileum, to one side. In the cat the caecum is even shorter and has the shape of a comma.

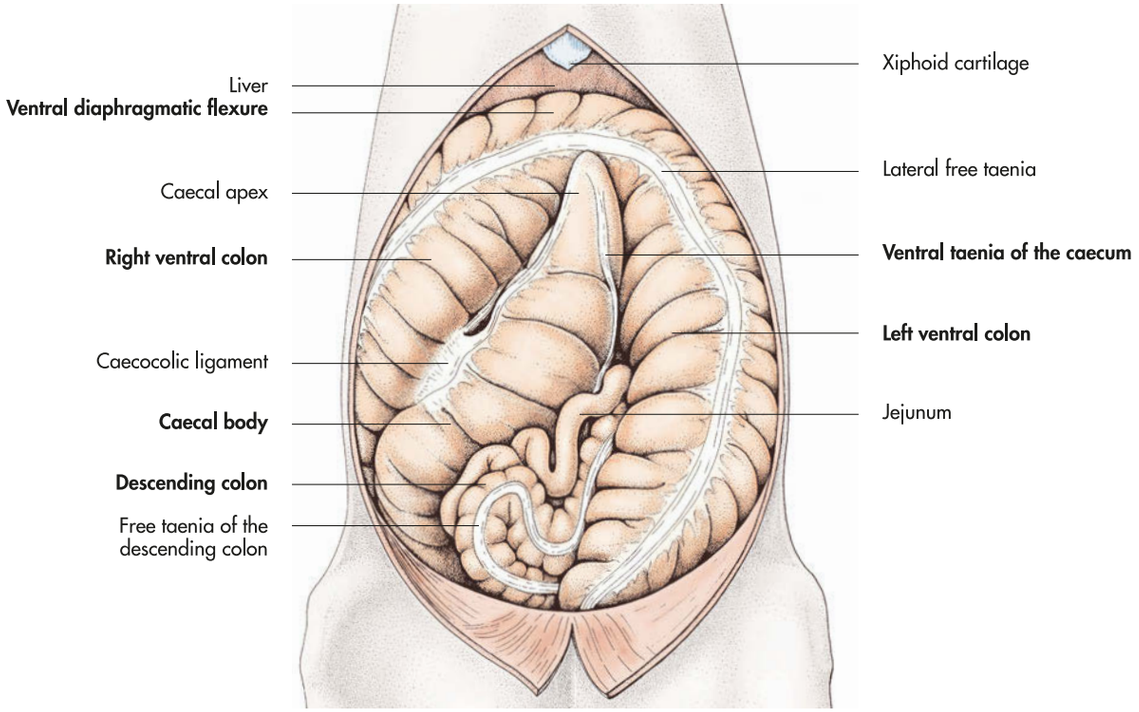


Fig. 8.93 Caecum and colon of the horse in situ (schematic, ventral aspect); fig. based on data from Ghetie, Pastea and Riga, 1955.

Caecum of the horse

The caecum of the horse has an enormous capacity of up to 30 l and is on average about 1 m long. It consists of a **base** (caput caeci) dorsally, a curved tapering **body** (corpus caeci) and a blind-ending **apex** (apex caeci) cranio-ventrally (▶ Fig. 8.91 and ▶ Fig. 8.93).

The **base** lies in the right dorsal part of the abdomen in contact with the abdominal roof in the lumbar region, where it forms a retroperitoneal attachment. The **caecocolic orifice** is a transverse slit formed by a constriction of the ascending colon. In the dead specimen it admits only couple of fingers, while in the living animal it will generally allow the passage of a hand.

The ileum opens on the **ileal papilla** (papilla ilealis) (▶ Fig. 8.96), a conical projection including the **ileal sphincter** (m. sphincter ilei) and a **venous plexus**, which control the ileal orifice. Based on its embryologic development the base of the caecum is actually the initial part of the ascending colon. Therefore the term **ileal orifice** (ostium ileale) is used in the horse, even though the ileum leads directly into the caecum and does not open on the the border to the ascending colon, as it does in the other domestic animals (except in the dog). The caecocolic junction is marked by the **caecocolic orifice** (ostium caecocolicum).

At first, the body of the caecum lies against the **right flank**, but as it runs cranioventrally it also passes more medially between the ventral parts of the ascending colon. It terminates with the apex close to the xiphoid cartilage on the ventral abdominal floor.

The **longitudinal layer** of the muscular layer is concentrated in **bands** visible on the external surface as **taenia**, between which the caecal wall is ruffled into four **rows of sacculations** (haustra). There are **four taenia** over most of the caecum, a medial, lateral, dorsal and ventral band, but the number diminishes towards the apex (▶ Fig. 8.91 and ▶ Fig. 8.94).

The **caecal vessels** and **lymph nodes** are located along the medial and lateral taenia. The dorsal band provides attachment to the **ileocaecal fold** (plica ileocaecalis), which extends between the caecum and the ileum, the lateral band to the **caecocolic fold** (plica caecocolica) extending between the caecum and the ascending colon. The ventral band remains free. The different character of each taenia provides important anatomical landmarks, as do the varying numbers of taenia of the colon during surgery. The interior is marked by numerous folds, which correspond to the external divisions of the haustra.

In the horse the caecum is responsible for the digestion of complex carbohydrates such as cellulose. The ingesta are transported into the colon, while reflux into the ileum is prevented by the ileal papilla. The regular transportation of ingesta from the ileum into the caecum can be heard on auscultation of the right dorsal quadrant of the caudal abdomen, which is done in the assessment of colic. Disorders of caecal function may result in impaction or gas distension, which are a common cause of colic in the horse.

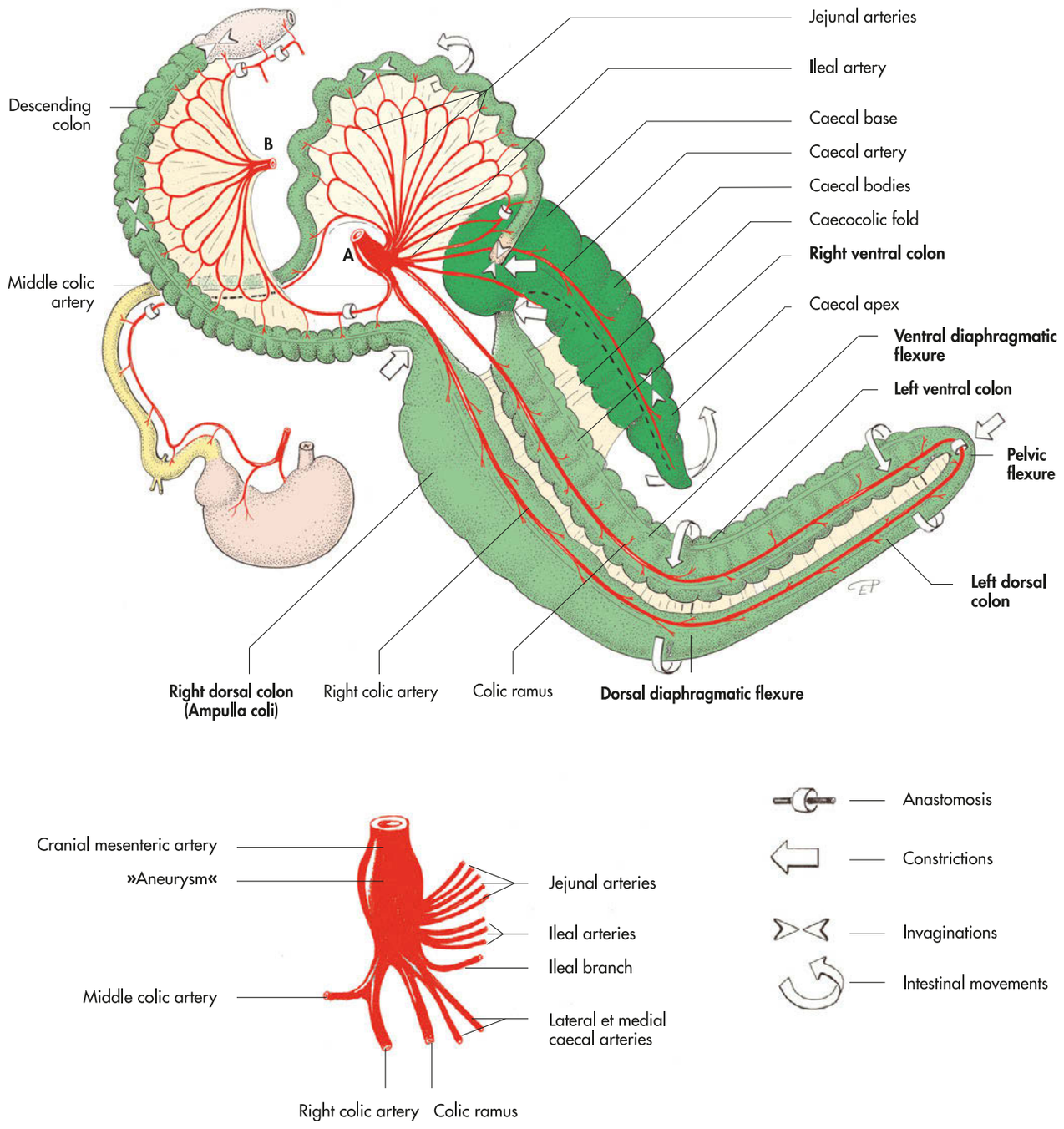


Fig. 8.94 Blood supply of the large intestine of the horse: **(A)** by the cranial and **(B)** by the caudal mesenteric artery (schematic).

Caecum of the pig and ruminants

The caecum of the pig is a cylindrical blind sac, which lies in the left half of the abdomen with its apex pointing caudoventrally. It has **three longitudinal muscle bands (taeniae)** with **three rows of sacculations (haustra)** between them. The ventral band provides attachment to the ileocaecal fold; the lateral and medial bands remain free. The relatively small caecum of ruminants is rather featureless and has neither taenia nor haustra (▶ Fig. 8.89). It is located in the right half of the abdomen within the supraomental recess with its blind apex pointing caudally.

Colon

Following human anatomic nomenclature the colon (▶ Fig. 8.88) is divided into **three parts**:

- ascending colon (colon ascendens),
- transverse colon (colon transversum) and
- descending colon (colon descendens).

The anatomical arrangement which forms the base of this division is only found in dogs and cats. In these species the short ascending colon passes cranially on the right; the transverse colon

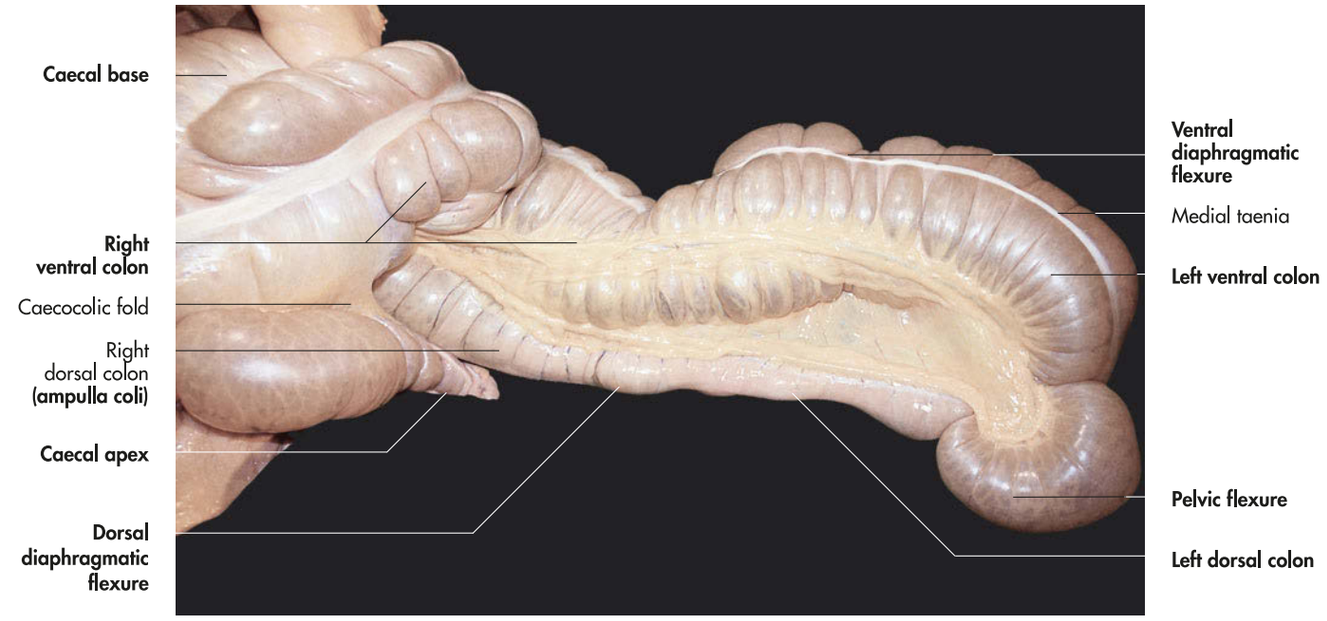


Fig. 8.95 Large intestine of a horse.

runs from right to left, cranial to the root of the mesentery. The long descending colon passes left of the mesenteric root caudally, where on reaching the pelvic cavity it continues as the rectum. In the other domestic mammals the form and topography of the colon is more complex, with the ascending colon showing the greatest modifications.

Colon of the horse

The colon of the horse consists of a large ascending colon, which is arranged in two U-shaped loops laying on top of each other, a short transverse colon and a long descending colon. Due to the considerable difference in diameter the first two portions are also referred to as the "large colon", the third as the "small colon" (▶ Fig. 8.91, ▶ Fig. 8.93, ▶ Fig. 8.94, ▶ Fig. 8.95 and ▶ Fig. 8.97).

Ascending colon (colon ascendens)

The ascending colon can be subdivided into **four parallel limbs** connected by **three flexures** with the following proximo-distal sequence:

- right ventral colon (colon ventrale dextrum),
- sternal flexure (flexura diaphragmatica ventralis),
- left ventral colon (colon ventrale sinistrum),
- pelvic flexure (flexura pelvina),
- left dorsal colon (colon dorsale sinistrum),
- dorsal diaphragmatic flexure (flexura diaphragmatica dorsalis) and
- right dorsal colon (colon dorsale dextrum).

The ascending colon begins with the **right ventral colon** at the **caecocolic orifice** The right ventral colon continues cranioventrally almost parallel to the right costal angle. On reaching the xiphoid region it is deflected across the midline as the **sternal flexure** and passes caudally as the **left ventral colon** on the abdominal floor towards the pelvis. Just cranial to the pelvic inlet it forms the **pelvic flexure** by turning about 360 degree dorsally,

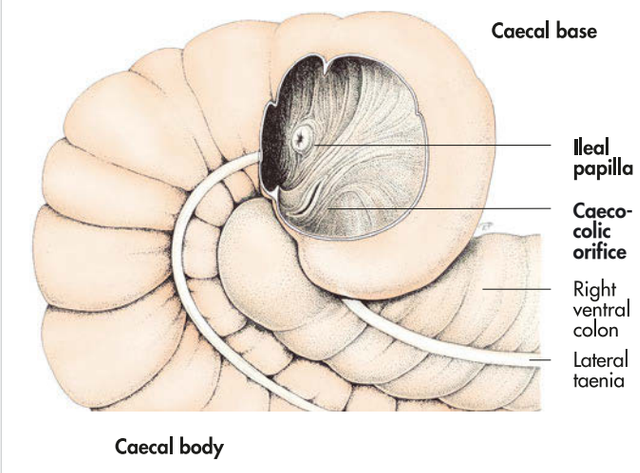


Fig. 8.96 Ileal papilla and caecocolic orifice in the horse (schematic).

after which it continues as the **left dorsal colon**. The left dorsal colon runs cranially again on top of the left dorsal colon towards the diaphragm, where it joins the right dorsal colon at the **diaphragmatic flexure**. The **right dorsal colon** is the shortest, but widest part of the ascending colon and runs first caudally until it is deflected medially to become the transverse colon.

The different portions of the ascending colon can not only be distinguished by their topography, but have other characteristic features, which are important for the identification of the different parts during laparotomy. The right and the left ventral colon are characterised by **four bands** (taeniae) with **four rows of sacculations** (haustra) between them (▶ Fig. 8.97). The lateral and medial mesocolic bands (taenia mesocolica lateralis et medialis) run on the dorsal surface and provide attachment to the mesocolon.

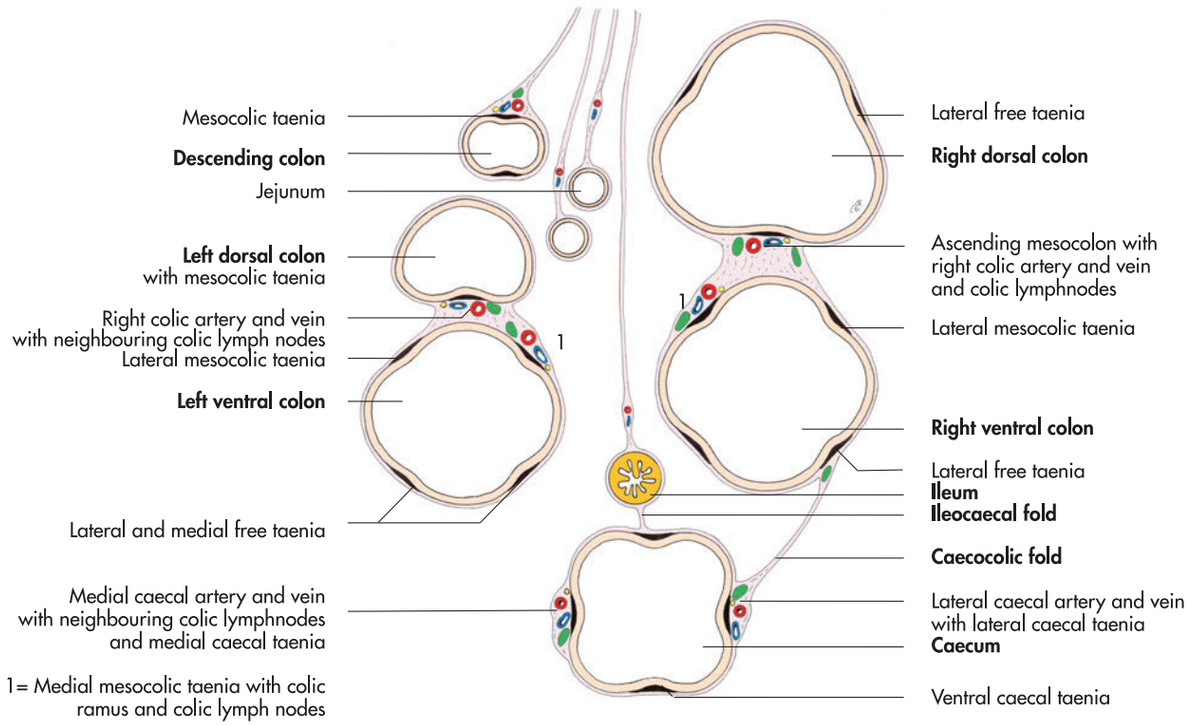


Fig. 8.97 Transverse sections of the colon in the horse (schematic, caudal aspect); fig. based on data from Habel, 1978.

The medial band also conveys blood vessels, nerves and lymphatics. Numerous lymph nodes are located along this band and at the caudal part of the right ventral colon the caecocolic fold attaches to it. The other two bands are found on the ventral surface and are mainly composed of soft tissue rich in elastic fibres. It is hypothesised that the ventral bands have mainly a supporting function, while the dorsal ones, being rich in muscle fibres and nervous tissue, are responsible for contraction.

At the junction to the pelvic flexure three of the four bands disappear and the **pelvic flexure** and the following **left dorsal colon** have only **one mesocolic longitudinal band**. The pelvic flexure is also distinguished by a marked reduction in diameter and it marks the boundary between two functional units of the colon (▶ Fig. 8.97).

In the **ventral parts of the colon** many important digestion and absorption mechanisms take place, while the dorsal parts of the colon play only a minor role in digestion, but are mainly responsible for transportation of the ingesta. The reduction in diameter together with the sudden change in direction and the decrease in the fluidity of the ingesta render this location predisposed for impaction. The left dorsal colon is narrow, but widens gradually. Close to the diaphragmatic flexure two additional bands appear on the dorsal surface. Thus the **diaphragmatic flexure** and the right dorsal colon are marked by **three bands**, two on the dorsal and one on the ventral surface with relatively indistinct rows of sacculation between them (▶ Fig. 8.97). These taeniae are responsible for the transportation of the ingesta into the transverse colon.

The **right dorsal colon** is by far the widest part of the colon and is therefore also referred to as the **ampulla coli**. It is a common site for enteroliths, which can reach football size and may lead to obstruction of the transverse colon, causing colic.

Clinical note

The entire **ascending colon** is suspended from the dorsal body wall by a single **zone of attachment** incorporating the base of the caecum, right dorsal colon, transverse colon, parts of the pancreas and the root of the mesentery. The **ventral segments** of the ascending colon are attached to the dorsal segments by the **mesocolon**, which carries nerves and contains the colic lymph nodes (lymphonodi colici).

As the area of attachment of the ascending colon is limited, the left portion may rotate about its longitudinal axis (**torsio coli sinistra**). This is one of the most critical events that can occur within the abdominal cavity of the horse (▶ Fig. 8.94). The lumen of the colon is obstructed, and the vascular supply is interrupted, usually resulting in **necrosis of the intestinal wall**. For successful treatment, laparotomy and repositioning of the colon must be performed as quickly as possible.

Transverse colon (colon transversum)

The short transverse colon passes from the right to the left cranial to the root of the mesentery. It is marked by two bands and rapidly funnels to the diameter of the descending colon (▶ Fig. 8.88), which succeeds the transverse colon at the level of the left kidney. The transverse colon is involved in the dorsal attachment of the right dorsal colon.

Descending colon (colon descendens)

The descending colon is similar to the jejunum in diameter and between 2–4 m long. It is also suspended by a long mesentery (mesocolon descendens), but can be distinguished from the mesojejunum by its higher content of fat. The descending colon carries two bands, the antimesenterial taenia and the mesenterial taenia, to which the mesocolon attaches. The two prominent bands draw the descending colon into two rows of distinct sacculations, which are occupied by the characteristic faecal balls of this species (▶ Fig. 8.91).

Colon of the pig

The colon of the pig is divided into the usual three parts with the transverse and descending colon being similar to the simple arrangement found in dogs (▶ Fig. 8.89). The ascending colon however is greatly elongated and coiled to form a cone-shaped organ. The base of this cone is attached to the abdominal roof in the left half of the abdomen and the apex points ventrally, its exact position is dependant on the degree of filling of the stomach.

After originating from the caecum ventral to the left kidney, the ascending colon forms **centripetal turns** passing clockwise (viewed from above) to the apex of the cone. It then reverses forming the **central flexure** (flexura centralis), and returns to the base in tight counterclockwise turns. The centripetal turns are located on the outside of the cone, the **centrifugal turns** are located inside the cone covered by centripetal ones. The centripetal ones are marked by two bands with two rows of sacculations between them, which are not present in the centrifugal turns.

Colon of the ruminants

The colon is divided into the usual ascending, transverse and descending parts (▶ Fig. 8.90). The ascending colon is by far the longest part and has a characteristic spiral arrangement.

After leaving the caecum the ascending colon forms a **sigmoid flexure** (ansa proximalis coli), the first part being cranially convex, the second caudally convex. It then narrows and turns ventrally to form a double **spiral** (ansa spiralis), which is in contact with the left side of the mesentery. **Two centripetal turns** (gyri) are reversed in the **central flexure** of the spiral and succeeded by **two centrifugal turns** in the ox. There are three centripetal turns in the sheep and four in the goat, followed by the same number of centrifugal turns. The centrifugal turns of small ruminants have a pearl-string appearance due to the segmented contents characteristic of the faeces of these species. In small ruminants the last centrifugal turn spirals away from the coil to come close to the jejunum, surrounding the jejunal lymph nodes. While the whole spiral has the form of a flat disk in the ox, it is arranged to form a low cone in the small ruminants.

After the last centrifugal loop of the spiral the ascending colon continues into a **distal loop** (ansa distalis coli) which carries it first towards and then away from the pelvis to join the transverse colon. The **short transverse colon** crosses the midline cranial to the mesenteric root and continues caudally as the descending colon. This part of the colon is usually embedded in fat and fused to adjacent parts of the intestine. Before joining the rectum at the pelvic inlet it forms a sigmoid flexure, the looseness of which allows a considerable range of movement to the hand of the examiner during rectal palpation.

Clinical note

Intestinal landmarks

- The mesentery of the descending duodenum always includes the right part of the pancreas.
- The caudal flexure of the duodenum surrounds the cranial mesenteric root caudally.
- The duodenocolic fold (plica duodenocolica) marks the distal end of the duodenum and extends to the descending colon.
- The ileocaecal fold marks the length of the ileum and extends to the caecum (in the horse it attaches to the dorsal band).
- The transverse colon passes cranial to the cranial mesenteric root.
- In the horse the caecocolic fold extends between the caecum and the caudal part of the medial mesocolic band of the left ventral colon.
- In the horse the different parts of the colon can be identified by the numbers of taenia:
  - four bands: left and right ventral colon, sternal flexure,
  - three bands: diaphragmatic flexure, right dorsal colon,
  - two bands: descending colon and
  - one band: pelvic flexure, left dorsal colon.

Rectum

By entering the pelvis the descending colon becomes the rectum, which passes caudally as the most dorsal of the pelvic viscera. Most of the rectum is suspended by the mesorectum, but the terminal part is wholly retroperitoneal. The retroperitoneal space is filled with soft tissue rich in fat. Before joining the short anal canal, which opens to the outside with the anus, it becomes dilatated to form the rectal ampulla (▶ Fig. 8.88).

Anal canal and adjacent structures

The short anal canal is the terminal part of the alimentary canal, which opens to the outside with the anus. The anus is controlled by the internal and external anal sphincters. The internal sphincter consists of smooth muscle and is a modification of the circular layer of the muscle coat of the rectum; the external sphincter is striated muscle arising from the caudal vertebrae. At the anus the columnar intestinal epithelium is replaced by the stratified cutaneous epithelium of the skin.

In **carnivores** the mucosa of the anal canal is divided into **three consecutive anular zones** (▶ Fig. 8.98). These are from cranial to caudal:

- columnar zone (zona columnaris),
- intermediate zone (zona intermedia) and
- cutaneous zone (zona cutanea).

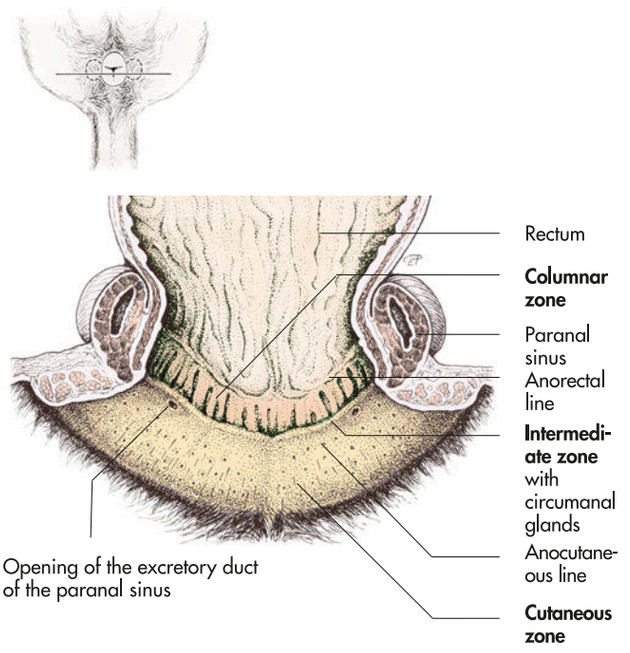


Fig. 8.98 Anal canal in a dog (schematic).

The **columnar zone** is the first zone following the rectum, the division of the two marked by the indistinct anorectal line. Its mucosa has a stratified squamous epithelium and is rich in lymphoid tissue. It is arranged in **longitudinal folds** (columnae anales) with grooves (sinus anales) between them.

The **intermediate zone** has the form of a sharp-edged scalloped fold, which is divided into four arcs. It ends at the anocutaneous line. The anal glands are tubuloalveolar glands, which produce a fatty secretion and open to the outside in the columnar and intermediate zones.

The **cutaneous zone** surrounds the anus and its extent varies with the size of the underlying circumanal glands, which grow throughout life. The excretory ducts of anal sacs open on the surface of the cutaneous zone.

The **anal sacs** (sinus paranalis) are pea-to-marble-sized sacs located between the inner smooth and the outer striated sphincter muscle of the anus. Their walls contain the glands of the **anal sac** (glandulae sacci paranales), which are composed of large, coiled apocrine tubules. These glands discharge their foul-smelling, serous-to-pasty secretion into the anal sacs, which functions in territorial scent marking.

Clinical note

The anal sacs are of considerable clinical importance, since they are commonly diseased in the dog. They frequently become enlarged, due to accumulated secretion or may become abscessed and painful, causing constipation.

8.4 Glands associated with the alimentary canal

The **liver** and **pancreas** are the two glands closely associated with the alimentary canal. Among many other important functions both organs produce substances which play a central role in gastrointestinal digestion.

8.4.1 Liver (hepar)

The liver is the largest gland in the body and is both **exocrine** and **endocrine** in function. Its exocrine product, bile, is stored and concentrated in the gallbladder before being drained into the duodenum. However, a gallbladder is not essential, and is lacking in several species, including the horse. The bile is responsible for emulsifying the fatty compounds prior to absorption. It also contains the endproducts of the haemoglobin metabolism and by-products of certain metabolised drugs.

Its endocrine substances are released into the blood stream and play an important role in the fat, carbohydrate and protein metabolism. The anatomical arrangement of the venous system of the gastrointestinal tract ensures that all products of digestion, which are conveyed in the blood stream after absorption, pass the liver before entering the general circulation. It serves as a storage of glycogen and in juvenile animals it functions as an haematopoetic organ (a more detailed description of the function of the liver can be found in physiology textbooks).

Weight

There is a great variation in size between the different species and even between individuals of the same species, largely depending on body weight and age. **Average values** are:

- 2% of body weight in the cat,
- 3–4% in the dog,
- 2–3% in the pig and
- 1–1.5% in herbivores.

In the embryo it is substantially heavier and fills most of the abdominal cavity. In the juvenile animal is still relatively larger than in adults due to its function in haematopoesis. It often shows considerable atrophy in old age.

Form, position and species-specific variations of the liver

The liver is located in the thoracic part of the abdomen, immediately behind the diaphragm. The bulk of the liver lies to the right of the median plane; in ruminants the development of the rumen pushes the liver entirely into the right half of the abdomen. In the live animal the liver adapts to the form of adjacent organs (▶ Fig. 8.110 and ▶ Fig. 8.111); when fixed in situ it retains the conformation and impressions these impose.

It has a strongly convex surface towards the diaphragm (facies diaphragmatica) and a concave surface facing towards the other abdominal organs (facies visceralis). These two surfaces meet ventrolaterally in a **sharp-edged border** (margo acutus) and dorsally in a **blunt border** (margo obtusus). The visceral surface is marked by the **hepatic porta** (porta hepatis) through which the

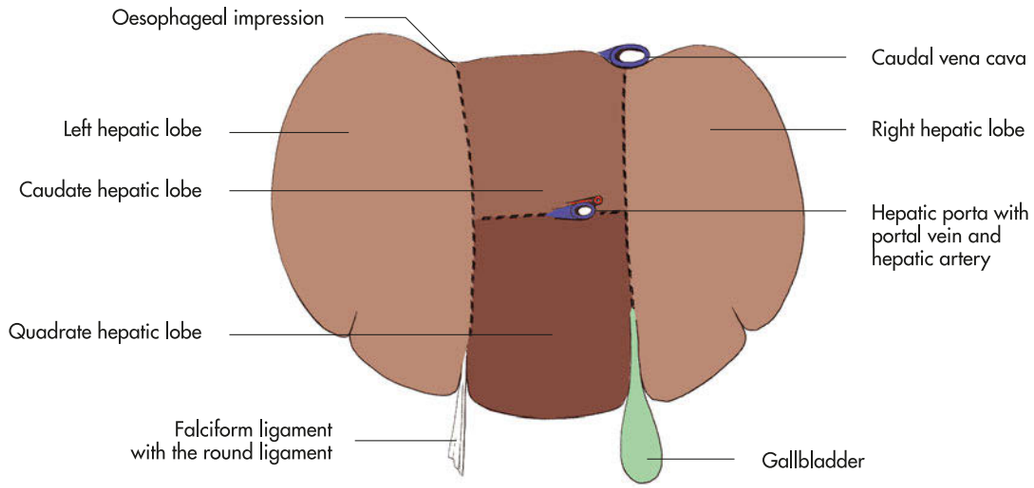


Fig. 8.99 Lobation pattern of the liver (schematic).

portal vein, the bile duct and the hepatic vessels enter or leave the organ, which is closely related to the gallbladder.

In most species the liver is grossly divided into **four main lobes** by fissures that extend into the organ from the ventral border (▶ Fig. 8.99):

- left hepatic lobe (lobus hepatis sinister),
- right hepatic lobe (lobus hepatis dexter),
- caudate lobe (lobus hepatis caudatus) and
- quadrate lobe (lobus hepatis quadratus).

The **lobation patterns** differ greatly among species. Species, in which the spine is very mobile, such as the dog and the cat, have more subdivisions than species with a more rigid spine (herbivores). It is hypothesised that the hepatic lobes easily glide over each other, when the spine is maximally flexed or extended. In those species where no fissures indicate lobation, a theoretical pattern is still applied by virtual lines extending from certain landmarks to divide the liver into the four main lobes listed above (▶ Fig. 8.99).

In carnivores the liver has **four lobes** and **four sublobes** as well as **two processes**: both the left and right hepatic lobe are subdivided into medial and lateral lobes (lobus hepatis sinister [dexter] lateralis et medialis), and the caudate lobe is subdivided into the caudate (processus caudatus) and the papillar process (processus papillaris) (▶ Fig. 8.100, ▶ Fig. 8.104 and ▶ Fig. 8.105). The liver of the pig resembles that of the dog, but does not have a papillar process (▶ Fig. 8.101, ▶ Fig. 8.106 and ▶ Fig. 8.107). In the horse the **left lobe** only is subdivided into **medial** and **lateral lobes**, while the right lobe remains undivided. The **caudate lobe** has a **caudate process**, but no papillary process (▶ Fig. 8.103). The liver of ruminants has **no fissures** (▶ Fig. 8.102). It consists of a **left** and **right hepatic lobe**, a **quadrate lobe** and a **caudate lobe**, the borders of which are defined by virtual lines drawn from anatomical landmarks illustrated in ▶ Fig. 8.99.

Several impressions and **indentations** can be identified on the specimen hardened in situ: the visceral surface is marked by the impressions caused by the stomach, the duodenum, the pancreas, the right kidney (except in the pig, where the kidney is located too far caudally) and various parts of the intestine, depending on the species.

The left part of the dorsal margin carries the impression of the oesophagus; the right part is excavated to receive the cranial pole of the right kidney. A sulcus medial to it transmits the caudal vena cava.

Structure of the liver

The free surface of the liver is almost completely covered by peritoneum, which forms its serous coat. It is fused to the underlying fibrous capsule that encloses the whole organ. This interlobular connective tissue conveys blood vessels into the organ. The finer trabeculae divide the liver parenchyma into innumerable small units, the **hepatic lobules** (lobuli hepatis) (▶ Fig. 8.108).

These lobules are particularly marked in the porcine liver, but are also grossly visible in carnivores, in which they appear as hexagonal areas of about 1 mm in diameter. The hepatic lobules are the smallest grossly visible functional units of the liver and are composed of curved **sheets of hepatocytes** (laminae hepaticae) that surround blood-filled cavities, known as the **liver sinusoids** (▶ Fig. 8.108). Based on their vascular architecture the hepatic lobules can be grouped as follow:

- polygonal hepatic lobule with the single central vein in the centre and
- periportal hepatic lobules with hepatic artery, vein and canaliculus in the centre.

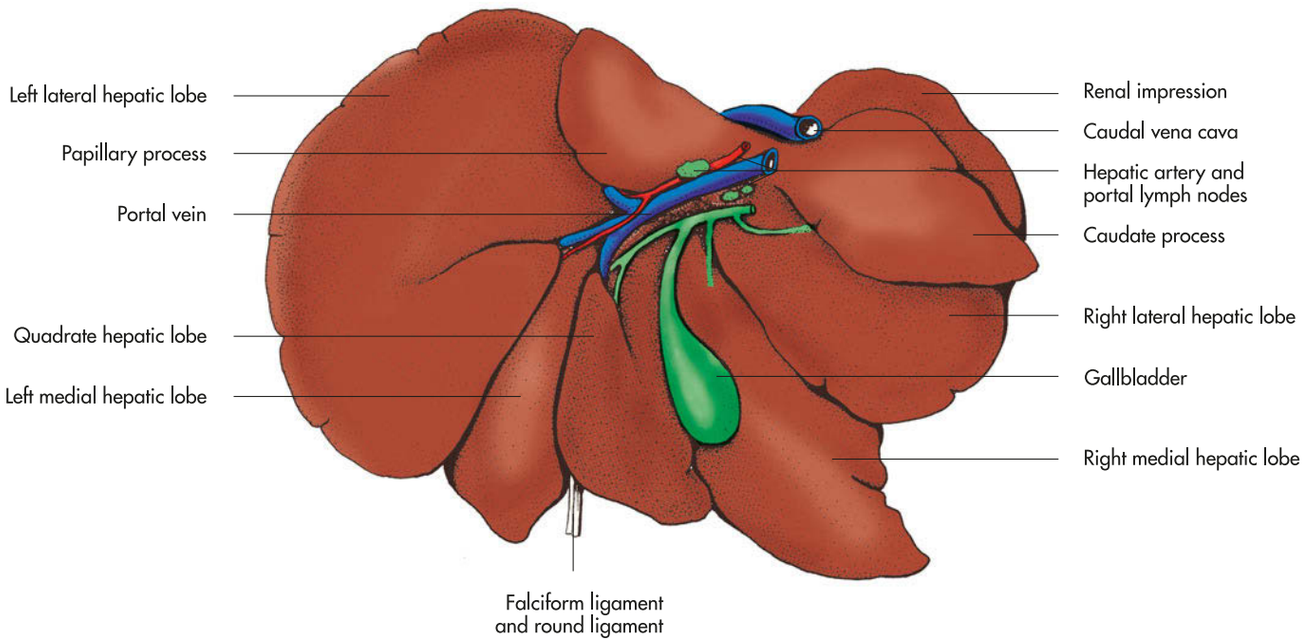


Fig. 8.100 Liver of the dog (schematic, visceral surface).

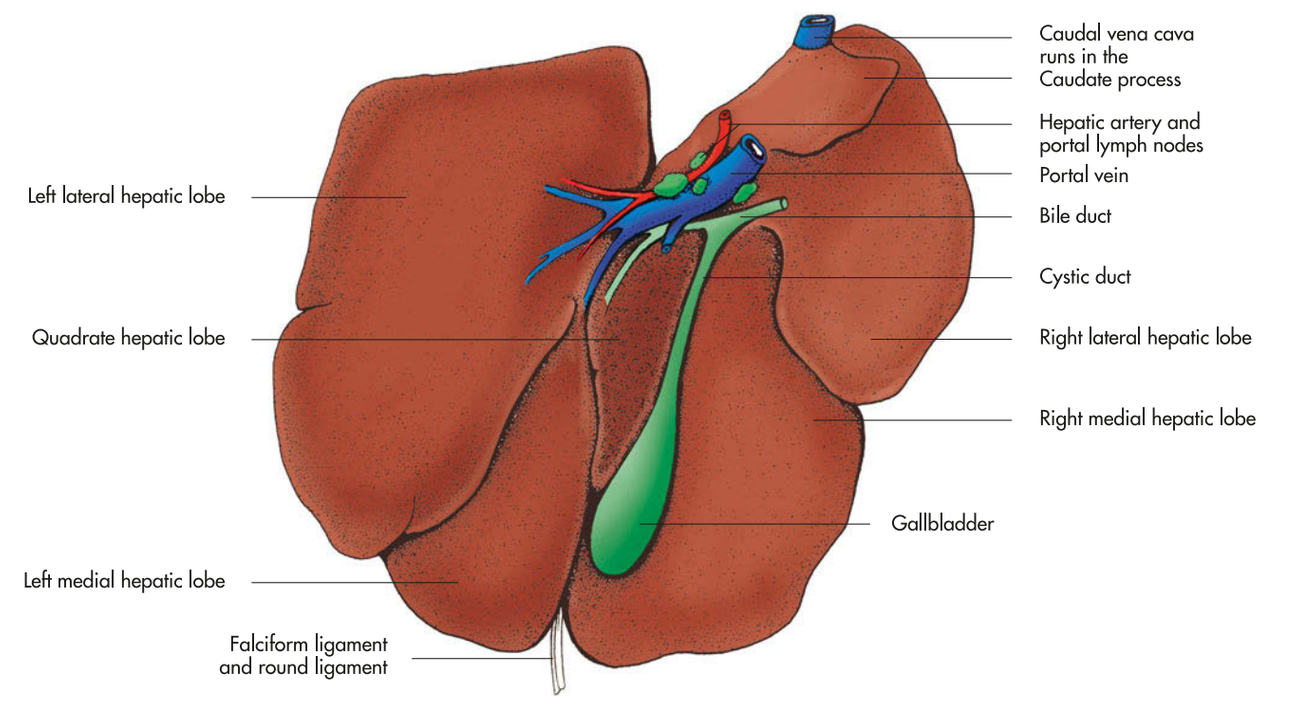


Fig. 8.101 Liver of the pig (schematic, visceral surface).

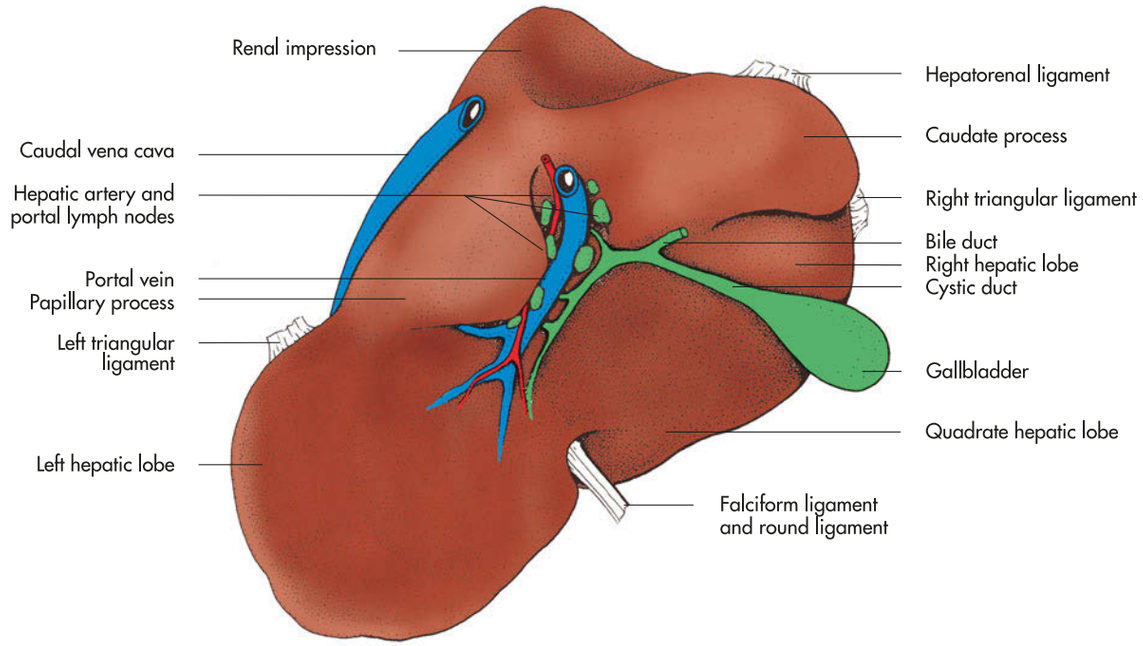


Fig. 8.102 Liver of the ox (schematic, visceral surface).

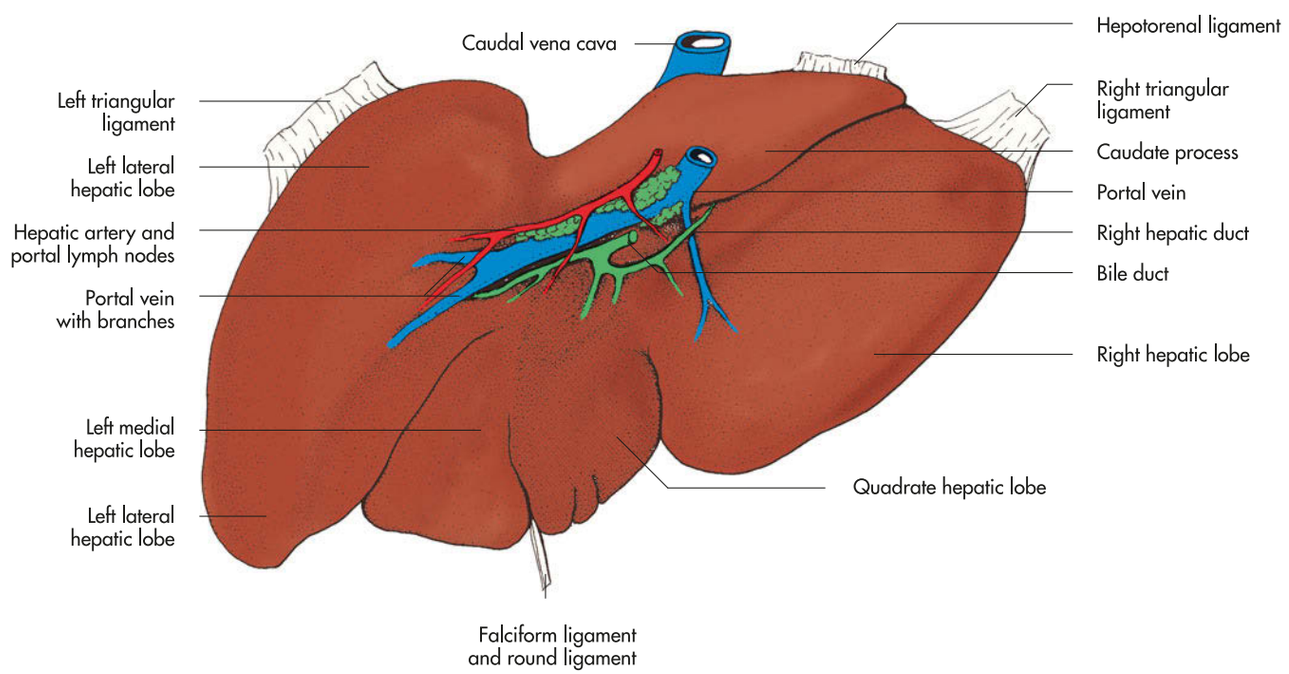


Fig. 8.103 Liver of the horse (schematic, visceral surface).

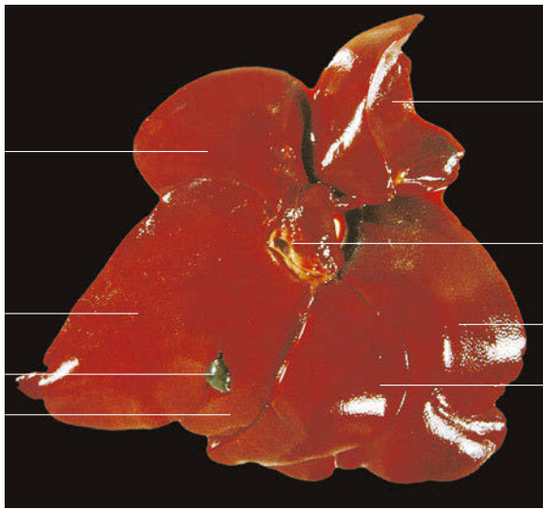


Fig. 8.104 Liver of a cat (diaphragmatic surface).

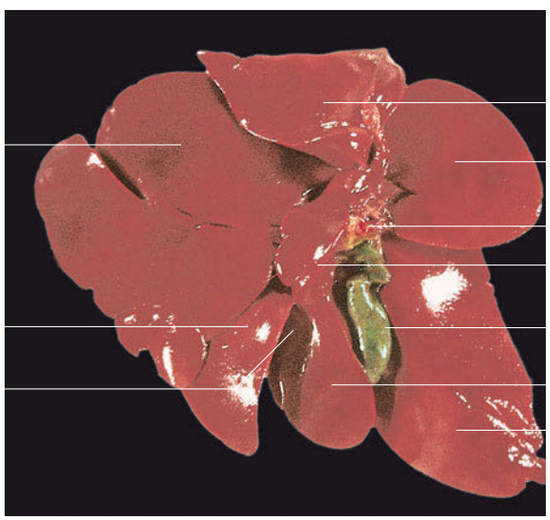


Fig. 8.105 Liver of a cat (visceral surface).

Blood supply

The liver receives a generous blood supply through the **hepatic artery** (a. hepatica) and the **portal vein** (v. portae) (▶ Fig. 8.100). The **hepatic artery**, a branch of the **coeliac artery** (a. coeliaca), furnishes the nutritional supply of the liver. The hepatic artery enters the liver together with the portal vein at the hepatic porta on the visceral surface of the organ. Both vessels branch out along the fibrous septa together with the tributaries of the hepatic duct. The hepatic arteries supply the liver framework, the capsule, the intrahepatic biliary duct system, the walls of the blood vessels and the nerves before they finally drain-together with the branches of the portal vein into the liver sinusoids. Thus the parenchymal cells are bathed by mixed blood from the hepatic artery and the portal vein, so that they actually receive nutrition from both.

The **portal vein** (▶ Fig. 8.100, ▶ Fig. 8.110 and ▶ Fig. 8.111) has three branches which drain into it, the splenic vein, the cranial and the caudal mesenteric veins, which collect the blood from **all unpaired organs of the abdomen** (stomach, pancreas, intestines, spleen). It thus transports the functional blood to the liver. The contributing veins of the portal vein are connected with veins of the cardio-oesophageal region and of the rectoanal region. These constitute alternative routes the blood can take when intrahepatic circulation is impaired, e.g. in the case of liver cirrhosis.

In the foetus the **ductus venosus**, a direct continuation of the umbilical trunk, tunnels through the liver, by passing the hepatic circulation to join the caudal vena cava. This portocaval shunt persists in some individuals (especially in the dog and cat) after birth and requires surgical intervention.

Venous drainage of the liver starts with the single central vein in the **middle of each hepatic lobule**. These veins collect the mixed blood of the hepatic artery and the portal vein after it has been mixed in the liver sinusoids and been into contact with the hepatocytes. Adjacent **central veins** fuse to form the **sublobular veins**, which unite with each other to form the **hepatic veins** (▶ Fig. 8.108). These leave the organ on its diaphragmatic surface to finally empty into the **caudal vena cava**. Detailed knowledge



Fig. 8.106 Liver of a pig (diaphragmatic surface).

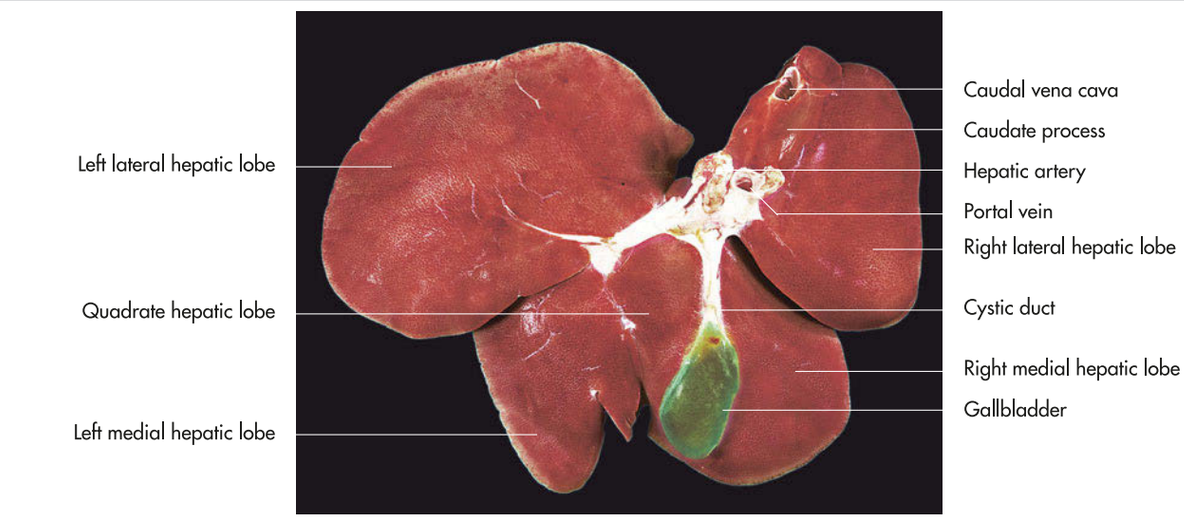


Fig. 8.107 Liver of a pig (visceral surface).

of the internal ramification of the hepatic vessels is essential for hepatic surgery in man, but is not as important in veterinary medicine.

Innervation

The liver is innervated by both **sympathetic** and **parasympathetic nerves**. It receives afferent and efferent fibres from the ventral **vagal trunk** and sympathetic fibres from the **coeliac ganglion**.

Lymphatics

The lymphatics of the liver drain into the **portal lymph nodes**, which are located within the lesser omentum close to the **hepatic porta**.

Ligaments

The liver is closely related to the ventral mesentery present during embryonic development. It has no supportive functions, but conveys blood vessels, nerves and lymphatics. There are **three distinct parts**:

- falciform ligament (ligamentum falciforme hepatis),
- hepatoduodenal ligament (ligamentum hepatoduodenale) and
- hepatogastric ligament (ligamentum hepatogastricum).

The **falciform ligament** of the liver is a remnant of the ventral mesentery, which extends between the liver and the diaphragm and the ventral body wall. It includes the **umbilical vein** (v. umbilicalis) in its free border during its foetal life, and obliterates after birth to form the **round ligament** (ligamentum teres hepatis) (▶ Fig. 8.100, ▶ Fig. 8.110 and ▶ Fig. 8.111).

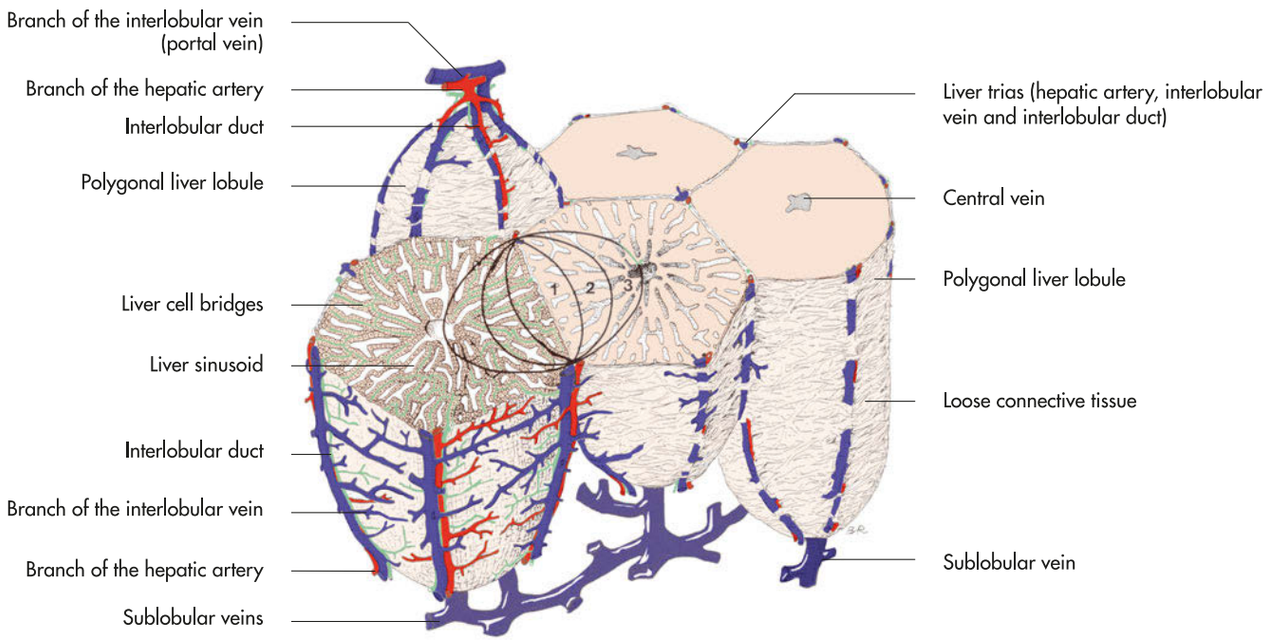


Fig. 8.108 Hepatic lobules in relation to afferent and efferent vessels (schematic, three-dimensional).

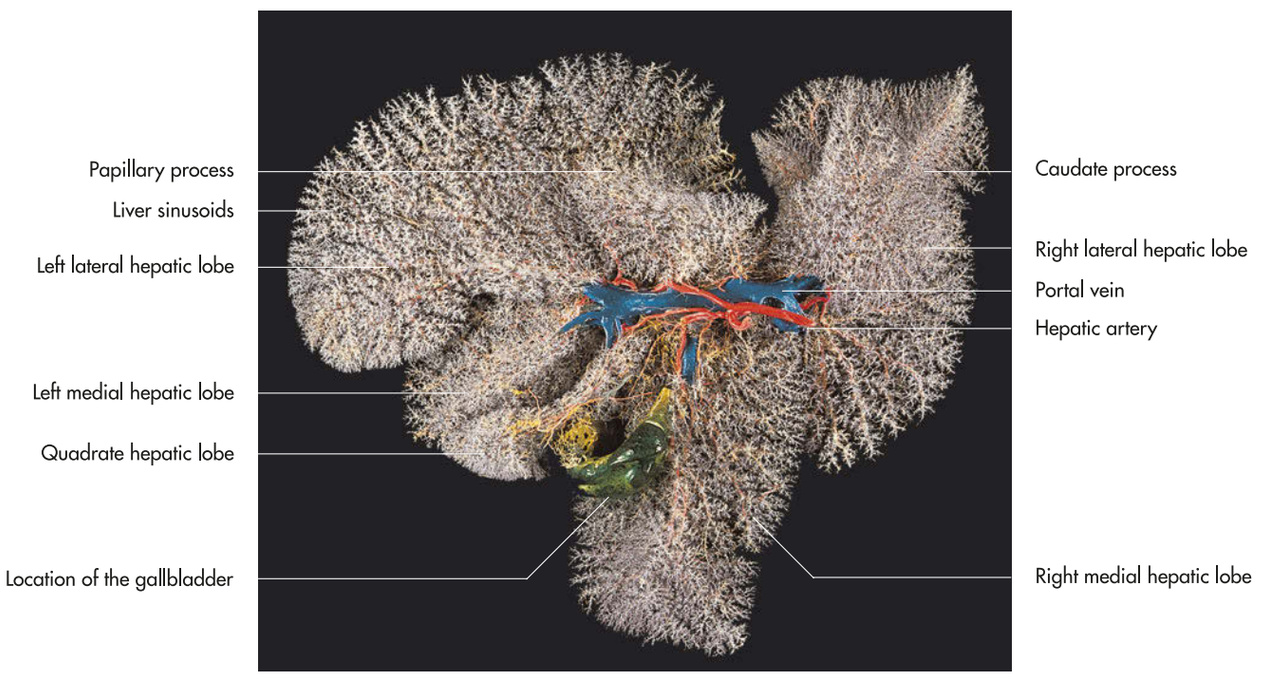


Fig. 8.109 Corrosion cast of the liver of a dog after injection of the hepatic artery, the portal vein and the gallbladder.

The **hepatoduodenal** and the **hepatogastric ligament** extend from the **hepatic porta** to the **duodenum** and **stomach**, respectively. They constitute the **lesser omentum** and convey the bile duct to the duodenum and the portal vein and the hepatic artery to the liver. It also contains the left and right gastric arteries, where it attaches to the lesser curvature of the stomach. Fixation of the liver is achieved by the blood vessels entering the organ and by continuations of its serous and fibrous coats onto the diaphragm. There are **three ligaments** that provide mechanical support to the liver:

- left triangular ligament (ligamentum triangulare sinistrum),
- right triangular ligament (ligamentum triangulare dextrum) and
- coronary ligament (ligamentum coronarium hepatis).

The **coronary ligament** surrounds the caudal vena cava during its short passage from the liver to the diaphragm. It is irregular in outline and its border gives rise to the triangular ligaments. The **triangular ligaments** extend between the dorsal part of the liver on each side and the diaphragm (▶ Fig. 8.110 and ▶ Fig. 8.111).

Bile ducts

The bile is produced by the sheets of hepatocytes and discharged into the **bile canaliculi**, also termed **bile capillaries**, that lie between these cells without having a wall of their own. These capillaries unite to form the **interlobular ducts** (ductuli interlobulares), which lie in the interstitial tissue between the lobules together with the branches of the hepatic artery and the portal vein. The interlobular ducts unite to form the **lobar ducts** (ductus biliferi) (a more detailed description can be found in histology textbooks).

The **extrahepatic bile ducts** consist of the **hepatic ducts** from the liver (ductus hepatici), the **cystic duct** (ductus cysticus) to the gallbladder and the **bile duct** (ductus choledochus) to the duodenum (▶ Fig. 8.110).

In the horse and in ruminants the lobar ducts unite to form a **left** and a **right hepatic duct** (ductus hepaticus sinister et dexter), which again unite to form the **common hepatic duct** (ductus hepaticus communis). In the pig the lobar ducts of the left hepatic lobes unite to form the left hepatic duct, while the ducts of the right lobes drain separately into the common hepatic duct.

In carnivores each hepatic sublobe has its own lobar duct, which drains into the cystic duct. These species do not have left, right or common hepatic ducts. The beginning of the bile duct is marked by the junction of the common hepatic duct or the last lobar duct with the cystic duct. The bile duct opens into the proximal part of the duodenum on the **major duodenal papilla**.

8.4.2 Gallbladder (vesica fellea)

The sac-like gallbladder (▶ Fig. 8.99, ▶ Fig. 8.100, ▶ Fig. 8.101, ▶ Fig. 8.102, ▶ Fig. 8.104, ▶ Fig. 8.105, ▶ Fig. 8.107 and ▶ Fig. 8.109) lies in a fossa on the visceral surface of the liver close to the hepatic porta. In the cat it is also visible on the diaphragmatic surface. It stores the bile and discharges it into the duodenum when necessary. It also concentrates the bile by absorption through the folded mucosa. A gallbladder is **not present in the horse** (▶ Fig. 8.103).

8.4.3 Pancreas

Like the liver the pancreas has both an **exocrine** and **endocrine** function. Its exocrine product, the pancreatic juice, is conveyed to the duodenum by one or more ducts, depending on the species. It contains three enzymes: one for the reduction of proteins, one for carbohydrates and one for fats. The endocrine part of the pancreas produces insulin, glucagon and somatostatin (a more detailed description of the function of the pancreas can be found in physiology textbooks).

The pancreas is located in the dorsal part of the abdominal cavity in close relationship to the proximal part of the duodenum (▶ Fig. 8.110). It can be divided into **three parts**:

- body of the pancreas (corpus pancreatis),
- right lobe of the pancreas(lobus pancreatis dexter) and
- left lobe of the pancreas (lobus pancreatis sinister).

When hardened in situ it has the shape of a caudally open "V" and is either notched by the **portal vein** (incisura pancreatis) as it is in carnivores and ruminants, or perforated (anulus pancreatis) as in the horse and pig (▶ Fig. 8.112).

In carnivores the slender pancreas has the classic V-shaped form consisting of **two limbs** that emerge from the body (▶ Fig. 8.112 and ▶ Fig. 8.113). The **left limb** is shorter, but thicker than the right limb and runs within the origin of the greater omentum on the dorsal abdominal wall. The longer **right lobe** follows the descending duodenum within the mesoduodenum.

In the pig the pancreas consists of a large body and a left lobe and a small right lobe, which surround the portal vein.

In the horse the pancreas is **triangular** in outline with a large, compact body to which the short right lobe and a longer left lobe attach. It is perforated by the portal vein in the **pancreatic ring** (▶ Fig. 8.112 and ▶ Fig. 8.114). The pancreas of ruminants consists of a short body and right and left lobes. The right lobe is larger and follows the mesentery of the descending part of the duodenum. The portal vein passes over the dorsal border of the organ in the **pancreatic notch** (incisura pancreatis).

In conformity with the dual origin of the gland from dorsal and ventral primordia, some species have two pancreatic ducts. A **pancreatic duct** (ductus pancreaticus) commonly drains the part of the gland that arises from the ventral primordium and opens into the duodenum together with or close to the bile duct on the **major duodenal papilla** (papilla duodeni major, ▶ Fig. 8.116).

An **accessory duct** (ductus pancreaticus accessorius) emerges from the part of the pancreas that is formed by the dorsal primordium and opens on the opposite aspect of the duodenum on the **minor duodenal papilla** (papilla duodeni minor).

This anatomical arrangement is usually found in the dog and in the horse. In the other domestic mammals this excretory system is reduced to a single duct. The pancreatic duct usually survives in the cat and in the small ruminants, while the accessory duct is still present in the pig and ox. Since the two parts communicate inside the gland, the absence of one of the duct, is of no significance. The pancreas is composed of **lobules** loosely united by small amounts of interlobular connective tissue, which produce a nodular surface with irregularly crenated margins.

The exocrine component is by far the larger and the endocrine component consists of the **pancreatic islets**, cell accumulations that are scattered between the exocrine acini (a more detailed description can be found in Histology textbooks).

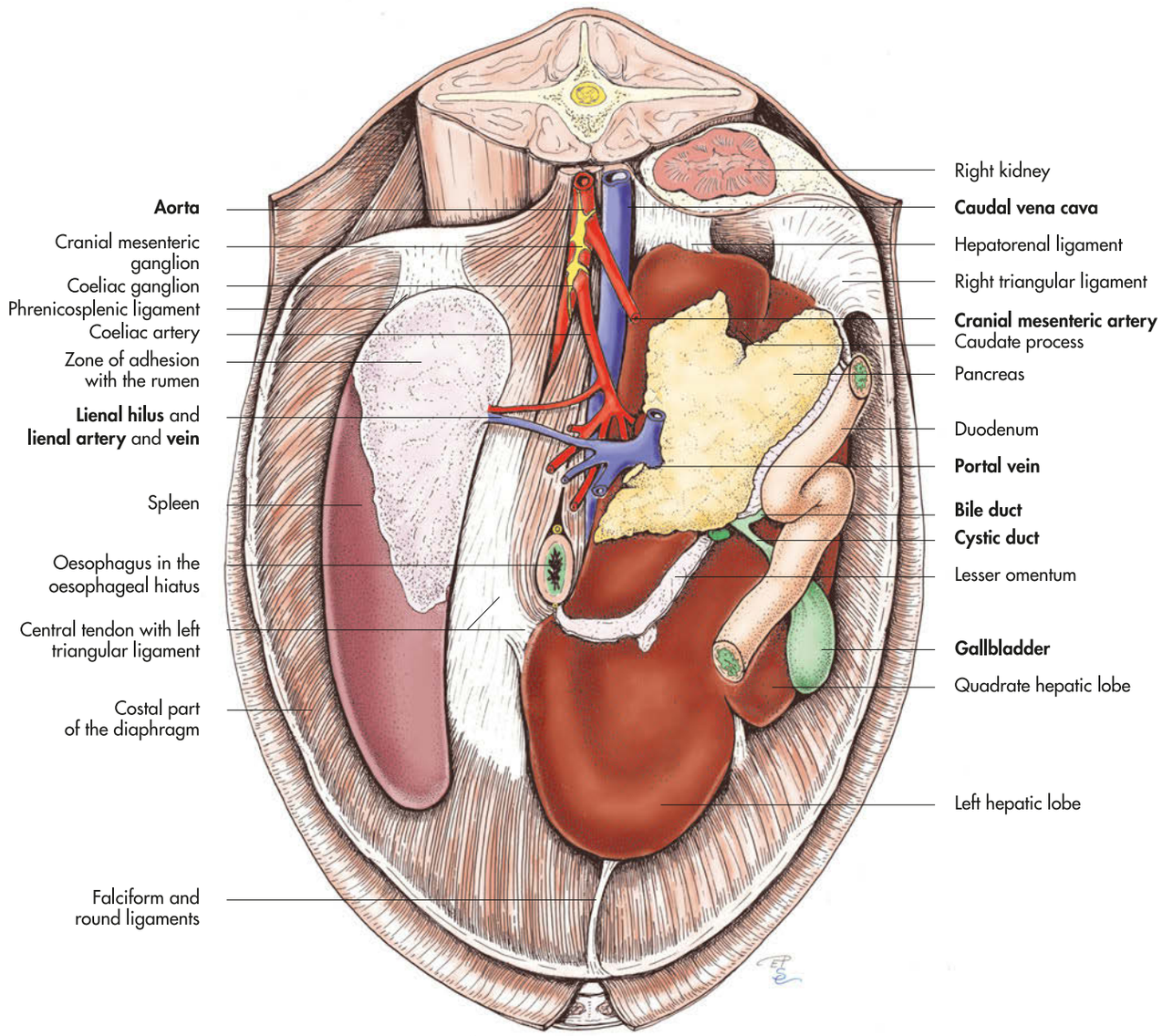


Fig. 8.110 Intrathoracic abdominal organs of the ox (schematic, caudal aspect).

The **blood supply** of the pancreas is provided by the coeliac and cranial mesenteric arteries. The right lobe of the pancreas receives its blood supply from the **cranial pancreaticoduodenal artery**, which is a branch of the **hepatic artery**. The left lobe and the body are vascularised by the **splenic artery** and the **caudal pancreaticoduodenal artery**, a branch of the cranial mesenteric artery. The veins are satellites to the arteries and eventually drain into the portal vein.

Conclusion

Pancreatic duct system of the different species

- **Cat:** pancreatic duct large, small accessory pancreatic duct present in some individuals.
- **Dog:** pancreatic duct small, missing in some individuals, accessory pancreatic duct large.
- **Pig:** accessory pancreatic duct.
- **Ox:** pancreatic duct extremely rare, accessory pancreatic duct.
- **Small ruminants** pancreatic duct, some sheep with accessory pancreatic duct.
- **Horse:** pancreatic duct large, accessory pancreatic duct small.

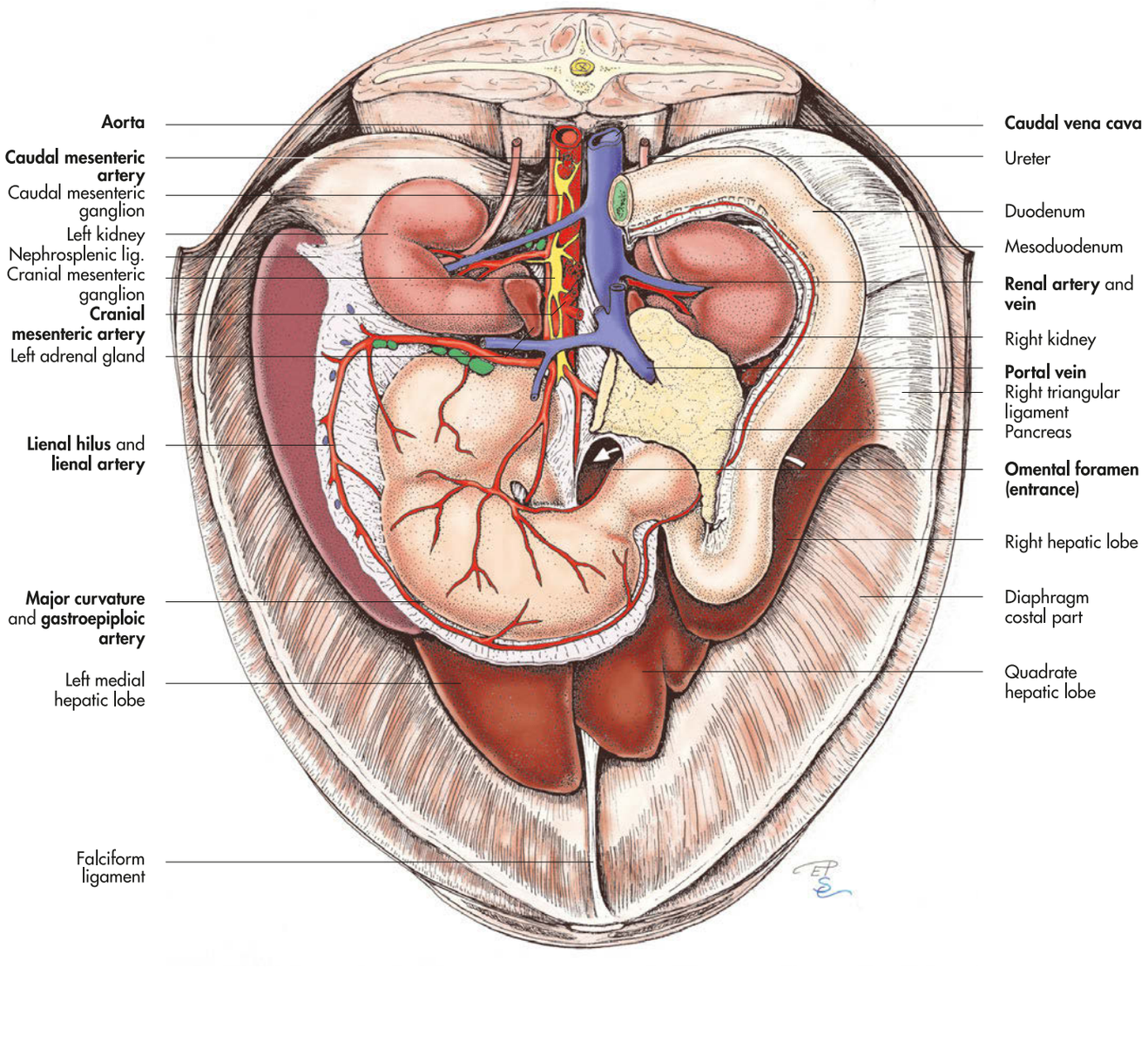


Fig. 8.111 Intrathoracic abdominal organs of the horse (schematic, caudal aspect).

Innervation

The pancreas receives a **parasympathetic** and **sympathetic nerve** supply. Parasympathetic fibres come from the dorsal **vagal trunk** (truncus vagalis dorsalis), **sympathetic fibres** from the **solar plexus** (plexus solaris).

Lymphatics

The **lymphatics** of the pancreas drain into the **pancreaticoduodenal lymph nodes** (lymphonodi pancreaticoduodenales), which are part of the **coeliac lymphatics** (lymphocentrum coeliacum).

Clinical terminology

Examples of clinical terms derived from anatomical terms: glossitis, parodontitis, parodontosis, parotiditis, pulpitis, pharyngitis, tonsillitis, oesophagitis, gastritis, ruminotomy, reticulitis, traumatic reticulitis, enteritis, duodenitis, jejunitis, ileitis, ileus, colitis, enterocolitis, hepatitis, pancreatitis, and many more.

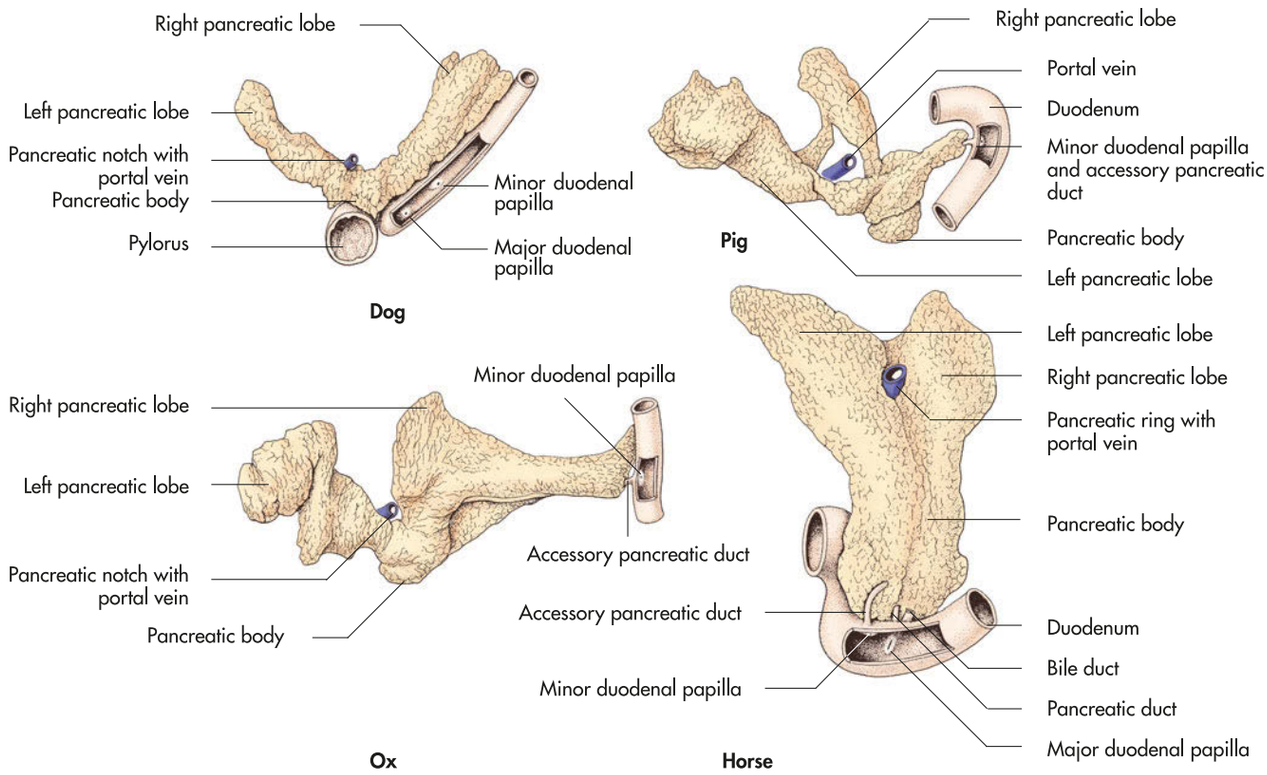


Fig. 8.112 Pancreas of different domestic mammals (schematic); fig. based on data from Nickel, Schummer, Seiferle, 1995.

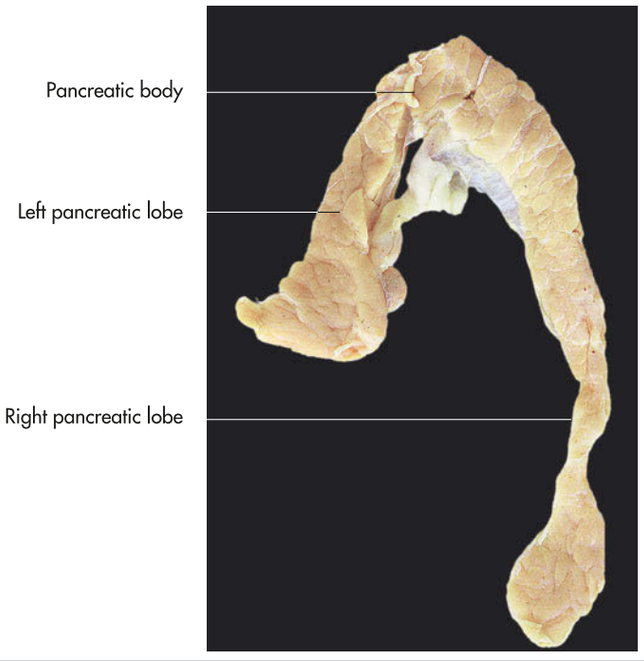


Fig. 8.113 Pancreas of a dog (dorsal aspect).

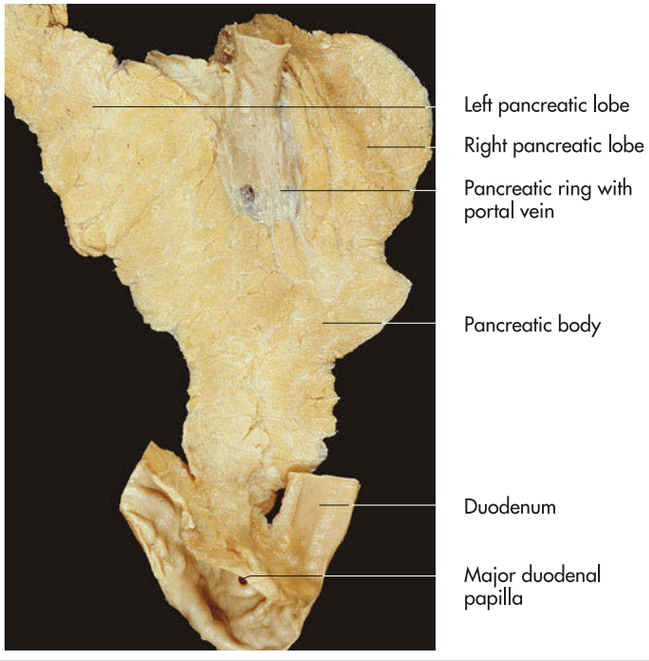


Fig. 8.114 Pancreas of a horse (dorsal aspect).

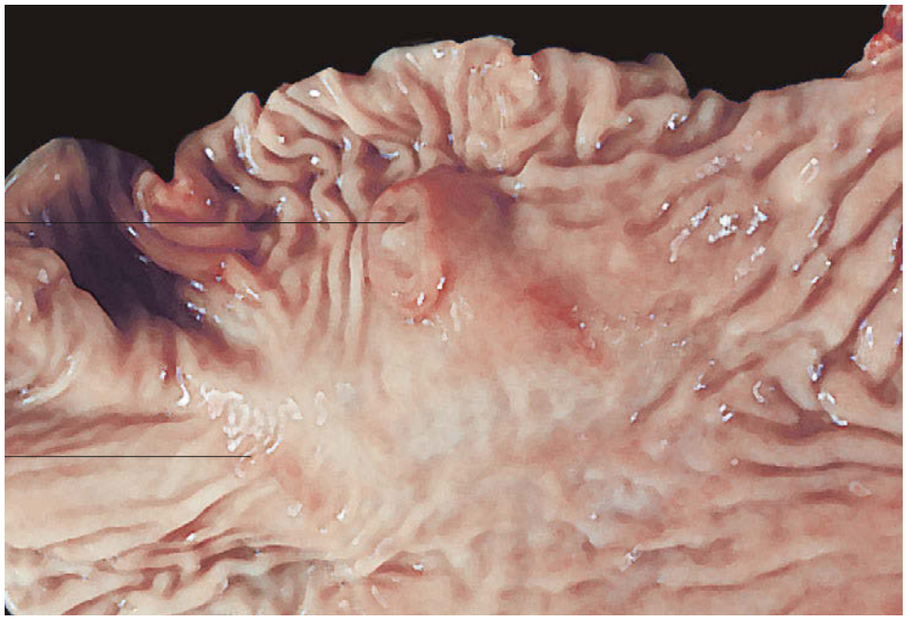


Fig. 8.115 Luminal surface of the duodenal mucosa of a horse.



Fig. 8.116 Duodenum of a horse with minor duodenal papilla (left) and major duodenal papilla (right).

9 Respiratory system (apparatus respiratorius)

H. E. König and H.-G. Liebich

The respiratory system is essential for gaseous exchange between air and blood. Respiration comprises both the transport of gases **to the cells** and the oxidative processes **within the cells**. The latter cannot be visualised with anatomical methods and is described in physiology.

Inspired air is filtered of small dust particles, moistened and warmed in the respiratory passages, which transfer air to and from the lungs. In the lungs, oxygen diffuses from the inspired air into the blood and carbon dioxide from the blood into the air. Inspired air consists of 20.9% oxygen, 0.03% carbon dioxide and 79.4% nitrogen. By contrast, expired air consists of 16% oxygen, 4% carbon dioxide and 80% nitrogen. The transport of these gases from the lungs to the cells and back is carried out by the **circulatory system**.

The respiratory system can be divided into the **respiratory passages** and sites of **gaseous exchange**.

The respiratory passages comprise the following organs:
- external nose (nasus externus),
- nasal cavity (cavum nasi),
- nasopharynx (pars nasalis pharyngis),
- larynx,
- trachea,
- bronchi and
- lungs.

Sites of gaseous exchange within the lungs are:
- respiratory bronchioli (bronchioli respiratorii),
- alveolar ducts (ductus alveolares), alveolar sacs (sacculi alveolares) and
- alveoli (alveoli pulmonis).

The respiratory organs located within the head (nose, paranasal sinuses, nasopharynx) are termed the **"upper respiratory tract"**, whereas the **"lower respiratory tract"** consists of the larynx, the trachea and the lungs.

Most of the **respiratory system** is lined by **respiratory mucosa** with a mucous-producing, pseudostratified epithelium. Some regions, which need to be more resistant, such as the nostrils, the larynx and the epiglottis, have a stratified squamous epithelium. The **olfactory region** in the caudal part of the nasal cavity has an **olfactory mucosa**. The sites of gaseous exchange have a single layer of squamous epithelial cells.

9.1 Functions of the respiratory system

The respiratory system fulfils a variety of functions. The nose includes olfactory receptors, which provide environmental information which can be used for orientation and to protect from harmful substances. The nasal cavity and conchae warm and moisten the air and filter foreign material. The larynx protects the entrance to the trachea and regulates the inspiration and expiration of air, and plays a major role in vocalisation assisted by other organs such as the tongue. All of the respiratory passages facilitate water and heat exchange, which is especially important in the dog. The trachea divides into the main stem bronchi, which then subdivide until the terminal divisions, the alveoli, the major site of gaseous exchange.

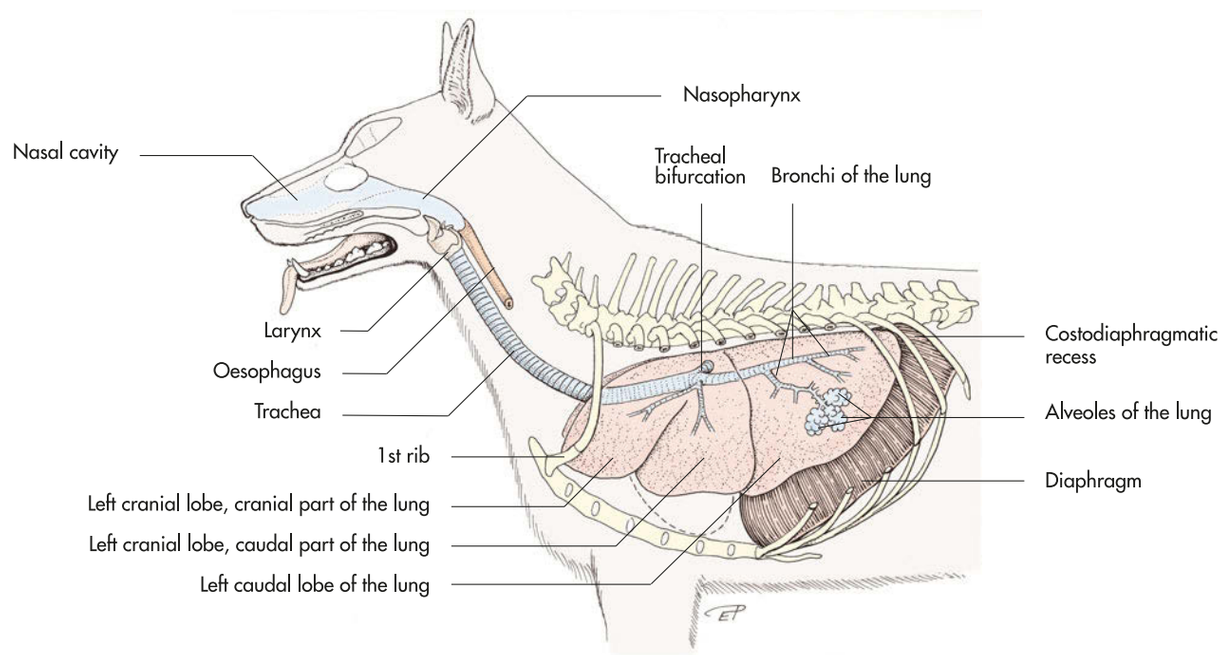


Fig. 9.1 Respiratory system of the dog.

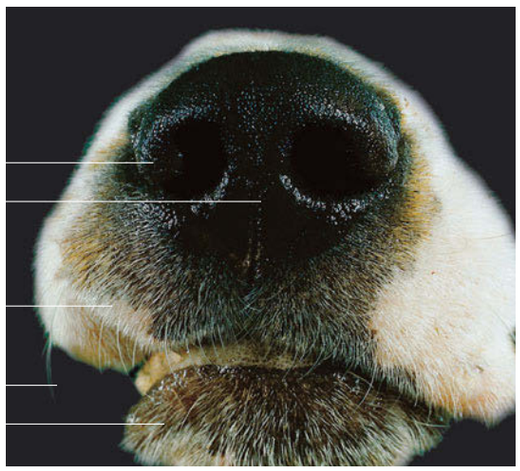


Fig. 9.2 External nose of a dog (frontal aspect). (source: courtesy of Dr. R. Macher, Vienna)

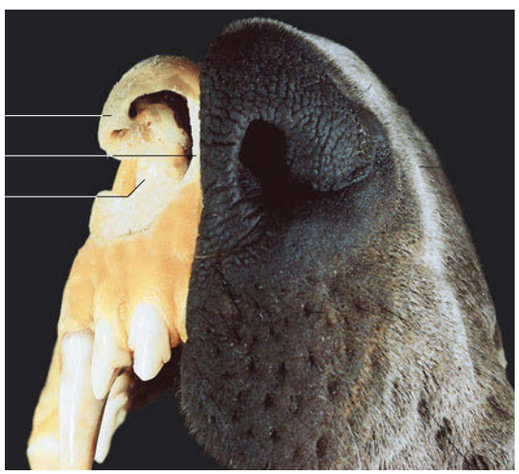


Fig. 9.3 External nose of a dog with exposed right nasal cartilages (frontal aspect). (source: courtesy of Dr. R. Macher, Vienna)

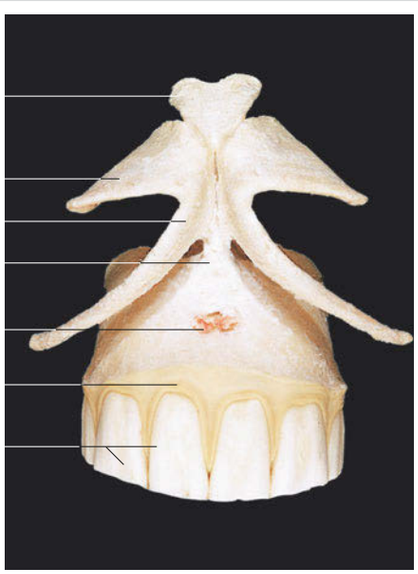


Fig. 9.4 Nasal cartilages of a horse (frontal aspect).

9.2 Upper respiratory tract

9.2.1 Nose (rhin, nasus)

The nose (Greek, "rhin") (▶ Fig. 9.1) consists of:
- the external nares and their associated nasal cartilages,
- the nasal cavity with the nasal meatus and conchae and
- the paranasal sinuses.

The nose is formed by the nasal bones dorsally, the maxillae laterally and the palatine processes of the incisive bones, the maxillae and the palatine bones ventrally. Caudally it is limited by the cribriform plate of the ethmoid bone. Ventrally it is continuous with the nasopharynx. The median septum is the rostral continuation of the crista galli of the ethmoid bone and consists of hyaline cartilage, which divides the nasal cavity into the left and right sides; the caudal part of this cartilage ossifies with age.

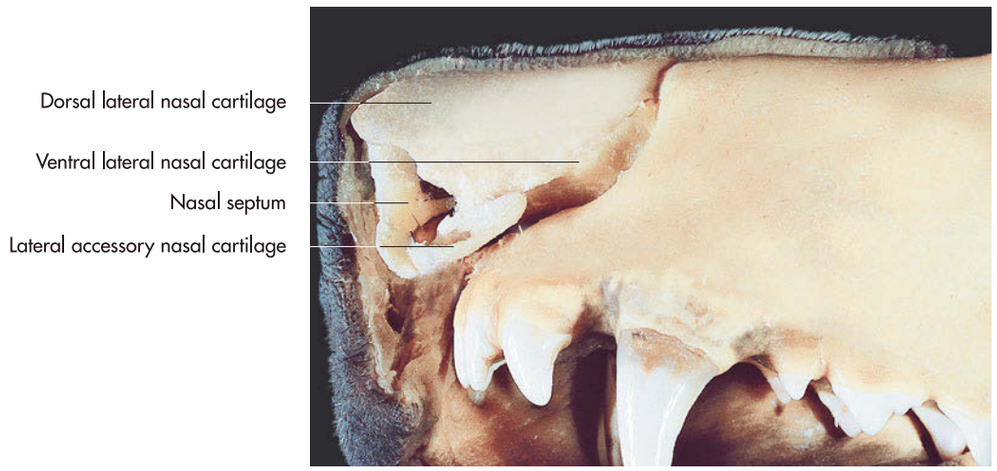


Fig. 9.5 Nasal cartilages of a dog (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

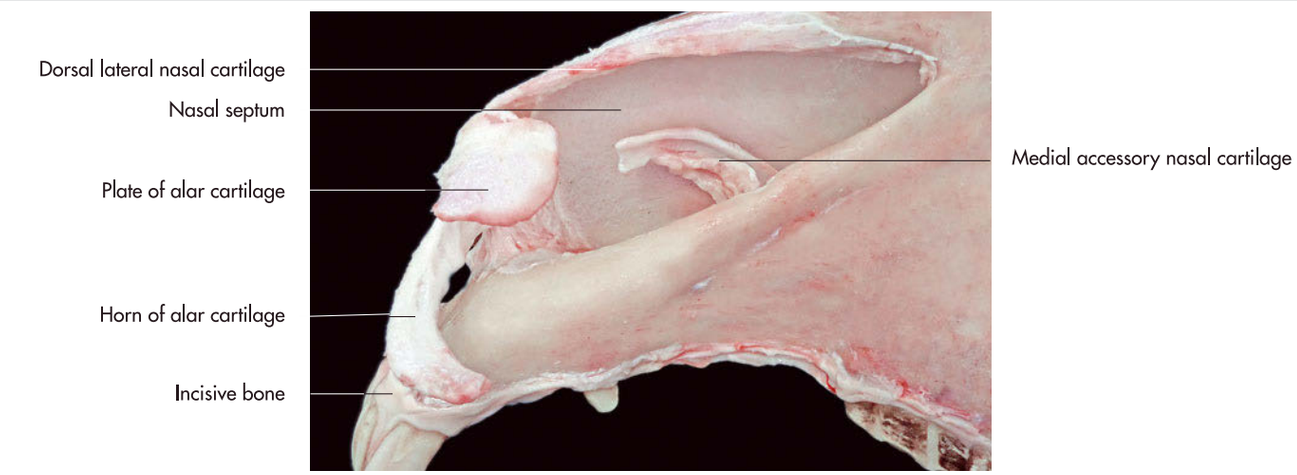


Fig. 9.6 Nasal cartilages of a horse (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

Apex of the nose

The apex of the nose and the rostral portion of the mandible and maxilla form the muzzle. The form and size of the muzzle and the nature of the integument show considerable species differences. The integument around the nostrils is hairless and sharply demarcated from the unmodified skin in all domestic mammals other than the horse, where unmodified skin with some tactile hairs surrounds the nostrils.

In the ox the integument of the rostral region is modified to form the smooth hairless **nasolabial plate** (planum nasolabiale). The mucosa is covered by a stratified, cornified epithelium, which is moistened by serous glands within the mucosa. In small ruminants, the dog and the cat, the skin around the nostrils is also hairless.

The **nasal plate** (planum nasale) is divided by a median groove, the philtrum, which continues ventrally to divide the upper lip (▶ Fig. 9.2). The surface of the nasal plate of carnivores is moistened by secretion of the **lateral nasal gland**, situated within the **maxillary recess** (recessus maxillaris) and some smaller glands within the mucosa.

In the pig the disc-like movable point of the muzzle is called the **rostrum** or **snout**. The snout is supported by the rostral bone and covered by modified skin, which forms the **rostral plate** (planum rostrale) and includes tactile hairs and mucosal glands, which moisten the surface.

The surface of the nasal plate has numerous **fine grooves**, the pattern of which is thought to be individual and may be useful as means of identification, similar to fingerprints in humans.

Nasal cartilages (cartilagines nasi)

The external nares are supported by the nasal cartilages, which are variable in form, size and number depending on the species (▶ Fig. 9.2, ▶ Fig. 9.3, ▶ Fig. 9.4 and ▶ Fig. 9.5). The lateral nasal cartilages are attached to the rostral end of the nasal septum from which they extend ventrally and dorsally (cartilago nasi lateralis dorsalis et cartilago nasi lateralis ventralis). They determine the form of the opening of the nostril. The dorsal and ventral lateral nasal cartilages are in contact with each other in all domestic species except the horse. Depending on the species several accessory nasal cartilages may arise from the lateral nasal cartilages.

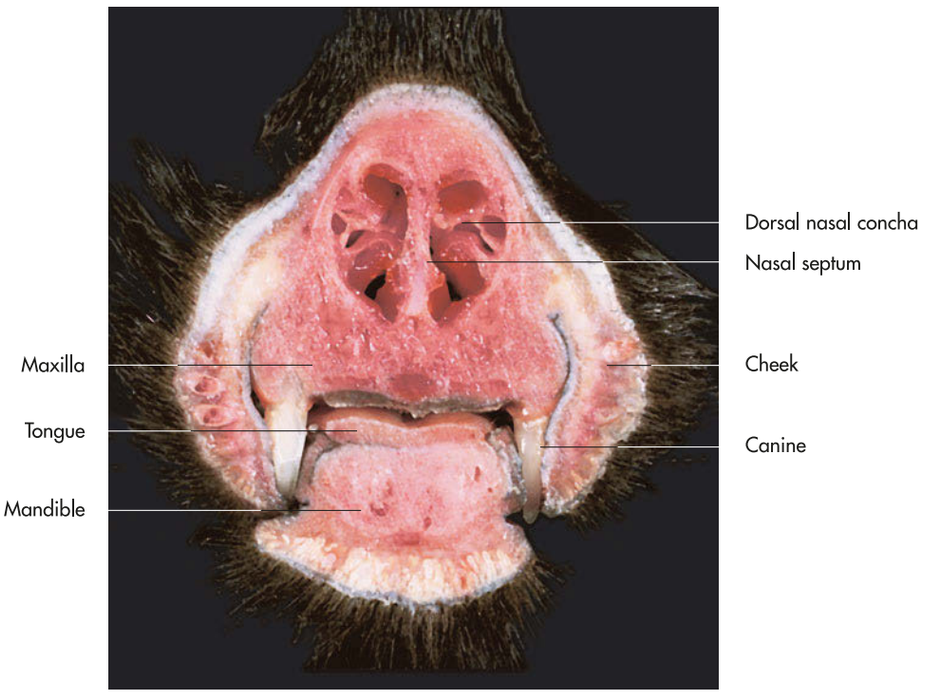


Fig. 9.7 Transverse section of the head of a dog at the level of the canine tooth (frontal aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

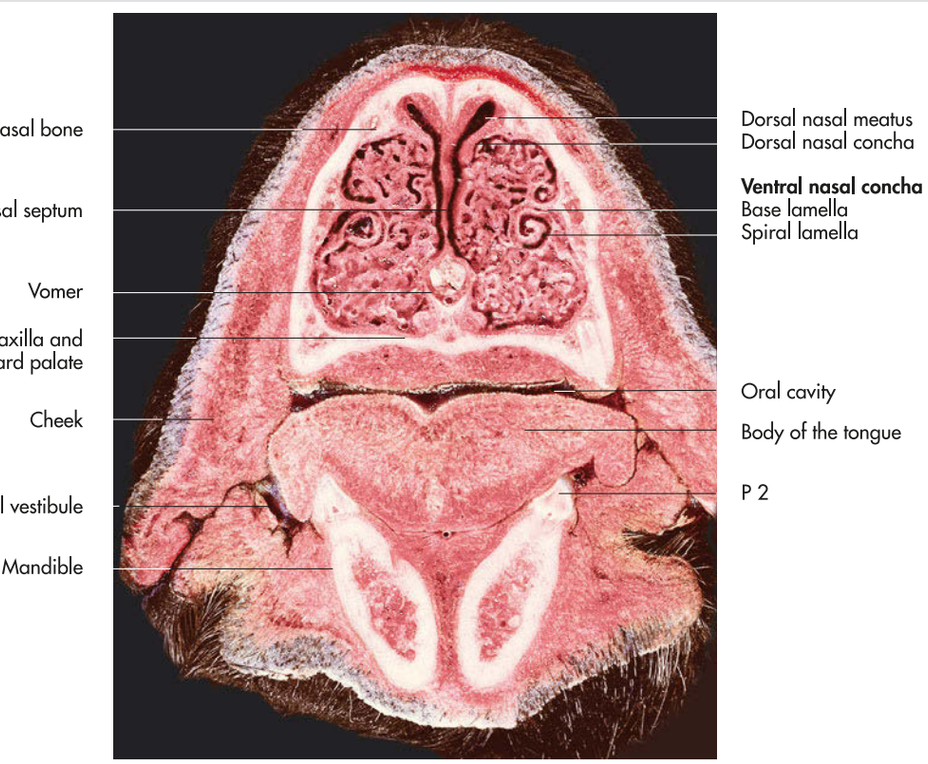


Fig. 9.8 Transverse section of the head of a dog at the level of the second premolar (frontal aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

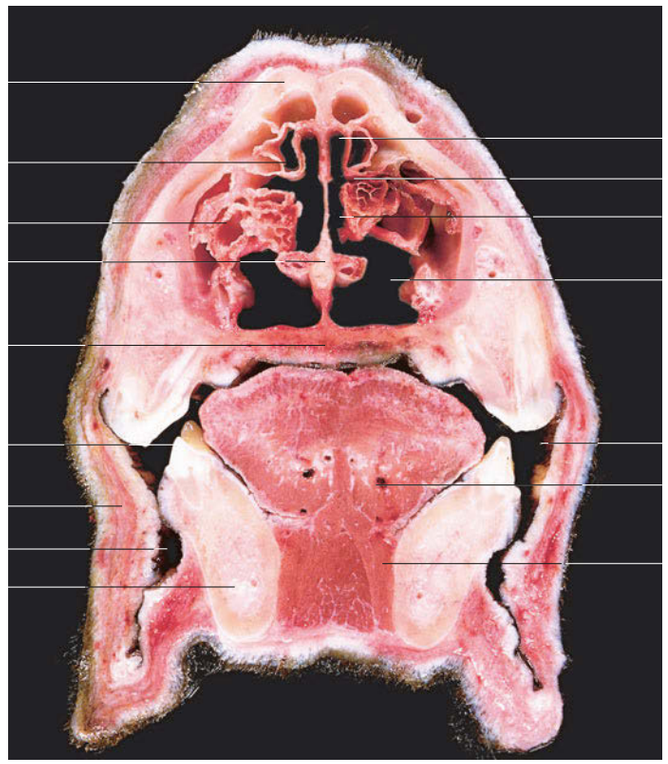


Fig. 9.9 Transverse section of the head of a dog at the level of the third premolar (frontal aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

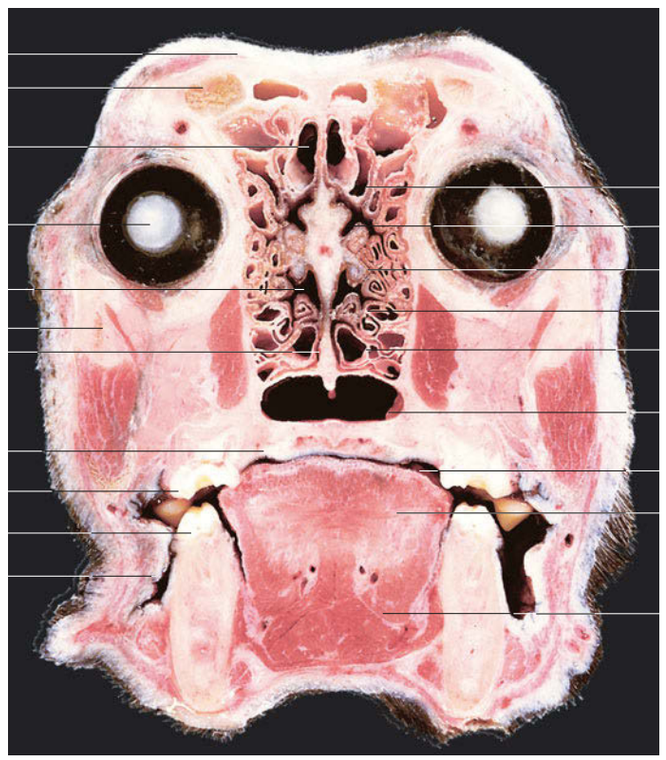


Fig. 9.10 Transverse section of the head of a dog at the level of the second molar (frontal aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

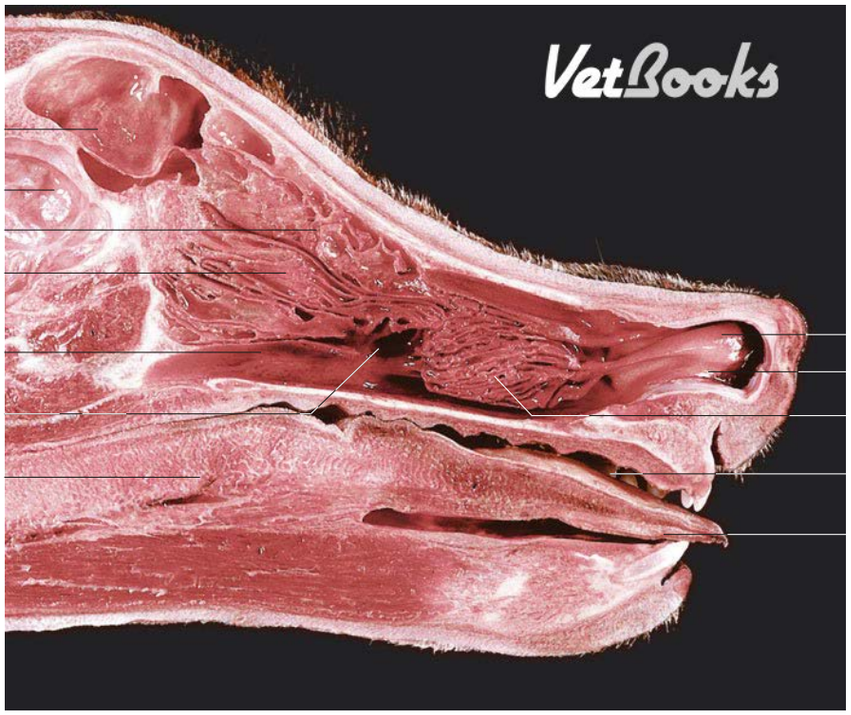


Fig. 9.11 Paramedian section of the head of a dog (medial aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

In the horse the dorsal nasal cartilage does not project far and the ventral nasal cartilage is either indistinct or absent. Instead, the **alar cartilages** (cartilagines alares), which are divided into a **plate** (lamina) dorsally and a **horn** (cornu, ▶ Fig. 9.6) support the large and widely spaced nostrils. The lateral walls of the nostrils are not supported by cartilage, thus the margins of the nostrils remain very mobile and allow the opening to be dilated when necessary. The **alar cartilages** account for the characteristic comma shape, which divides the nostril into the ventral, so-called true nostril leading to the nasal cavity, and the dorsal or **false nostril** leading to a skin-lined **diverticulum** (diverticulum nasi) occupying the **nasoincisive notch** (incisura nasoincisiva). Therefore it is essential when passing a nasogastric tube to guide it ventrally.

In antiquity, foals had their false nostrils cut open, since it was thought that this would result in better performance, especially in military horses. This method is still practised today in the southeastern parts of Asia (Pakistan, Iran, Northern India). In the western world, nasal implants and cohesive skin strips are used to maintain the alar cartilages in full abduction in competition horses.

The alar fold projects from the dorsal aspect of ventral nasal concha, supported by the thick, S-shaped **medial accessory cartilage** (cartilago nasalis accessoria medialis). The opening into the nasal cavity proper lies ventral to the alar fold. In most horses, the dorsal border of the incisive bone (os incisivum) bears a small groove (incisure) formed by the medial accessory cartilage.

Nasal vestibule (vestibulum nasi)

The nostril forms the opening of the nasal cavity and surrounds the nasal vestibule. In the horse and donkey, the integument continues within the nasal cavity, and forms a sharp demarcation with the nasal mucosa. In the horse, the **nasal puncta** of the **nasolacrimal duct** is located on the ventral floor of the vestibule, near to this mucosal transition. In other species it is located more caudally, occasionally with more than one opening. In the dog the much smaller and less distinct openings of the serous lateral nasal glands also discharge in this region.

9.2.2 Nasal cavities (cava nasi)

The nasal cavity extends from the nostrils to the **cribriform plate of the ethmoid bone**, and is divided by the **nasal septum** into right and left sides. The **nasal conchae** (conchae nasales) project into the interior of the nasal cavity and serve to increase the respiratory surface area (▶ Fig. 9.7, ▶ Fig. 9.8 and ▶ Fig. 9.11). In animals with highly developed olfactory senses, such as the dog, the nasal conchae are more complex further increasing the olfactory surface area. This increase in surface area, together with a higher number of olfactory receptor cells, accounts for the excellent olfactory sense of the dog compared to humans. Vascular plexi underlie the mucosa and are fomed by multiple anastomising vessels.

Caudoventrally the nasal cavity communicates with the nasopharynx through the choanae.

Nasal conchae (conchae nasales)

The nasal conchae are cartilagenous or ossified scrolls covered with nasal mucosa that occupy most of the nasal cavity (▶ Fig. 9.7 and ▶ Fig. 9.15). They have a complicated and species-specific arrangement.

The **first endoturbinate** (endoturbinale I) is the longest and most dorsal turbinate and extends furthest into the nasal cavity. It forms the osseous base of the **dorsal nasal concha** (concha

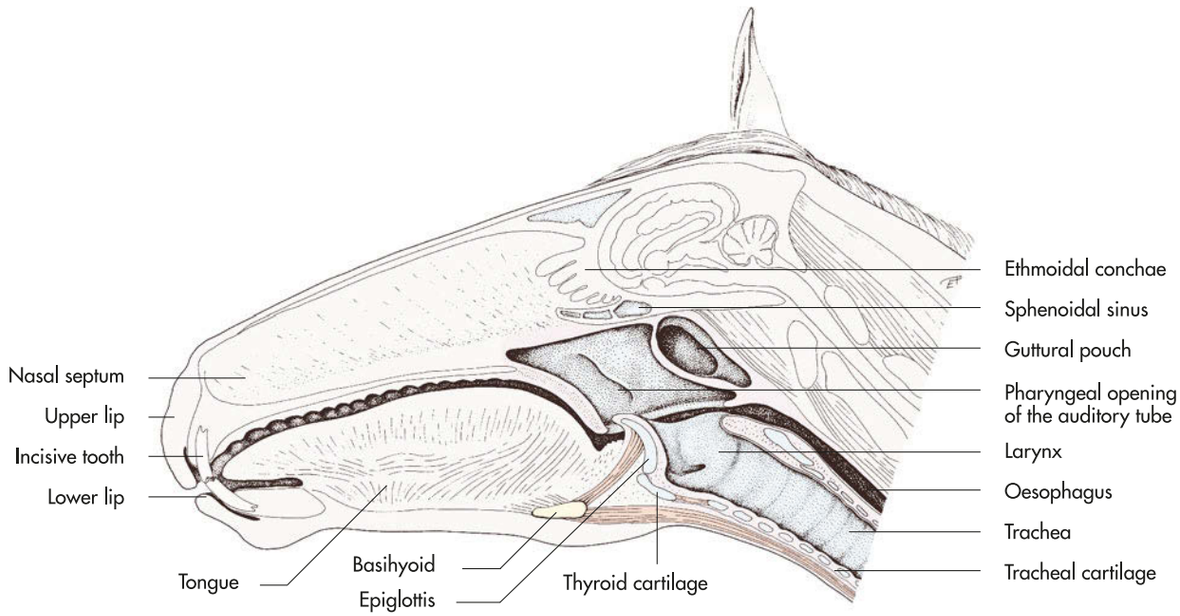


Fig. 9.12 Median section of the head of the horse, illustrating the pharynx and larynx (schematic).

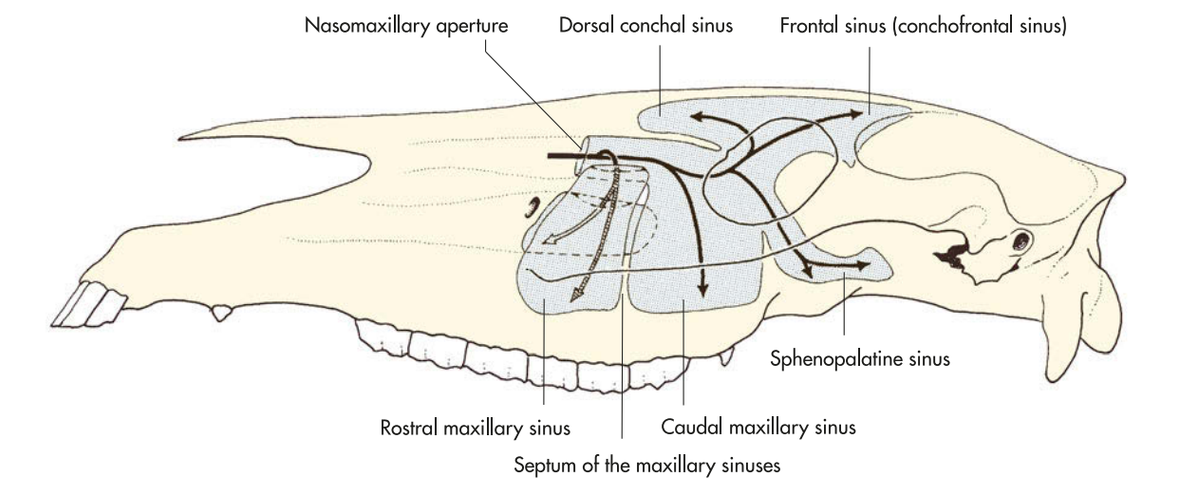


Fig. 9.13 Paranasal sinuses of the horse (schematic).

nasalis dorsalis). The **second endoturbinate** (endoturbinale II) is adjacent to the first and forms the bony part of the **middle nasal concha** (concha nasalis media. Subsequent turbinates are reduced in size, with the exception of the dog, in which the second to fourth endoturbinates are especially well-developed. While the dorsal and middle nasal concha are formed by the endoturbinates, the **ventral nasal concha** (concha nasalis ventralis) is part of the **maxilla**.

The osseous structures of the conchal bones (ossa conchae) are described in detail in Chapter 2 "Axial skeleton" (p. 73).

Nasal meatuses (meatus nasi)

The major conchae divide the nasal cavity into a series of clefts and meatuses which branch out from a common meatus near the nasalseptum. There are **three nasal meatuses** in the domestic mammals (▶ Fig. 9.9 and ▶ Fig. 9.10):

- dorsal nasal meatus (meatus nasi dorsalis),
- middle nasal meatus (meatus nasi medius) and
- ventral nasal meatus (meatus nasi ventralis).

The **dorsal nasal meatus** is the passage between the roof of the nasal cavity and the dorsal nasal concha. It leads directly to the fundus of the nasal cavity and channels air to the olfactory mucosa.

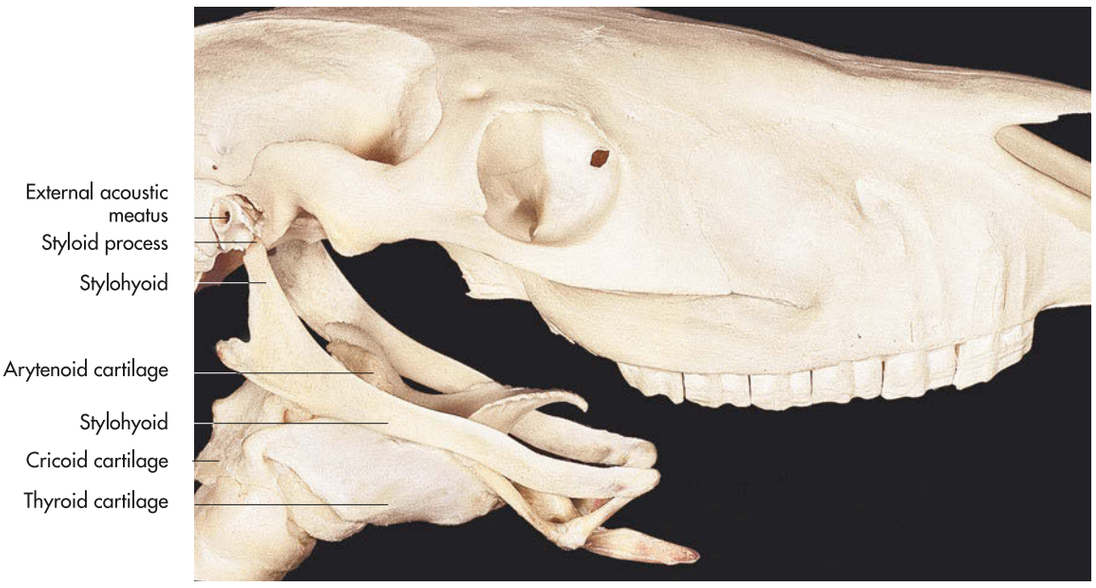


Fig. 9.14 Skull of a horse with hyoid bone and larynx.

The **middle nasal meatus** is between the dorsal and the ventral nasal conchae and communicates with the paranasal sinuses.

The **ventral nasal meatus** is the main pathway for airflow leading to the pharynx and is situated between the ventral nasal concha and the floor of the nasal cavity.

The **common nasal meatus** (meatus nasi communis) is the longitudinal space on either side of the nasal septum. It is communicate with all the other nasal meatus.

The pharynx can be accessed by the passage of nasogastric tubes and endoscopes through the widest point, between the ventral and common meatus.

9.2.3 Paranasal sinuses (sinus paranasales)

The **paranasal sinuses** are diverticula of the nasal cavity, which form air-filled cavities between the external and internal lamina of the bones of the skull. The osseous structure of the paranasal sinuses are described in detail in Chapter 2 "Axial skeleton" (p. 73).

They undergo significant expansion after birth and continue to increase in size with advancing age. They are particularly well-developed in the ox and the horse and account for the conformation of the head in these species. The paranasal sinuses are hypothesised to provide thermal and mechanical protection to the orbit, nasal cavity and cranial cavities; they also enlarge the areas for muscular attachment without considerably increasing the weight of the skull.

The paranasal sinuses are lined by **respiratory mucosa**, which is extremely thin and poorly vascularised. This is thought to account for the poor healing capacity of this area. Treatment is complicated due to the narrowness and locations of the openings, which make them prone to blockage when the mucosa is thickened by inflammation. The following **paired paranasal sinuses** can be found in the skull of domestic mammals:

- maxillary sinus (sinus maxillaris),
- frontal sinus (sinus frontalis),
- palatine sinus (sinus palatinus),
- sphenoidal sinus (sinus sphenoidalis),
- lacrimal sinus (sinus lacrimalis) in pigs and ruminants,
- dorsal conchal sinus (sinus conchae dorsalis) and ventral conchal sinus (sinus conchae ventralis) in the pig, ruminants and horse, and
- ethmoid cellules (cellulae ethmoidales) in pigs and ruminants.

The **maxillary sinus** is contained within the caudal part of the maxilla. In the horse a bony septum divides the maxillary sinus in a **smaller rostral compartment** (sinus maxillaris rostralis) and a **larger caudal one** (sinus maxillaris caudalis) (▶ Fig. 9.13). The floor of the maxillary sinuses is indented by the dental alveoli of the last three cheek teeth. Since only a thin bone plate separates the tooth roots from the paranasal sinus, periapical infection can easily penetrate the bone and cause sinusitis. On the other hand an entry into the sinus by trepanation allows access to the teeth for treatment of dental diseases.

The sagittally orientated infraorbital canal projects into the maxillary sinuses and divides them into a medial and a lateral compartment. Both compartments share a slit-like opening towards the middle nasal meatus, the **nasomaxillary aperture** (apertura nasomaxillaris). The rostral maxillary sinus communicates with the ventral conchal sinus through the **conchomaxillary opening** (apertura conchomaxillaris). The caudal maxillary sinus communicates directly or indirectly with all the other paranasal sinuses. This anatomical arrangement accounts for the spread of infection throughout the paranasal sinuses in the horse.

The maxillary sinus of carnivores is better termed the **maxillary recess** (recessus maxillaris), since it is a diverticulum of the nasal cavity at the level of the medial nasal concha rather than a real air-filled cavity between the internal and external laminae of the bones of the skull.

The **frontal sinus** is contained within the frontal bone and usually communicates with the middle nasal meatus. In the horse it is continuous with the dorsal conchal sinus and is therefore re-

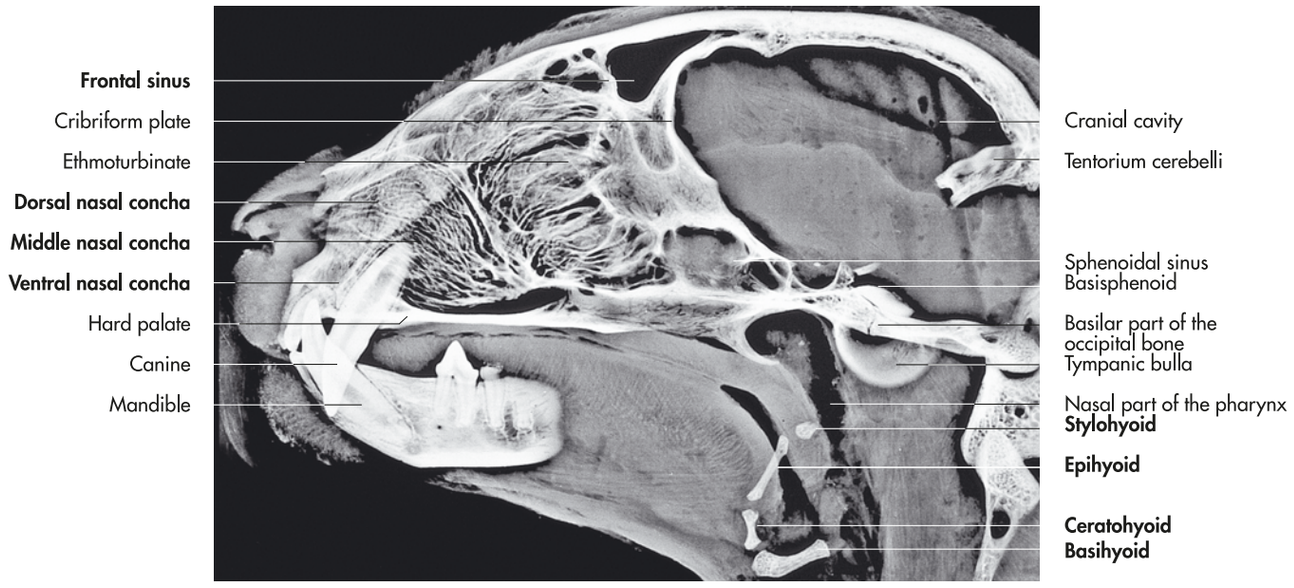


Fig. 9.15 Radiograph of the head of a cat. (source: courtesy of Prof. Dr. Cordula Poulsen Nautrup, Munich)

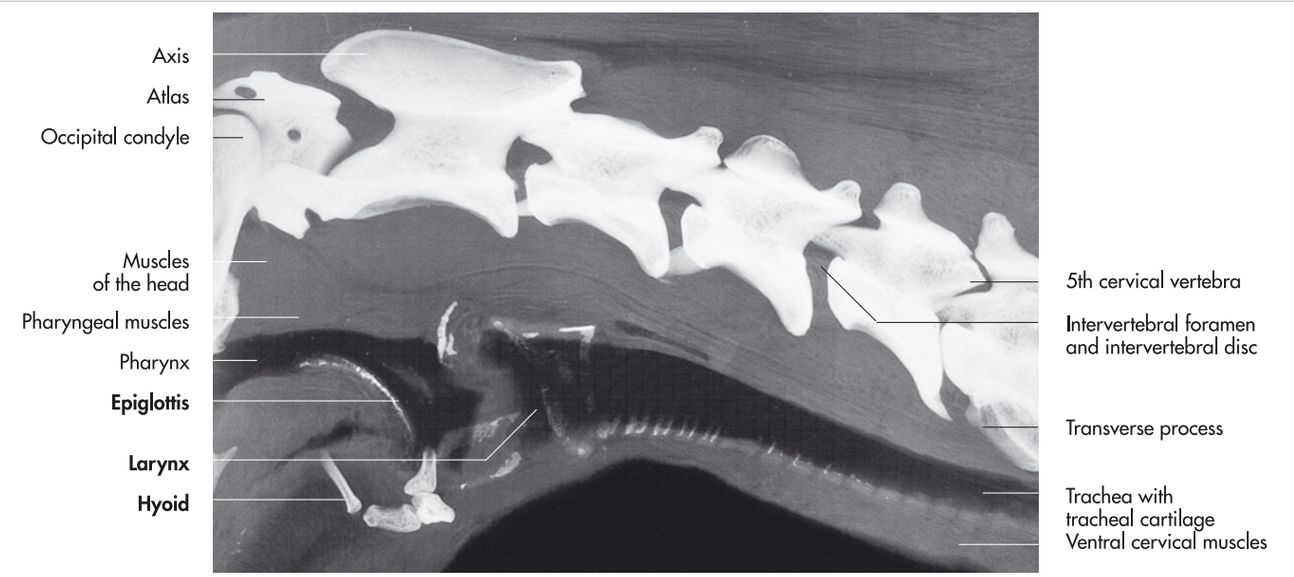


Fig. 9.16 Radiograph of the larynx and the cervical spine of a cat. (source: courtesy of Prof. Dr. Cordula Poulsen Nautrup, Munich)

ferred to as the **conchofrontal sinus** (sinus conchofrontalis). The caudal maxillary sinus communicates with the conchofrontal sinus through the wide **frontomaxillary opening** (apertura frontomaxillaris).

In the pig and the ox the frontal sinus is divided into several compartments and extends to the nuchal region caudally. In ruminants it extends into the cornual process of the frontal bone, which accounts for the high incidence of inflammation of the frontal sinus after surgical dehorning.

In the horse the **palatine** and **sphenoid bones** are also pneumatised. The union of the palatine and the sphenoidal sinus results in the combined **sphenopalatine sinus**, which communicates with the caudal maxillary sinus (▶ Fig. 9.13). The optic chiasm is located just dorsal to the sphenoid sinus, separated from the latter only by a extremely thin bony plate. Sinusitis can thus easily spread over onto the optic nerve, resulting in impaired vision.

9.3 Lower respiratory tract

9.3.1 Larynx

The larynx is a bilaterally symmetrical, tube-shaped musculocartilagenous organ, that connects the pharynx to the trachea (▶ Fig. 9.12, ▶ Fig. 9.16 and ▶ Fig. 9.18). It protects the entrance to the trachea thus preventing aspiration of foreign material into the lower respiratory tract. It is also important in vocalisation. The walls of the larynx are formed by the laryngeal cartilages and their connecting muscles and ligaments, which join the larynx to the hyoid apparatus rostrally and to the trachea caudally. The la-

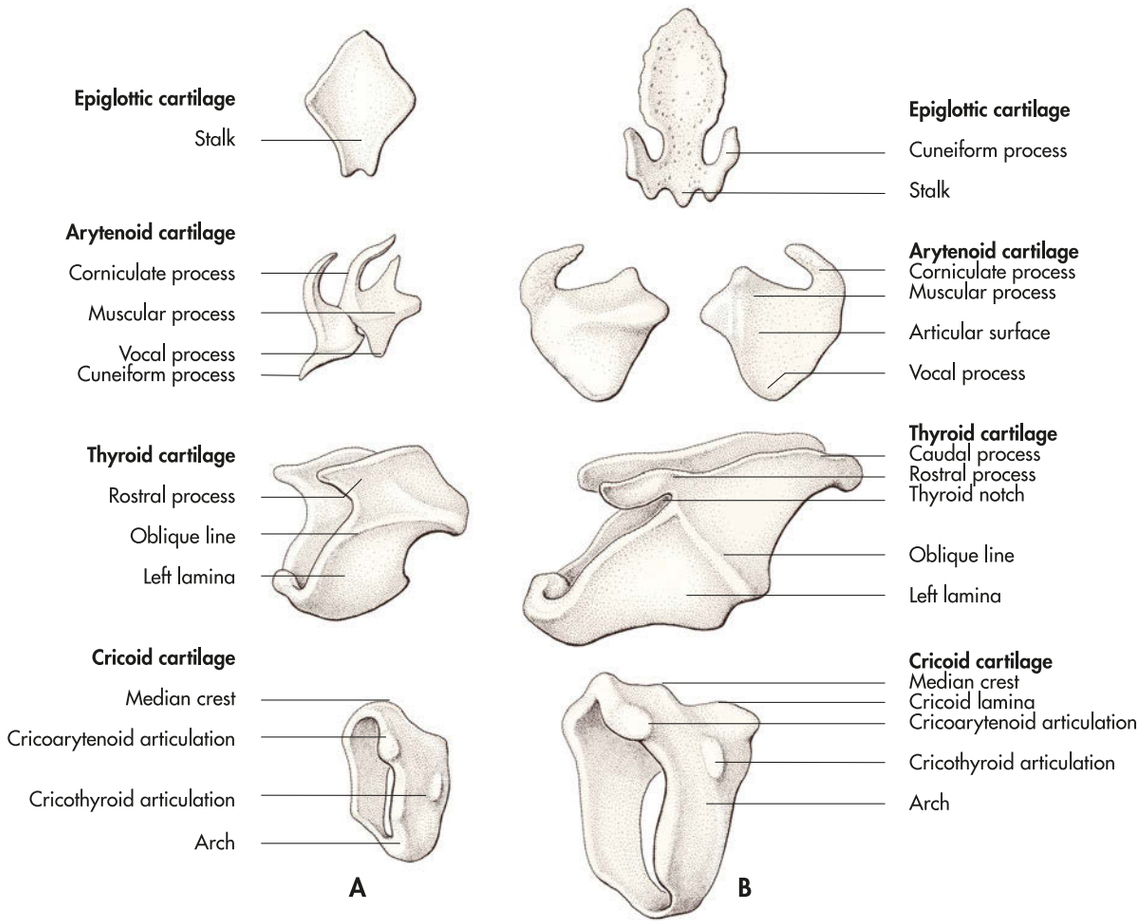


Fig. 9.17 Laryngeal cartilages of the dog **(A)** and the horse **(B)** (schematic).

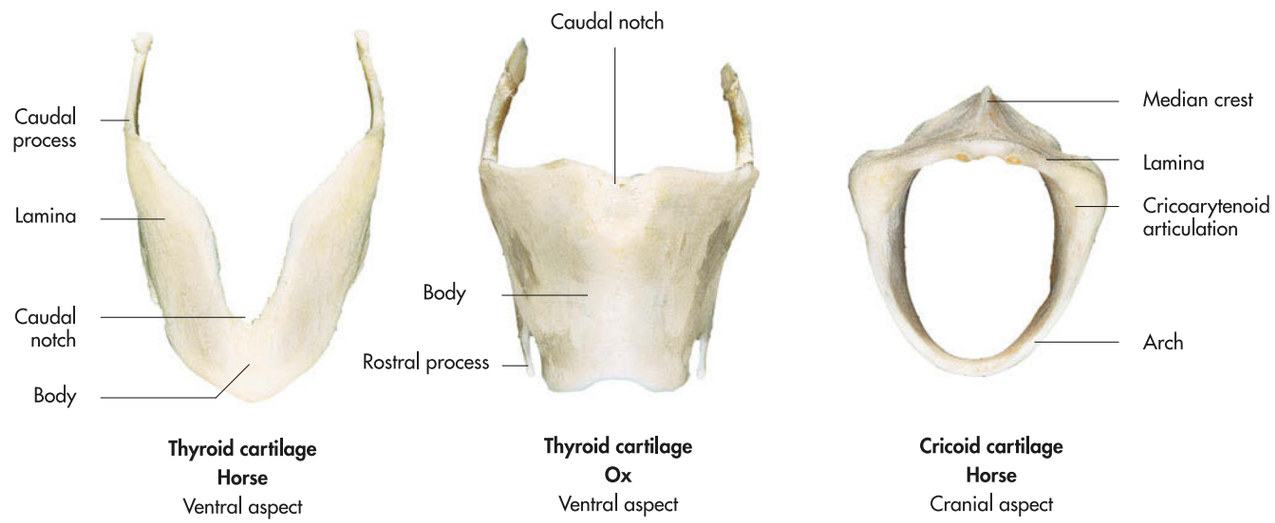


Fig. 9.18 Thyroid and cricoid cartilages of a horse and an ox.

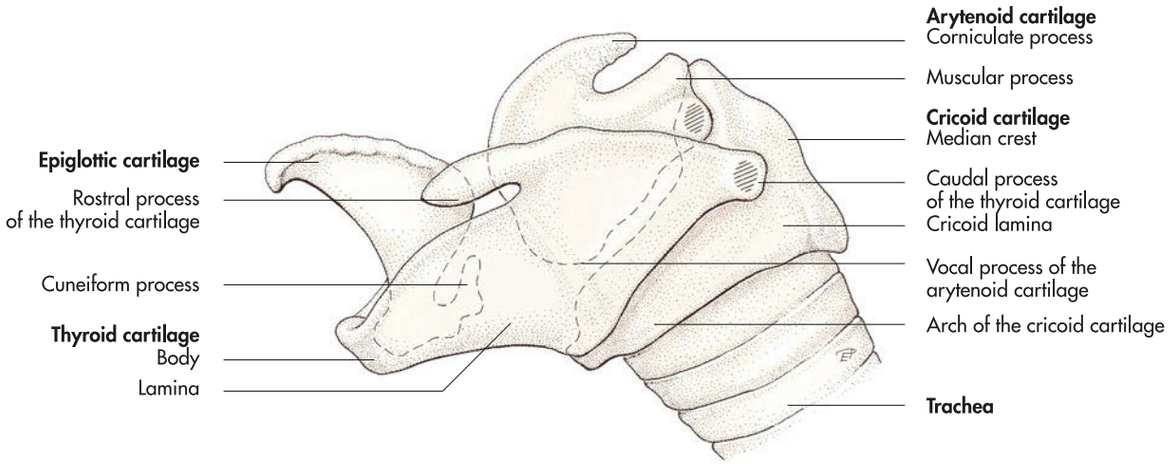


Fig. 9.19 Laryngeal cartilages of the horse (schematic).

ryngeal walls enclose the **cavity of the larynx** (cavum laryngis), the lumen of which is constricted by the **vocal folds** (plicae vocales) (▶ Fig. 9.20). During swallowing the epiglottis tilts backward to partially cover the rostral opening of the larynx. Caudally, the laryngeal cavity is continuous with the lumen of the trachea (▶ Fig. 9.20).

Most of the laryngeal cavity is lined by stratified squamous epithelium, although respiratory mucosa is present caudally.

Cartilages of the larynx (cartilagines laryngis)

The skeleton of the larynx is composed of the following **bilaterally symmetrical laryngeal cartilages** (▶ Fig. 9.14 and ▶ Fig. 9.17):

- epiglottic cartilage (cartilago epiglottica), forming the base of the epiglottis,
- thyroid cartilage (cartilago thyroidea),
- arytenoid cartilages (cartilagines arytenoideae) and
- cricoid cartilage (cartilago cricoidea).

Epiglottis (epiglottis)

The epiglottic cartilage forms the base of the epiglottis (▶ Fig. 9.17 and ▶ Fig. 9.19). The epiglottis resembles a leaf with a small **stalk** (petiolus) and a **large blade**. Its free apex points rostrally and is sharp-pointed in carnivores and the horse and more rounded in ruminants and the pig. The stalk is connected to the thyroid cartilage, and the blade projects dorsorostrally behind the soft palate at rest (retrovelar position). During swallowing it tilts caudally to cover the entrance to the laryngeal cavity. The epiglottic cartilage consists of **elastic cartilage**. **Cuneiform processes** (processus cuneiformes) are present in some animals on each side of the base of the epiglottis, projecting dorsally. They may be free or fused with the epiglottis or the arytenoid cartilages.

Thyroid cartilage (cartilago thyroidea)

The thyroid cartilage contains **hyaline cartilage**, which may ossify with advancing age, and forms the lateral walls and the floor of the larynx (▶ Fig. 9.17). It has two lateral **plates** (lamina lateralis dextra and sinistra) and a ventral **body** (corpus). Each lamina is expanded dorsally to form rostral and caudal processes (cornu rostralis et caudalis). The rostral process articulates with the hyoid bone, the caudal process with the cricoid cartilage. In the horse the rostral process is separated from the plate by a **notch** (fissura thyroidea) (▶ Fig. 9.17).

In the horse the ventral part of the thyroid cartilage is reduced to a **narrow bridge** rostrally to which the stalk of the epiglottis attaches. This leaves a large notch caudal to it in the floor of the larynx, which is covered by soft tissues only, thus providing convenient access for laryngeal surgery.

Arytenoid cartilages (cartilagines arytaenoideae)

The arytenoid cartilages (▶ Fig. 9.17) are formed of **hyaline cartilage** and are the only **paired laryngeal cartilages**, which meet dorsally to cover the notch left open by the lamina of the thyroid cartilage, thus forming the major part of the roof of the larynx. A small hyaline **interarytenoid cartilage** (cartilago interarytaenoidea) may be found between the arytenoid cartilages dorsally.

The arytenoid cartilages have the form of a triangle from which three processes radiate: the corniculate process, which extends dorsomedially from the rostral angle of the triangle; a vocal process, to which the vocal fold attaches projects ventrally into the laryngeal cavity; and a muscular process, which extends laterally and provides attachment to the dorsal cricoarytenoid muscle. A caudal facet articulates with the arytenoid plate.

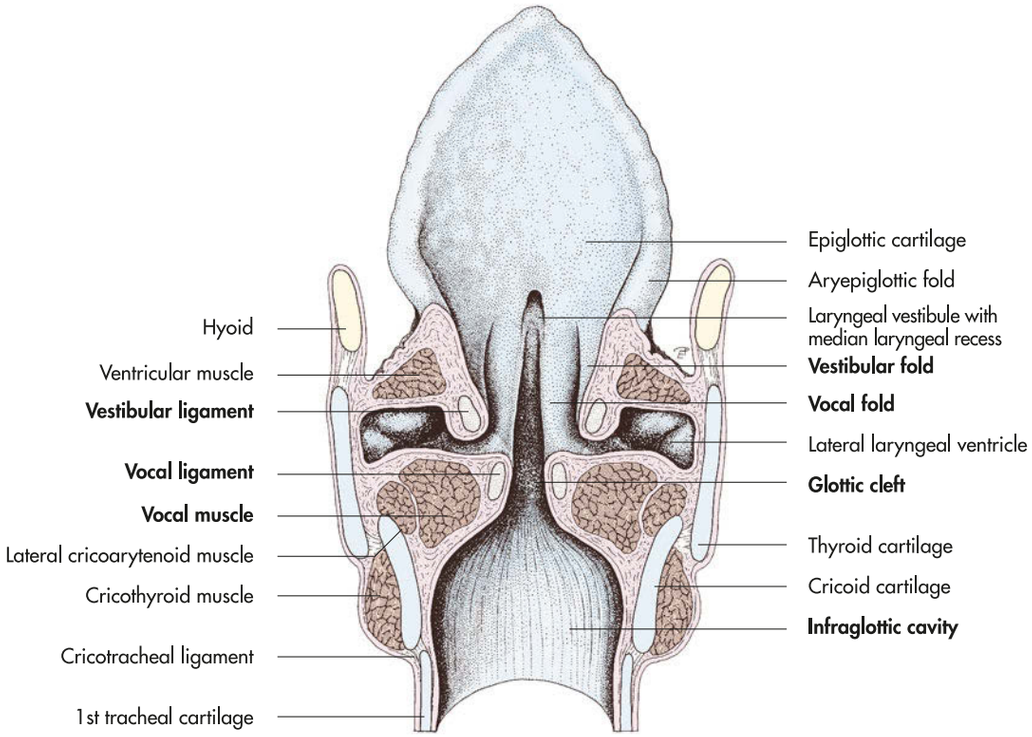


Fig. 9.20 Dorsal section of the larynx of the horse (schematic); fig. based on data from Budras and Röck, 2004.

Cricoid cartilage (cartilago cricoidea)

The cricoid cartilage forms a complete ring at the caudal end of the larynx (▶ Fig. 9.17). It has the shape of a signet ring with an expanded dorsal **plate** (lamina) and a narrower ventral arch. The dorsal plate articulates with the arytenoid cartilages, while the ventral arch articulates with the caudal processes of the thyroid cartilage. The ventral arch is very similar to the caudally succeeding tracheal cartilages. Like the thyroid cartilage it is formed of **hyaline cartilage**, which may also ossify with age.

Laryngeal cavity (cavum laryngis)

The inlet to the **laryngeal cavity** (aditus laryngis) is bound by the epiglottis, the **aryepiglottic fold** (plica aryepiglottica) and the arytenoid cartilages (▶ Fig. 9.20). The laryngeal inlet leads into the wide antechamber or **vestibule of the larynx** (vestibulum laryngis).

The middle portion is known as the glottis and consists of the paired arytenoid cartilages dorsally (pars intercartilaginea) and the paired vocal folds ventrally (pars intermembranacea) that form a narrow passageway into the pharynx called the **glottic cleft** (rima glottidis) (▶ Fig. 9.23). Caudal to the glottis the lumen becomes wider to form the **infraglottic cavity** (cavum infraglotticum), which extends to the trachea.

In the horse and the dog, a **lateral laryngeal ventricle** (ventriculus laryngis lateralis) is formed on each side by an outpouching of the laryngeal mucosa. The entrance to the lateral ventricles is located between the vestibular fold rostrally and the vocal fold caudally (▶ Fig. 9.20). In the pig and horse an unpaired **median outpouching** (recessus laryngis medianus) of the floor of the laryngeal vestibule is present caudal to the epiglottis (▶ Fig. 9.20).

In the pig the vocal fold is split into two portions with a small lateral laryngeal ventricle between them.

Articulations and ligaments of the larynx

All articulations between the different laryngeal cartilages are synovial joints with the exception of the articulation between the epiglottis and the rest of the larynx. There is also a synovial articulation between the thyroid and thyrohyoid cartilages. The epiglottis is joined to the thyroid cartilage by **elastic fibres** and to the arytenoid cartilages by **elastic membranes**.

The synovial articulations between the cricoid cartilage and the arytenoid cartilages (articulatio cricoarytenoidea) allow abduction and adduction to the arytenoid cartilages, which results in expansion of the glottic cleft during inspiration and narrowing of the glottic cleft during expiration (▶ Fig. 9.23).

Clinical note

In some horses, hemiplegia of the **left recurrent laryngeal nerve** results in incomplete abduction of the the left arytenoid cartilage and thus the left vocal fold does not abduct sufficiently, thus producing a **"roaring"** sound during inspiration (▶ Fig. 9.24). The aetiopathogenesis of this condition is unknown and results in palpable atrophy of the dorsal cricoarytenoid muscle, the abductor of the arytenoid cartilage.

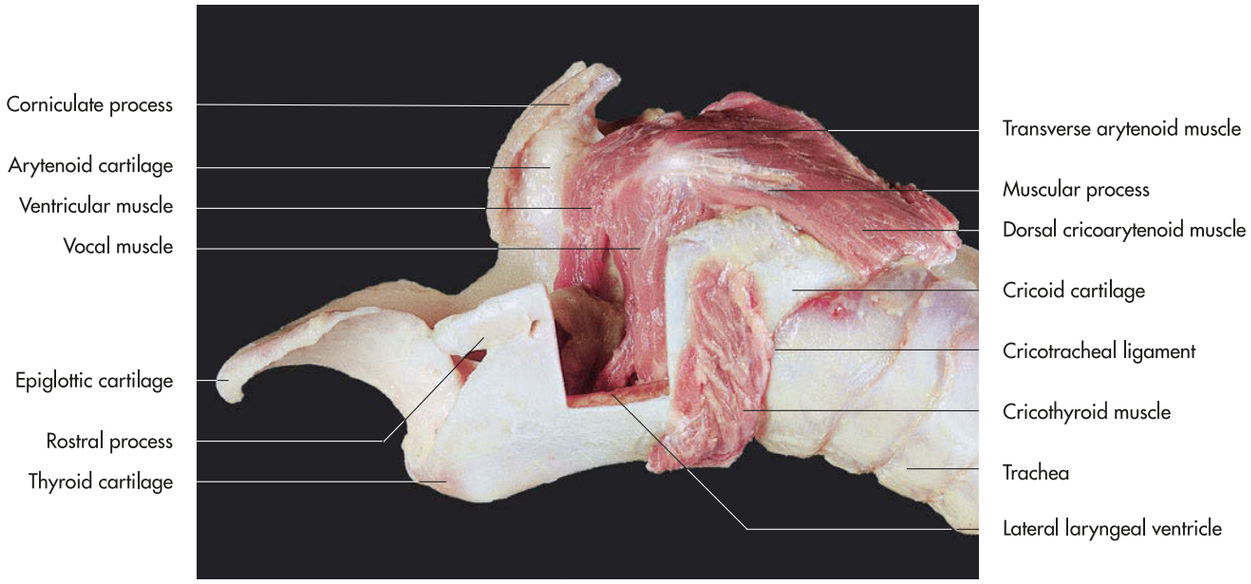


Fig. 9.21 Larynx of a horse (thyroid cartilage partly removed). (source: courtesy of Dr. R. Macher, Vienna)

The dorsocaudal angle of the thyroid cartilage articulates with the lamina of the cricoid cartilage (articulatio cricothyroidea) (▶ Fig. 9.20 and ▶ Fig. 9.21), the ventrocaudal part of the thyroid cartilage is connected to the ventral arch of the cricoid cartilage by the cricothyroid ligament. In the horse the cricothyroid ligament covers the wide caudal thyroid notch and has to be dissected to permit access to the laryngeal cavity during surgery.

The **vocal ligament** (ligamentum vocale) extends between the vocal process of the arytenoid cartilages and the body of the thyroid cartilage on either side. It forms the basis of the **vocal fold** (plica vocalis) (▶ Fig. 9.20). In animals with a vestibular fold a vestibular ligament is present rostral to the vocal ligament. The larynx is joined to the basihyoid bone rostrally by the thyrohyoid membrane and to the first tracheal cartilage caudally by the cricotracheal ligament.

Muscles of the larynx

There are several groups of muscles (▶ Fig. 9.20 and ▶ Fig. 9.22), which are related to the larynx:

- **extrinsic muscles** that pass between the external surface of the larynx and the pharynx, hyoid bone, sternum and tongue, and
- **intrinsic muscles** that pass between the laryngeal cartilages.

The extrinsic laryngeal muscles comprise the long muscles of the hyoid bone, which originate from the sternum and draw the larynx caudally, and the muscles which originate from the hyoid apparatus and draw the larynx rostrally. These muscles are described in detail in Chapter 3 “Fasciae and muscles of the head, neck and trunk” (p. 137). The intrinsic laryngeal musculature consists of a set of small paired muscles that join the laryngeal cartilages (▶ Fig. 9.20). They widen and narrow the glottic cleft and tense and relax the vocal folds (▶ Fig. 9.23). The intrinsic laryngeal musculature are the:

- cricothyroid muscle (m. cricothyroideus),
- dorsal cricoarytenoid muscle (m. cricoarytenoideus dorsalis),
- lateral cricoarytenoid muscle (m. cricoarytenoideus lateralis),
- transverse arytenoid muscle (m. arytenoideus transversus) and
- thyroarytenoid muscle (m. thyroarytenoideus).

The **cricothyroid muscle** extends between the lateral surface of the thyroid lamina and the cricoid arch. It is the only laryngeal muscle which is innervated by the **cranial laryngeal nerve**, while all the other muscles of this group are innervated by branches of the **caudal (recurrent) laryngeal nerve**. On contraction, it tenses the vocal folds.

The **dorsal cricoarytenoid muscle** is the main abductor of the vocal folds, which widens the glottic cleft. It arises from the dorsal surface of the cricoid lamina, and its fibres converge rostrally to insert on the muscular process of the arytenoid cartilages.

The **lateral cricoarytenoid muscle** extends between the cricoid arch and the muscular process of the arytenoid cartilages. Contraction of this muscle narrows the glottic cleft.

The **transverse arytenoid muscle** is a relatively weak muscle that connects the muscular processes of one arytenoid cartilage with its contralateral counterpart. It is interrupted by a median tendineous intersection. It adducts the two arytenoid cartilages, thus narrowing the glottic cleft.

The **thyroarytenoid muscle** arises from the base of the epiglottis and the thyroid cartilage and passes caudodorsally to insert on the muscular and vocal processes of the arytenoid cartilages. In the horse and the dog it is divided into the ventricular and the vocal muscles, which run with the like-named folds. They increase the tension of the vocal folds and narrow the glottic cleft.

Functions of the larynx

During swallowing the epiglottis protects the lower respiratory tract against aspiration of foreign material. For a detailed description of the swallowing mechanism see Chapter “Deglutition” (p. 348).

The glottis closes (**expiration**) and opens (**inspiration**) rhythmically during respiration. Widening of the glottis is mainly a result of the contraction of the dorsal cricoarytenoid muscles; nar-

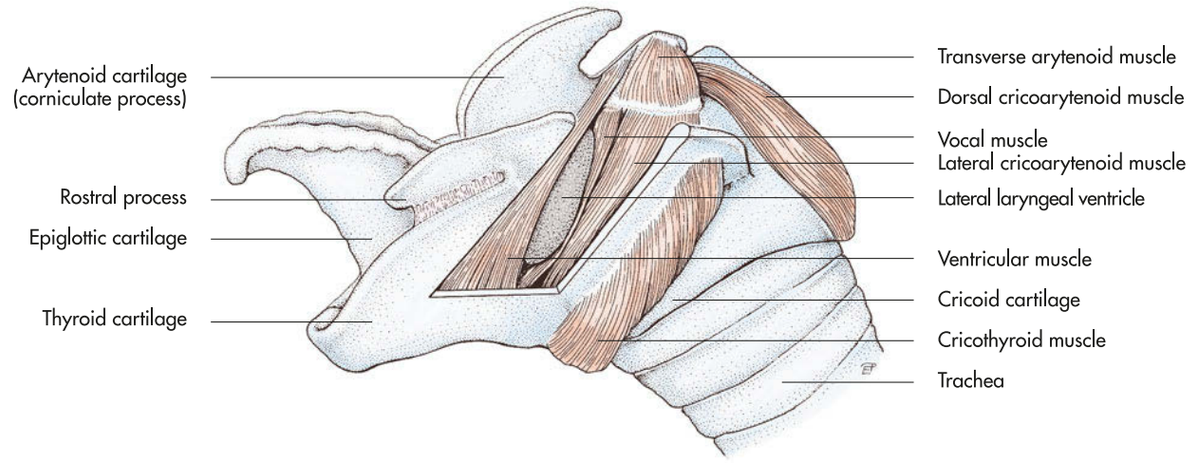


Fig. 9.22 Larynx of the horse (schematic, thyroid cartilage partly removed).

rowing is achieved by contraction of the lateral cricoarytenoid muscles, both of which are innervated by the caudal (recurrent) laryngeal nerves. These movements can be visualised by performing laryngoscopy. Abduction of the left side is reduced in a horse with paralysis of the left recurrent laryngeal nerve.

Closure of the glottis also occurs during coughing and sneezing: built-up pressure against a closed glottis allows for forceful expulsion when the air is released. Sustained closure with elevation of the intrathoracic pressure is used when straining during defecation, micturition and parturition.

Another important function of the larynx is **vocalisation**. Purring sounds in the cat are produced by the rapid contractions (20–30 per second) of the vocal muscles, assisted by fast twitching of the diaphragm. This causes vibration of the vocal folds during inspiration and expiration.

Blood supply and innervation

The blood supply of the larynx is provided by the laryngeal branch (ramus laryngeus) of the **cranial thyroid artery** (a. thyroidea cranialis), which extends from the cranial end of the **common carotid artery** (a. carotis communis). The laryngeal branch of the cranial thyroids artery branches to form a muscular branch which supplies the laryngeal muscles, and continues through the thyroid notch to supply the vocal and vestibular muscles and the laryngeal mucosa.

The larynx is innervated by branches of the **vagus nerve**. The the **cranial laryngeal nerve** (n. laryngeus cranialis) branches from the vagus nerve caudal to the pharyngeal branch at the level of the **distal ganglion of the vagus** (ganglion distale nervi vagi, formerly called the nodose ganglion). This ganglion is not visible macroscopically in all individuals, but can be found histologically.

The **cranial laryngeal nerve** divides into an external and internal branch. The external branch innervates the constrictors of the pharynx and the cricothyroid muscle. In some animals, it communicates with the caudal laryngeal nerve. The internal branch passes over the thyroid notch to the inside of the larynx, where it innervates the mucosa. The internal branch usually anastomoses (ramus communicans) with the caudal laryngeal nerve.

The **caudal laryngeal nerves** (n. laryngeus caudalis) supply motor innervation to all of the intrinsic muscles of the larynx except the cricothyroid muscle. It originates in the thorax by branching off from the vagus. During embryonic development of the heart the left and right caudal laryngeal nerves are drawn caudally to pass around the aorta on the left and around the costocervical artery on the right before running cranially to the larynx as the **recurrent nerves** (nn. laryngei recurrentes). Hemiplegia of the left recurrent laryngeal nerve in the horse may relate to mechanical damage as this nerve passes around the aorta.

Clinical note

The **caudal (recurrent) laryngeal nerve** is of clinical importance in the horse, since **paralysis** (most commonly) of the left recurrent laryngeal nerve results in a stertorous sound produced at inspiration in affected animal. The term “roaring” is applied to this condition, and affected animals are known as **“roarers”**. The sound is caused by the air flow passively vibrating a lax, adducted vocal fold. The laxity results from paralysis of the dorsal cricoarytenoid muscle, the abductor of the arytenoid cartilage and vocal fold, although other muscles may also be involved, especially in more advanced stages of the disease. Several theories regarding the aetiopathogenesis of the disease have been advanced. The asymmetry in incidence directs attention to the differences in the course and relations of the left versus the right recurrent laryngeal nerve. The left nerve loops around the aortic arch, which may cause mechanical damage to the nerve by the pulsing aorta. The close proximity of the tacheobronchial lymph nodes may also be involved in the aetiopathogenesis of this condition, whereby inflammation may result in a distal axonopathy (▶ Fig. 9.24).

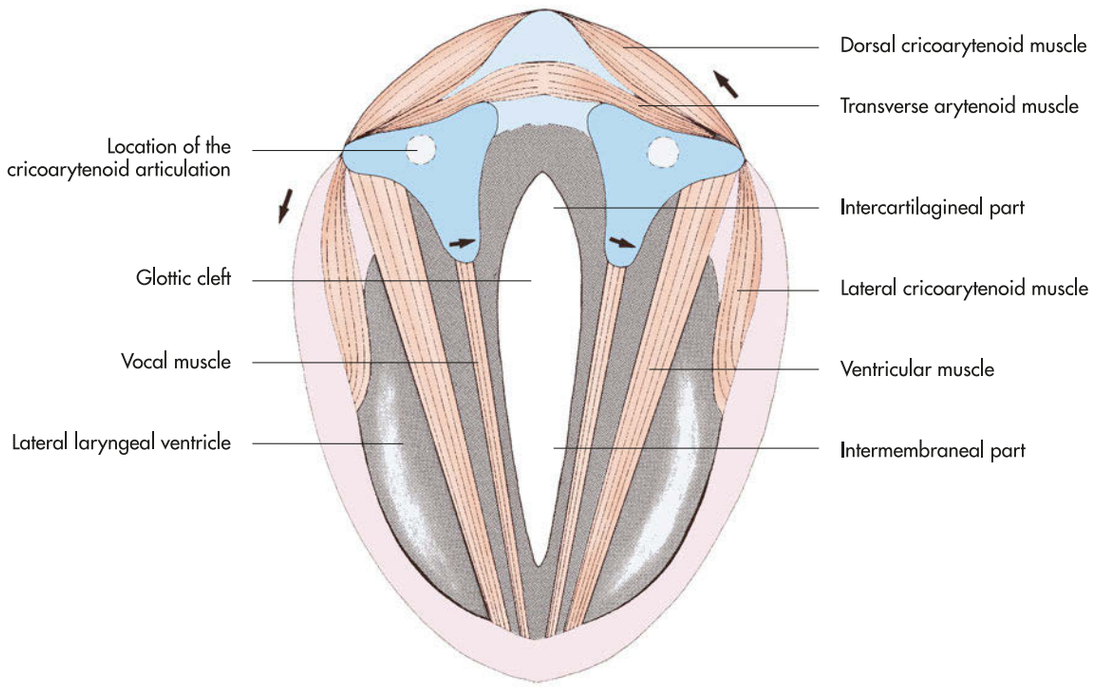


Fig. 9.23 Cross section of the larynx of the horse (schematic, arrows indicating the narrowing and expansion of the glottic cleft); fig. based on data from Budras and Röck, 2004.

Lymphatics

Lymph vessels of the larynx drain into the medial retropharyngeal and deep cervical lymph nodes.

9.3.2 Trachea (trachea)

The trachea extends from the cricoid cartilage of the larynx to its bifurcation. It consists of a series of C-shaped hyaline cartilages connected by ligaments. The **number of the tracheal cartilages** varies among individuals:

- horse: 48–60,
- ox: 48–60,
- sheep: 48–60,
- goat: 48–60,
- pig: 29–36,
- dog: 42–46,
- cat: 38–43.

The **tracheal cartilages** are open dorsally and have different shapes in the different domestic species (▶ Fig. 9.25). The space left by failure of these cartilages to meet dorsally is bridged by the transverse **tracheal muscle** and connective tissue. The resulting rings are united in a longitudinal direction by bands of **fibroelastic tissue**.

The trachea is lined by **respiratory mucosa** with a pseudostratified, ciliated epithelium and has mucus-secreting glands over its entire length. The outer layer is composed of adventitia in the neck and of serosa in the thorax. The adventitia consists of loose

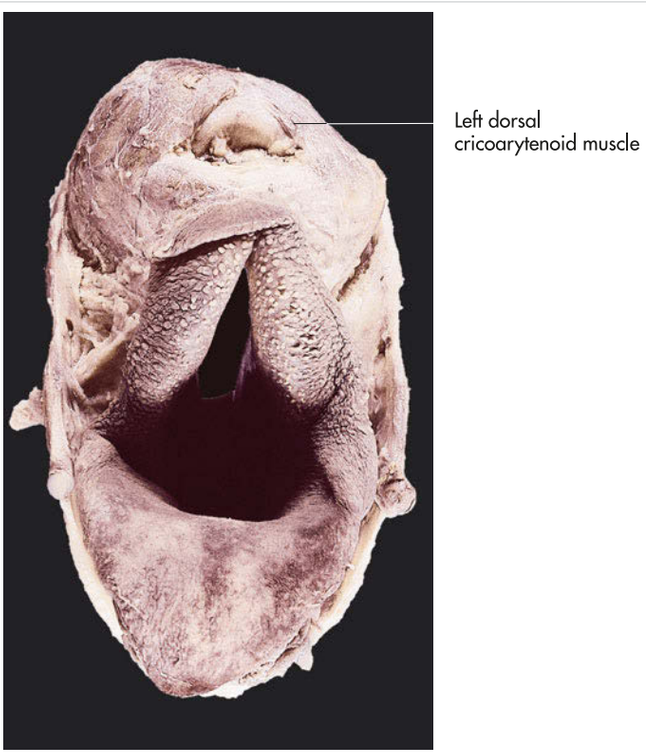


Fig. 9.24 Larynx of a horse suffering from hemiplegia of the left recurrent laryngeal nerve (rostral aspect). (source: courtesy of Dr. Susanne Vrba, Vienna)

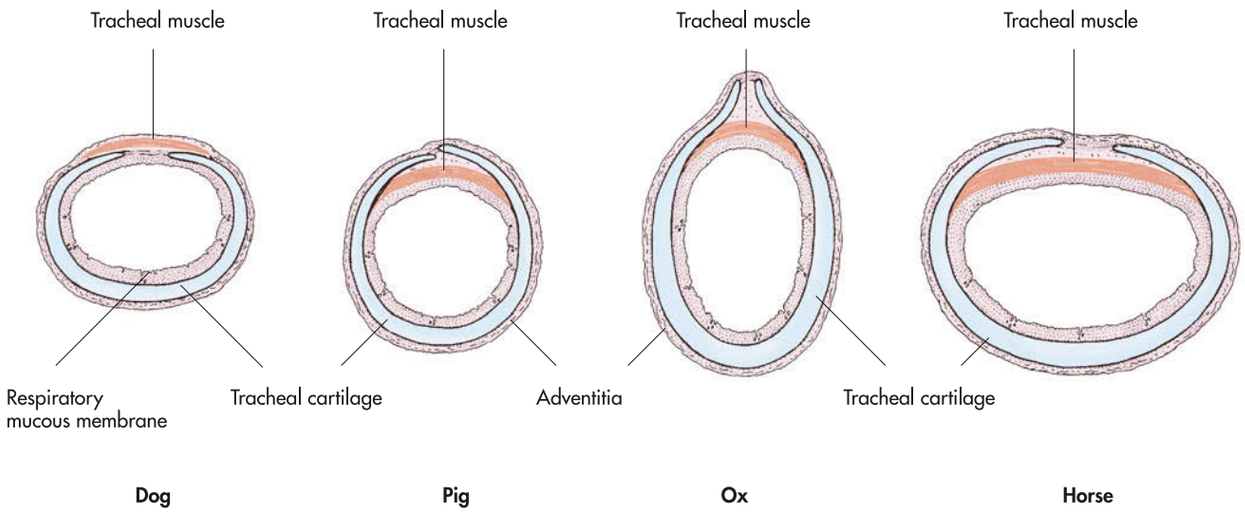


Fig. 9.25 Transverse section of the trachea of the different domestic species (schematic).

connective tissue, which connects the trachea to adjacent organs. The caudal laryngeal nerves pass within the tracheal adventitia.

The trachea passes from the larynx, through the visceral space of the neck ventral to the cervical spine and the longus colli muscle to the thoracic inlet. It continues to its bifurcation dorsal to the base of the heart at the level of the fifth intercostal space. In ruminants and pigs a separate tracheal bronchus arises proximal to the tracheal bifurcation and aerates the accessory lobe of the right lung present in these species.

The **cervical portion of the trachea** maintains a median position in relationship to the oesophagus depending on location. Ventrally it is connected to the long hyoid muscles. The common carotid artery and the vagosympathetic trunk pass on its lateral sides.

9.3.3 Lung (pulmo)

The **right** and the **left lung** are grossly alike and are connected with each other at the bifurcation of the trachea. They are elastic, air-filled organs with a soft, spongy texture. The colour depends on the blood content: it is pale pink to orange in animals which have been exsanguinated, but deep red when filled with blood. The lungs occupy most of the thoracic cavity, and each lung is invaginated in the corresponding pleural sac. A thin fluid-filled cleft is present between the **visceral pleura** (**pleura pulmonalis**) and the **parietal pleural**, which serves to reduce friction during respiration. Each lung has a convex **costal surface** (facies costalis) adjacent to the thoracic wall, a **mediastinal surface** (facies mediastinalis) towards the mediastinum, and a **diaphragmatic surface** (facies diaphragmatica), which lies against the surface of the diaphragm.

Dorsally the mediastinal and the costal surface meet in the thick, rounded **dorsal border** (margo dorsalis seu obtusus), which occupies the gutter-shaped space between the ribs and the vertebrae. Ventrally these surfaces meet in the thin **ventral border** (margo ventralis seu acutus), which is recessed over the heart to form the **cardiac notch** (incisura cardiaca), which allows the pericardium to contact the lateral thoracic wall.

The diaphragmatic surface meets the costal surface in the **basal border** (margo basalis), and the mediastinal surface in the **mediastinal border** (margo mediastinalis). The apex of the lung extends cranially, together with the pleural cupula, through the thoracic inlet into the visceral part of the neck.

The area of each lung that receives the main bronchus, accompanied by the **pulmonary vessels** (pulmonary artery and vein, bronchial artery and vein, lymph vessels) and **nerves** is known as the **root of the lung** (radix pulmonis).

The lungs are fixed in place by their attachment to the trachea, blood vessels, the mediastinum and the pleura, which detaches the pulmonary ligament dorsomedially to connect the lungs with the mediastinum and the diaphragm.

Structure of the lung

The lungs are composed of **parenchyma** and **interstitium** (stroma). The pulmonary parenchyma is the organ where oxygen from the atmosphere and carbon dioxide from the blood are exchanged. It comprises the bronchioles and their branches and the terminating pulmonary alveoli. The interstitium consists of elastic and collagenous soft tissue, which includes mixed glands, smooth muscle fibres, nerve fibres, blood and lymph vessels.

The **surfaces of the lungs** are covered by the pulmonary pleura. Beneath the pleura a fibrous capsule encloses the organ and forms septa between the lobules, which are more (ox) or less (horse) distinct depending on the species. The **elasticity** of the interstitial tissue is responsible for the capability of the lung to expand on inspiration and collapse on expiration. Loss of this elasticity, which occurs naturally with ageing, but also in certain pathological conditions, reduces respiratory efficiency. In the horse for example, **chronic obstructive pulmonary disease** (**COPD**) causes pulmonary emphysema, where the fibres of the interstitium are torn.

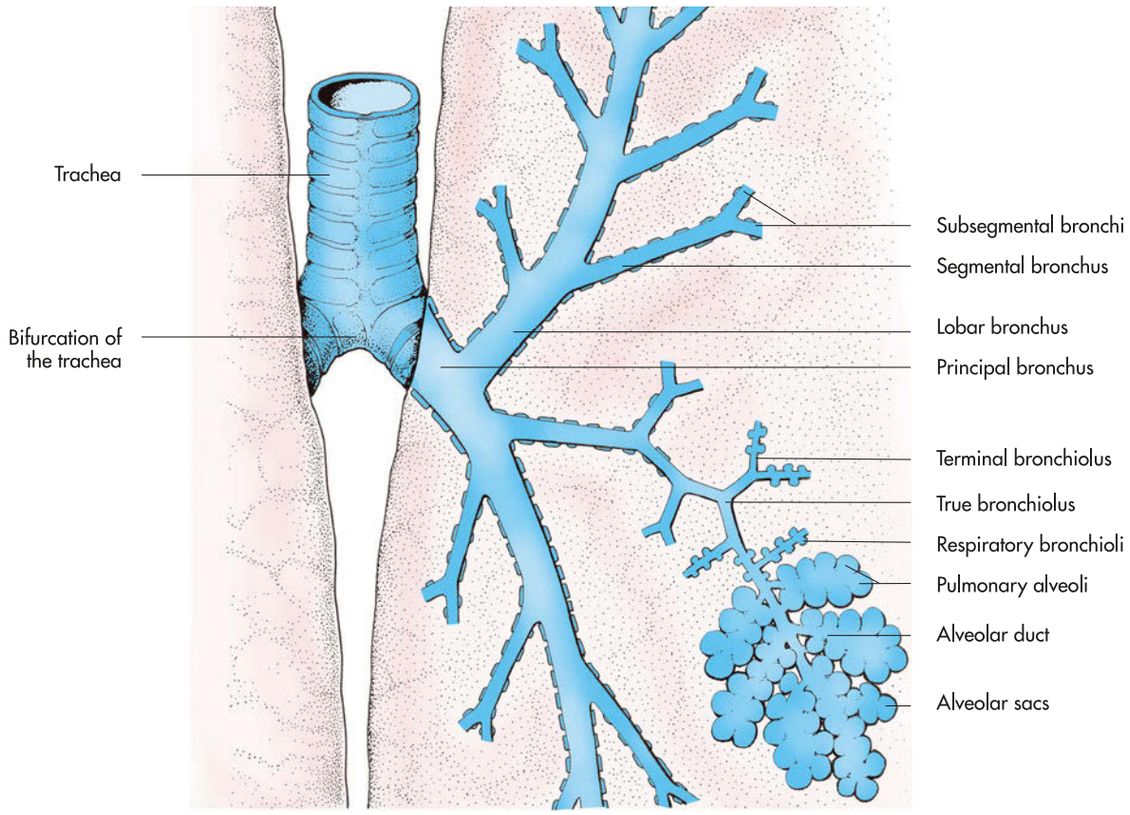


Fig. 9.26 Bronchial tree (schematic).

Severely affected animals strain on expiration ("heaving"), which has to be assisted by contraction of the abdominal musculature. In advanced cases this leads to the formation of a visible groove between the aponeurosis and the muscular part of the external oblique abdominal muscle.

Bronchial tree (arbor bronchialis)

The bronchi divide within the lungs **dichotomously** or **trichotomously**, with each new generation being smaller in diameter, thus forming the bronchial tree (▶ Fig. 9.26). Based on function, the bronchial tree can be divided into **two parts**:

- **respiratory passageways** with:
  - principal bronchi (bronchi principales),
  - lobar bronchi (bronchi lobares),
  - segmental bronchi (bronchi segmentales),
  - subsegmental bronchi (bronchi subsegmentales) and
  - true and terminal bronchioli (bronchioli veri et bronchioli terminales);
- **sites of gaseous exchange within the lungs** with:
  - respiratory bronchioli (bronchioli respiratorii),
  - alveolar ducts (ductus alveolares),
  - alveolar sacs (sacculi alveolares) and
  - pulmonary alveoles (alveoli pulmonis).

The bronchial tree begins with the bifurcation of the trachea by the formation of the **right** and **left principal bronchi** (bronchus principalis dexter et sinister). Each principal bronchus divides into **lobar bronchi** (bronchi lobares), which supply the various lobes of the lungs and are named according to the lobe supplied. Within the lobe, the lobar bronchi divide into **segmental bronchi** (bronchi segmentales).

The segmental bronchi and the lung tissue they ventilate are referred to as **bronchopulmonary segments** (segmenta bronchopulmonalia). These segments are cone-shaped, with the apex of the cone pointing towards the pulmonary root and the base being located near the free surface of the lung. The **interior of all bronchi** is lined by **respiratory mucosa**; the wall contains mixed glands, smooth muscle fibres and hyaline cartilage (▶ Fig. 9.34 and ▶ Fig. 9.35). In contrast to the segmental bronchi the walls of the following bronchioli do **not contain glands** and are **not supported by hyaline cartilagenous** elements, but still have muscular fibres and are also lined by respiratory mucosa.

The last generation without pulmonary alveolar cells in their wall segments are the **true bronchioli** (bronchioli veri), which branch to form the **terminal bronchioli**.

These divide into **respiratory bronchioli**, which contain a few pulmonary alveolar cells in their walls. The respiratory bronchioli divide into secondary and tertiary respiratory bronchioles before they are followed by the alveolar ducts, which are completely surrounded by alveoli. The **alveolar ducts** terminate in the **alveolar sacs** (▶ Fig. 9.35). The respiratory bronchioli, the alveolar ducts, their sacs and the pulmonary alveoli provide the **air-blood interface** through which the **gaseous exchange** takes place. During branching the respiratory epithelium becomes thinner and is finally replaced by a single layer of alveolar squamous cells. The **pulmonary alveoli** are lined by a single layer of **pneumocytes**

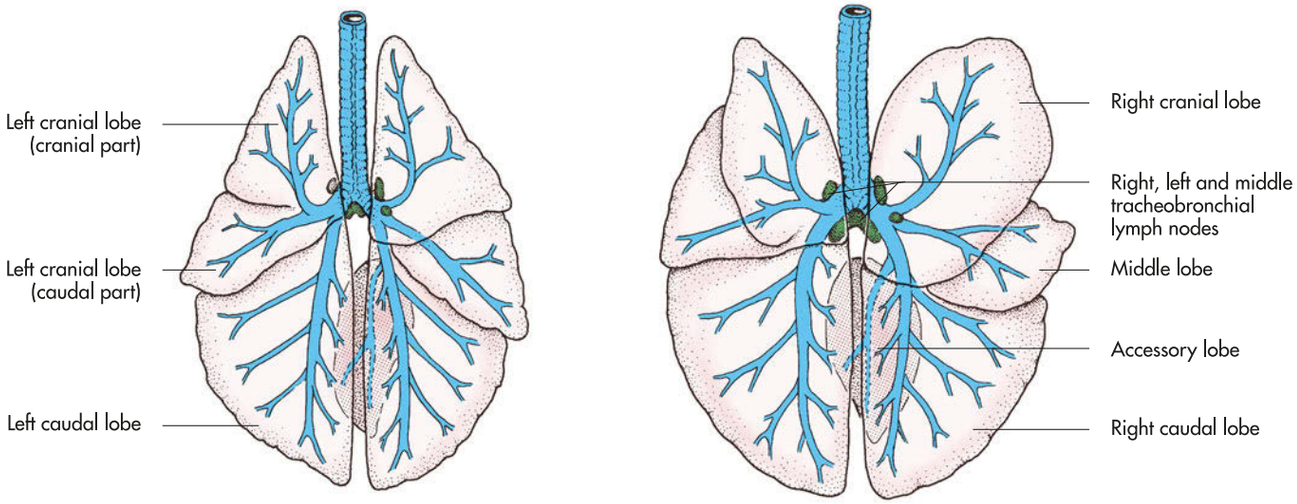


Fig. 9.27 Lung lobes, bronchial tree and lymph nodes of the cat (left) and the dog (right) (schematic, dorsal aspect); fig. based on data from Ghetie, 1958.

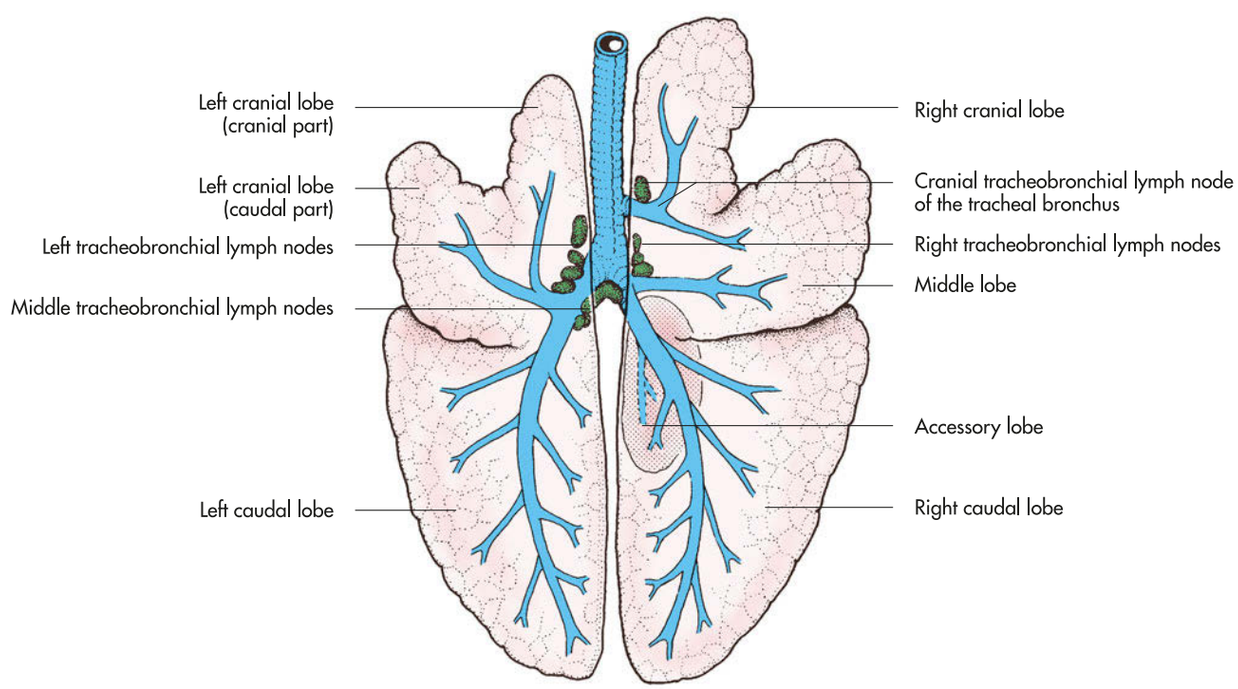


Fig. 9.28 Lung lobes, bronchial tree and lymph nodes of the pig (schematic, dorsal aspect); fig. based on data from Ghetie, 1958.

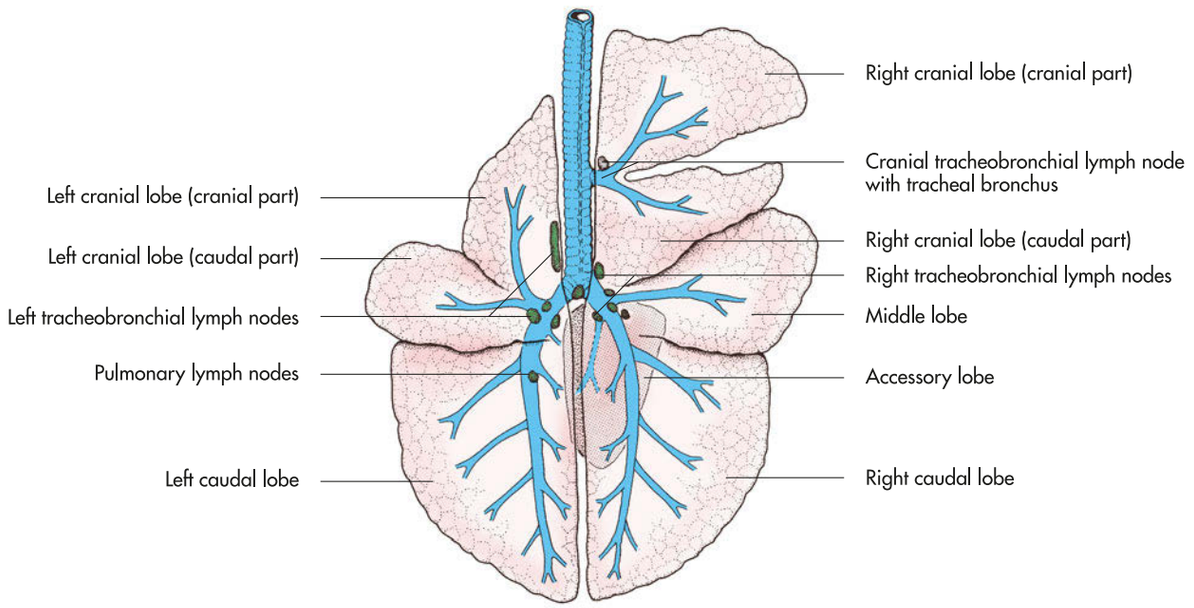


Fig. 9.29 Lung lobes, bronchial tree and lymph nodes of the ox (schematic, dorsal aspect); fig. based on data from Ghetie, 1958.

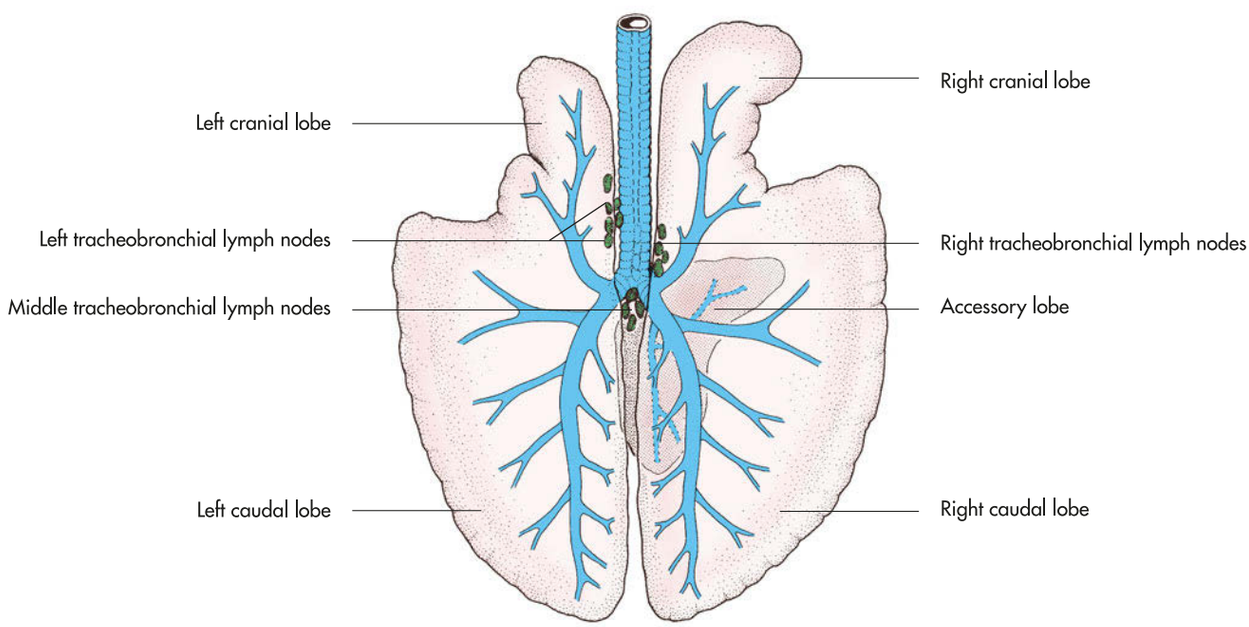


Fig. 9.30 Lung lobes, bronchial tree and lymph nodes of the horse (schematic, dorsal aspect); fig. based on data from Ghetie, 1958.

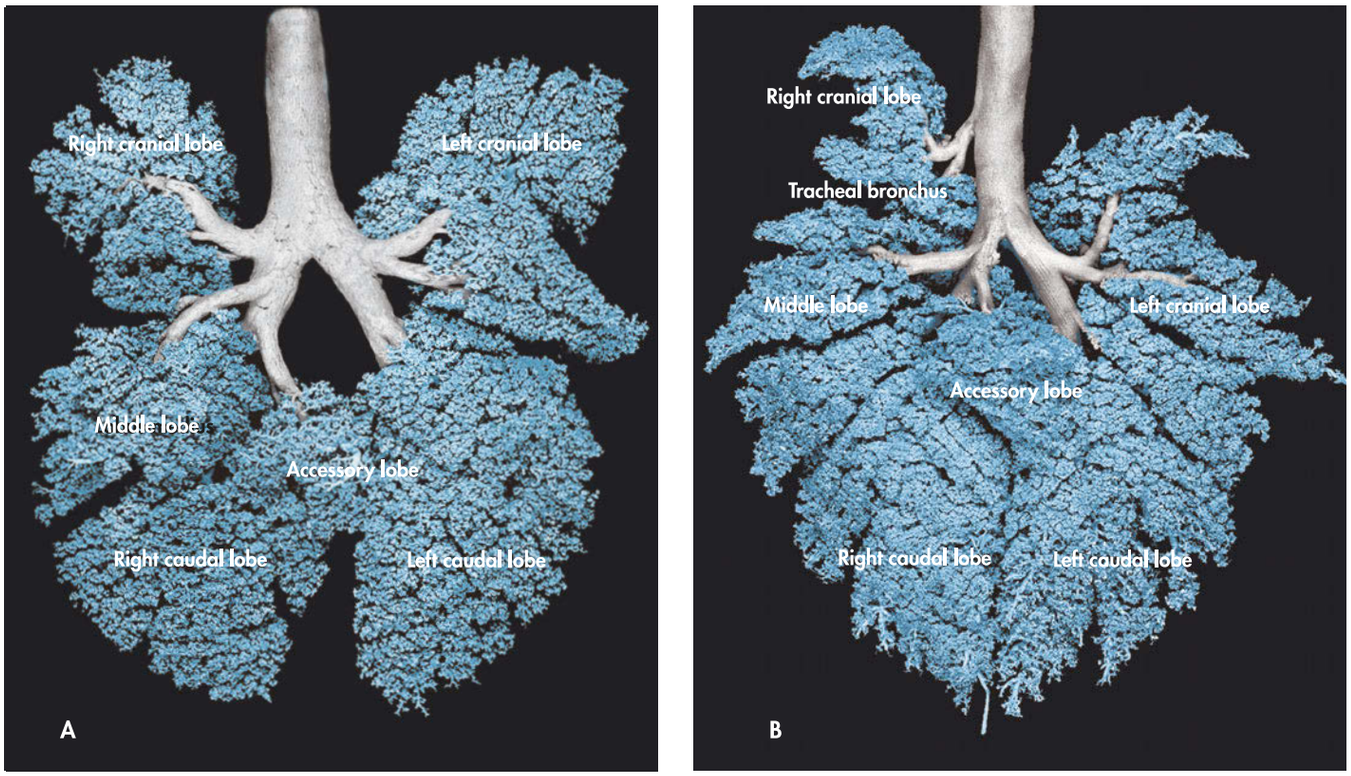


Fig. 9.31 Trachea and bronchial tree of a dog **(A)** and a swine **(B)** (ventral aspect, corrosion cast); preparation H. Dier, Vienna.

(**type I and II**), with an underlying basal membrane and are surrounded by a dense capillary network. The alveoli and the surrounding capillaries form the **blood-air barrier** (for a more detailed description of the microscopic structure of the lung, see histology textbooks).

Lobes of the lung (lobi pulmonis)

The lobes of the lung are properly defined by the ramification of the bronchial tree. Each lobar **bronchus** supplies its **own lobe**, which is named accordingly: e.g. cranial bronchus – cranial lobe, accessory bronchus – accessory lobe.

According to this system the left lung is divided into a **cranial** (lobus cranialis) and a **caudal lobe** (lobus caudalis). In addition to cranial and caudal lobes the right lung possesses a **middle** (lobus medius) and an **accessory lobe** (lobus accessorius). In some species the cranial lobes are further subdivided into cranial and caudal parts (▶ Fig. 9.32). The lobation of the lungs of the different domestic mammals is listed in ▶ Table 9.1 and shown in ▶ Fig. 9.27.

The **accessory lobe** occupies the **mediastinal recess** (recessus mediastini), which is located between the mediastinum, the caudal vena cava and its mesovasculary (plica venae cavae) to the right, the pericardium cranially and the diaphragm caudally. In the dog and the cat, part of the accessory lobe is outside the mediastinal recess. In ruminants and pigs the right cranial lobe is ventilated by the **tracheal bronchus**, which arises independently from the trachea cranial to its bifurcation (▶ Fig. 9.28, ▶ Fig. 9.29, ▶ Fig. 9.31 and ▶ Fig. 9.33).

The identification of the lungs of individual species is most conveniently based on the degree of lobation and lobulation. The lungs of ruminants and pigs are conspicuously lobated and lobulated. The lungs of the horse shows almost no lobation and very faint lobulation externally. Those of carnivores are very deeply fissured into lobes, but show little external evidence of lobulation.

Blood supply

The pulmonary arteries carry non-aerated blood from the right ventricle of the heart to the lungs for gaseous exchange. The pulmonary veins return aerated blood from the left atrium to the heart.

An additional nutritional blood supply is provided by the broncho-oesophageal artery and vein. The pulmonary trunk and its branches, the pulmonary arteries, are the only arteries in the body which carry venous blood. Their branches follow the bronchial tree into the organ until they reach the pulmonary alveoli, around which they form a dense capillary network. Each alveolus is surrounded by about ten capillary loops. Part of these capillaries are permanently perfused, while others are only perfused when oxygen demand increases.

The branches of the pulmonary veins do not always follow the bronchial tree, but sometimes run separately.

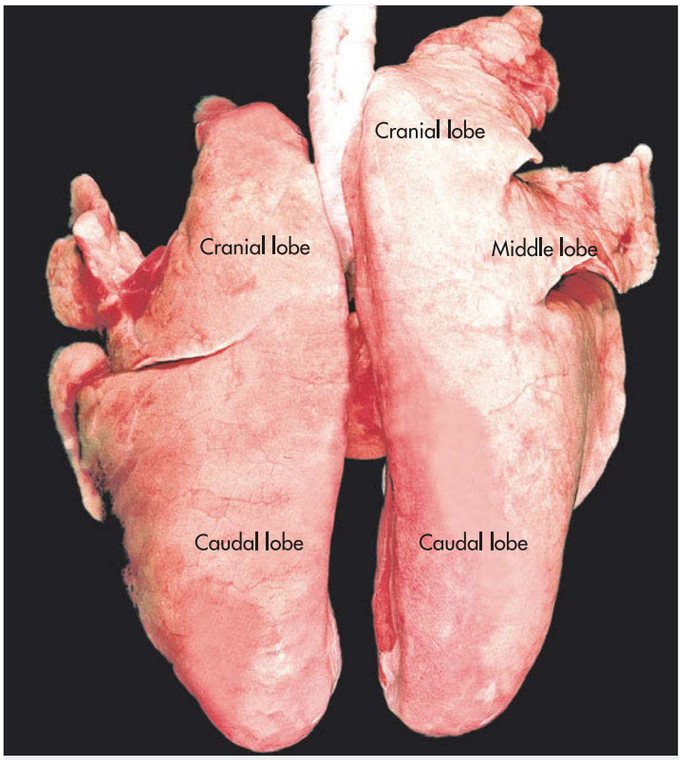


Fig. 9.32 Lungs of a pig (dorsal aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

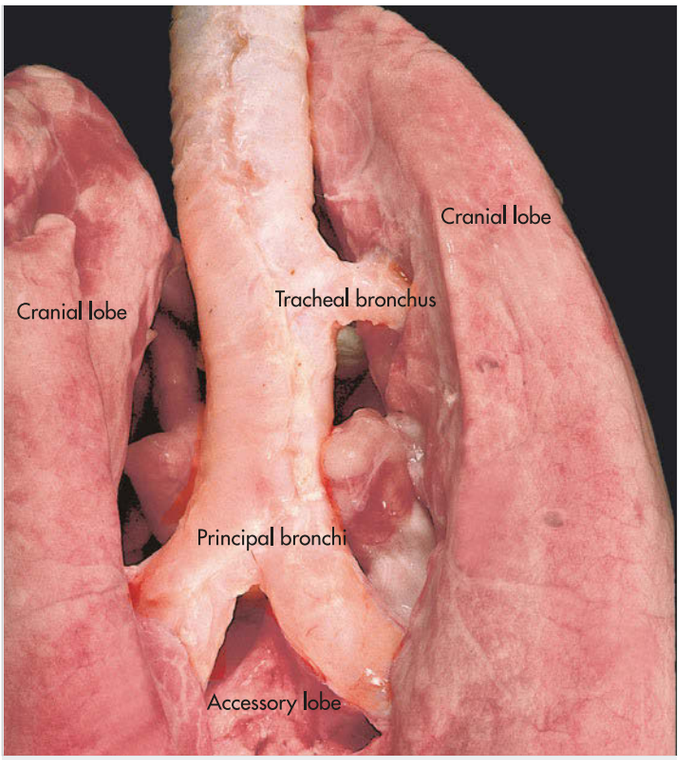


Fig. 9.33 Lungs of a pig, demonstrating the tracheal bronchus (dorsal aspect). (source: courtesy of Prof. Dr. J. Maierl, Munich)

Table 9.1 Summary of the pulmonary lobes of the different animales; table based on data from Ellenberger and Baum, 1943.

	Left lung	Right lung
Dog and cat	Cranial lobe (divided), caudal lobe	Cranial lobe, middle lobe, caudal lobe, accessory lobe
Pig	Cranial lobe (divided), caudal lobe	Cranial lobe, middle lobe, caudal lobe, accessory lobe
Ox, goat and sheep	Cranial lobe (divided), caudal lobe	Cranial lobe (divided), middle lobe, caudal lobe, accessory lobe
Horse	Cranial lobe, caudal lobe	Cranial lobe, caudal lobe, accessory lobe

Lymphatics

Lymph from the lungs is drained to the tracheobronchial lymph nodes, which are situated around the tracheal bifurcation (▶ Fig. 9.27). According to their location they can be grouped into **left**, **right** and **middle tracheobronchial lymph nodes**. In species with a tracheal bronchus there are also cranial tracheobronchial lymph nodes. The ox has **additional pulmonary lymph nodes** situated along the main bronchi. From these locations lymph is drained via the mediastinal lymph nodes into the thoracic duct.

Innervation

The lung receives **parasympathetic** and **sympathetic nerves** from a pulmonary plexus within the mediastinum. Sympathetic fibres from the **medial** and **caudal cervical ganglions** radiate into the mediastinum, where they unite with parasympathetic fibres from the vagus to form the **cardiac plexus** at the base of the heart; the cardiac plexus delivers the nerve fibres for the pulmonary plexus. Efferent fibres supply the bronchial glands and muscles and the blood vessels, afferent fibres come from the mucosa and stretch receptors.

Clinical terminology

Examples of clinical terms derived from anatomical terms: rhinitis, sinusitis, laryngitis, laryngoscopy, laryngotomy, tracheotomy, bronchitis, bronchoscopy, bronchography, pneumonia, pleuritis, and many more.

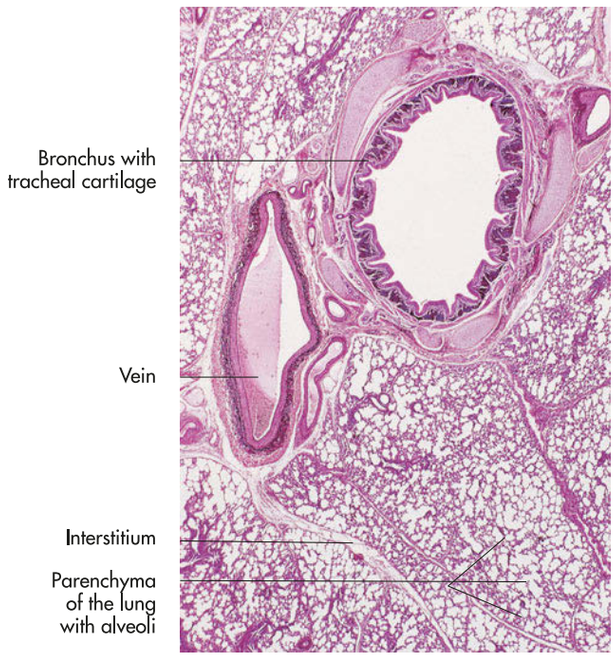


Fig. 9.34 Histologic section of the lung demonstrating bronchus, vein, parenchyma and interstitium.

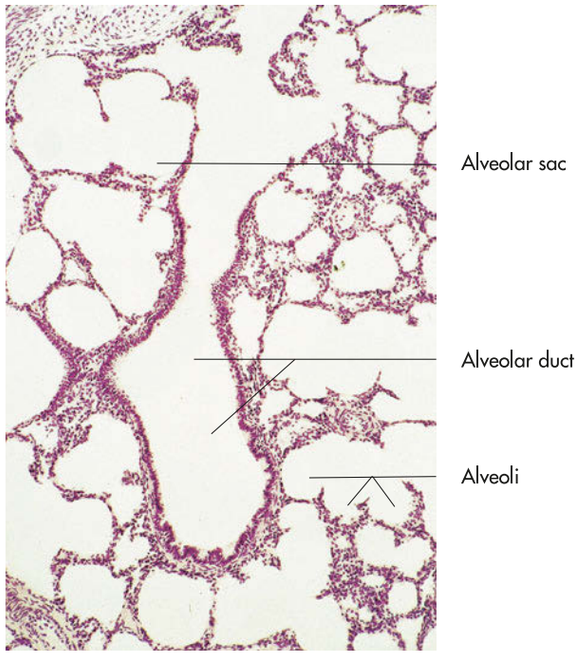


Fig. 9.35 Histologic section of the lung demonstrating pulmonary alveoli.

10 Urinary system (organa urinaria)

H. E. König, J. Maierl and H.-G. Liebich

The organs of the urinary system are closely related to the reproductive organs in terms of embryonic development and anatomic topography. In addition, they share common terminal segments, located in the pelvic cavity. Therefore the two systems are often described under one heading, the **urogenital system** (apparatus urogenitalis).

The organs of the **urinary system** (organa urinaria) include the **kidneys** (renes), **ureters**, **bladder** (vesica urinaria) and **urethra**. The paired kidneys produce urine from the circulatory system by filtration, secretion, reabsorption and concentration. The ureters convey the urine from the kidneys to the bladder, where it is stored until it is discharged through the urethra.

10.1 Kidney (nephros, ren)

The main function of the kidney is to maintain the composition of the body fluids within the physiological range. It removes end products of the metabolism and excretes substances from the blood. This is achieved by filtering plasma, initially extracting a large volume of fluid, the ultrafiltrate, which is also called **primary urine**. The **ultrafiltrate** is iso-osmotic and isotonic and essentially contains the same substances as plasma with the exception of the high molecular weight protein molecules. The ultrafiltrate is subjected to further processing by which useful substances (e.g. water, glucose, electrolytes and amino acids) are selectively reabsorbed and waste substances concentrated for elimination. The end product of these processes is the **secondary urine**, which has only 1–2% of the volume of the primary urine. In large dogs 1000 to 2000 litres of blood perfuse the kidneys daily from which 200 to 300 litres are filtered as the primary urine, which is then reduced by reabsorption processes to the 1–2 litres which are eliminated.

The kidneys also have **endocrine functions**. They produce the hormone renin, which converts the plasma protein angiotensinogen into angiotensin I. In the liver the angiotensin converting enzyme converts angiotensin I into angiotensin II, which causes arterial constriction, thus increasing the blood pressure. Bradykinin is another hormone produced by the kidneys, which causes dilatation of blood vessels. Erythropoietin, produced by the kidneys, enhances erythropoesis.

10.1.1 Location of the kidneys

The kidneys are paired structures lying retroperitoneally pressed against the dorsal abdominal wall on either side of the vertebral column. They are predominantly located in the lumbar region, but extend cranially under the last ribs into the intrathoracic part of the abdomen. Their position changes by half the length of a vertebra with the movement of the diaphragm.

In domestic mammals other than the pig, the **right kidney** is located further cranial than the left and its cranial extremity lies in contact with the caudate process of the liver and the right

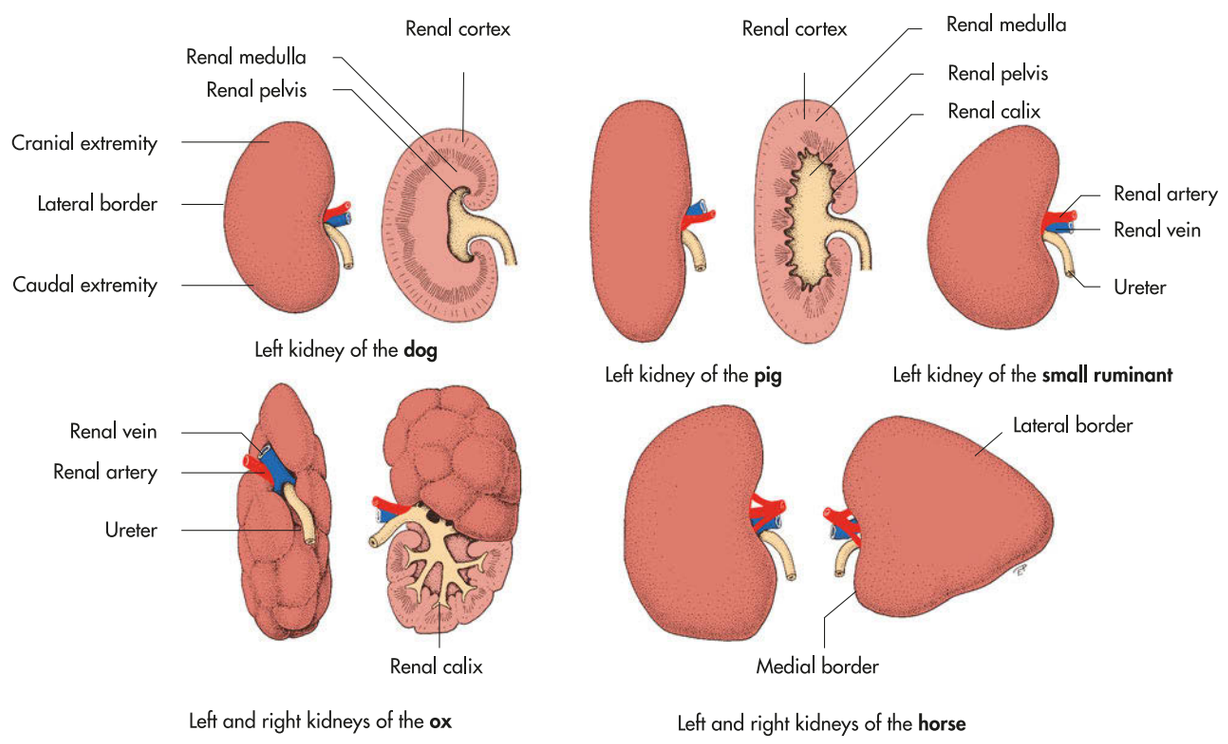


Fig. 10.1 Kidneys of the domestic mammals with renal pelvis, ureter and renal artery and vein (schematic).

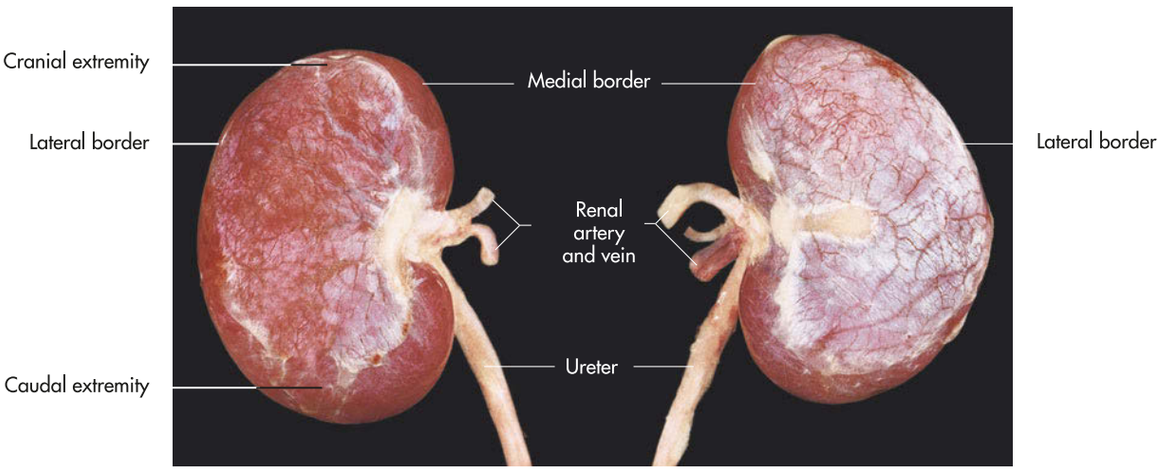


Fig. 10.2 Left and right kidneys of a dog with renal capsule (dorsal aspect).

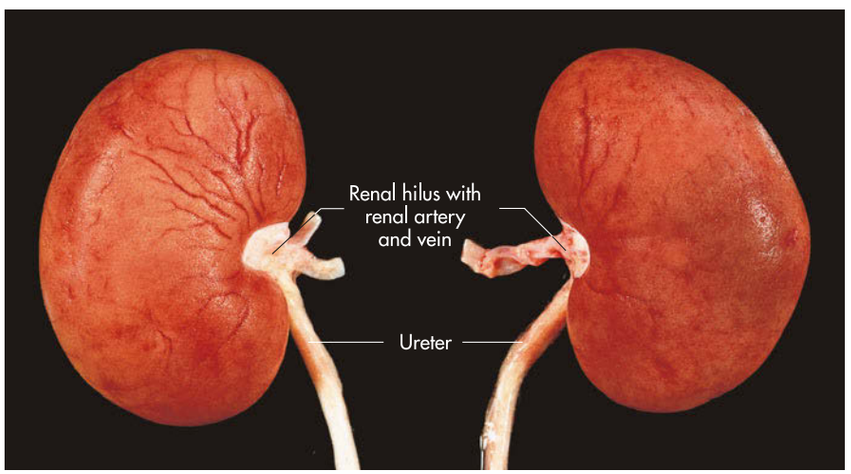


Fig. 10.3 Left and right kidneys of a dog, renal capsule removed (dorsal aspect).

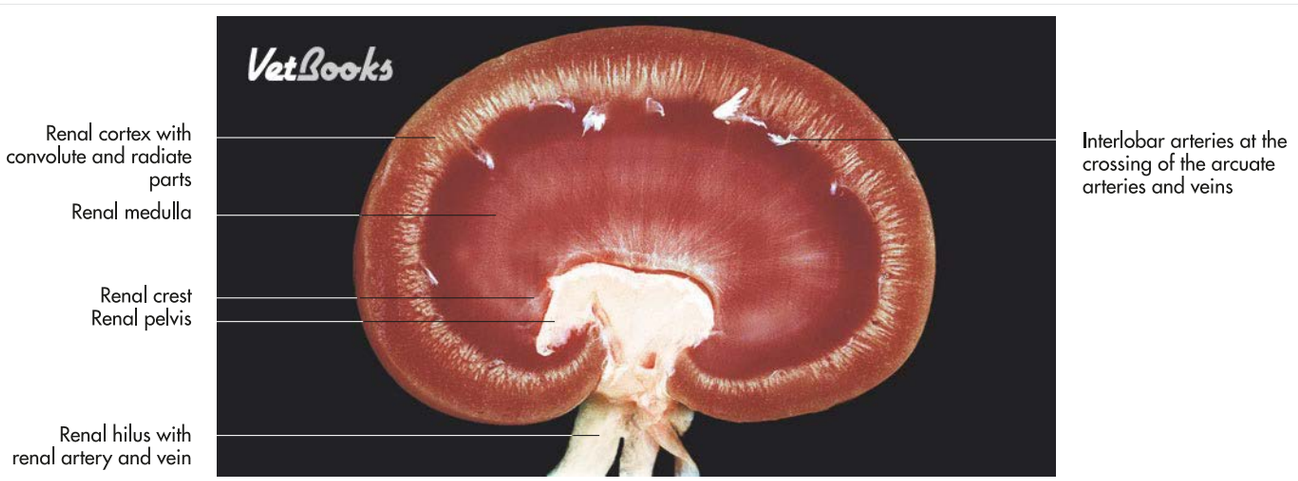


Fig. 10.4 Equatorial section of the smooth, unilobar kidney of a dog.

hepatic lobe. It lies in a **fossa of the liver** (impressio renalis), which helps to limit its movement. The **left kidney** is more mobile, as an equivalent impression is not present in the liver. In ruminants, the considerable size of the rumen pushes the left kidney towards the right half of the abdomen, where it is suspended by the long and mobile mesonephros caudal to the right kidney. Each kidney is embedded in fat, which protects against distorting pressure from the adjacent organs.

10.1.2 Shape of the kidneys

The kidneys are reddish-brown organs, the shape of which varies considerably among the domestic mammals (▶ Fig. 10.1, ▶ Fig. 10.7, ▶ Fig. 10.8 and ▶ Fig. 10.23). The basic form is **bean-shaped** as found in the dog, cat, sheep and goat. The kidneys of the pig are more flattened, the right kidney of the horse has a **valentine heart shape**, while the left has a bean to **pyramidal shape**. The bovine kidney has an **irregular oval shape** and its surface is fissured to divide the organ into many lobes. The kidneys of the other domestic mammals have a smooth surface. A complete separation of the different renal lobes is found in certain marine species, whose kidneys resemble a bunch of grapes.

The kidney can be described in terms of its dorsal and ventral surfaces, lateral and medial borders and cranial and caudal extremities or poles. The medial border of the kidney is indented to form the **renal hilus** (hilus renalis), through which the dilatated origin of the ureter, the **renal pelvis** (pelvis renalis) exits and the renal vessels and nerves (▶ Fig. 10.1) enter the kidney.

10.1.3 Structure of the kidneys

The renal parenchyma is enclosed within a tough **fibrous capsule**, which passes inward at the medial aspect of the kidney to line the walls of the renal sinus. This capsule can be easily removed from a healthy kidney during post-mortem examination, but adheres after the tissue is scarred by disease.

The parenchyma of the kidney is visible (▶ Fig. 10.4, ▶ Fig. 10.11 and ▶ Fig. 10.12) divided into:

- **renal cortex** (cortex renis) with:
  - peripheral zone (zona peripherica) and
  - juxtamedullar zone (zona juxtamedullaris);
- **renal medulla** (medulla renis) with:
  - external zone and
  - internal zone.

The **renal cortex** is reddish-brown in colour and has a finely granular appearance. The cortex is delineated into **cortical lobules** (lobuli corticales) by radial lines, which identify the path of the **radiate arteries** (aa. radiatae).

The **renal medulla** consists of a dark **outer zone** and a paler **inner zone**, which is radially striated and extends to the **renal sinus** (▶ Fig. 10.11 and ▶ Fig. 10.12).

During embryonic development, all mammalians pass through a stage, in which the kidneys have a multilobular structure, although in most species the number of lobes is considerably reduced by fusion of the separate lobes. The degree of fusion varies among species.

In the ox and the pig, the medulla and its associated cortex are divided into **pyramidal shaped lobes**. The apex of each lobe is directed towards the renal sinus and forms a papilla, which fits into a **cup-like expansion** (calix) of the renal sinus or ureter. Kidneys that retain this architecture are referred to as **multilobar** or **multipyramidal**. While the kidney of the pig has a smooth surface, in the ox the multilobar organisation of the kidney is revealed by the fissures that penetrate the organ between the different lobes from the surface.

In the dog, horse and sheep all the lobes fuse finally to form a single medullary mass surrounded by a continuous cortical shell. The fusion joins the papillae in a common **renal crest** (crista renalis) (▶ Fig. 10.4.). Even in this **unilobar type** of kidney some evidence of its complex origin is retained: in the dog and cat pseudopapillae project dorsal and ventral to the papillary crest, separated by recesses of the **renal pelvis** (recessus pelvis) (▶ Fig. 10.13 and ▶ Fig. 10.14). These recesses are divided into two parts by the interlobar arteries and veins. The following types of kidney can be distinguished based on the degree of fusion:

- **unilobar kidneys** with a smooth surface and a single renal papilla: cat, dog, horse, small ruminants,
- **multilobar kidneys** with a smooth surface and multiple papillae: pig, and
- **multilobar kidneys** with a lobated surface and multiple papillae: ox (▶ Fig. 10.6).

10.1.4 Functional units of the kidneys

The functional units of the kidney are the **nephrons** or **renal tubules**. The nephrons are responsible for urine production, while the subsequent collecting tubules convey the urine to the renal pelvis.

They form a system of continuous convoluted tubules within the kidney, the number of which varies among the different domestic mammals. There are up to 400 000 nephrons in the kidney of a dog, 500 000 in the cat, 1 million in the pig, 4 million in the ox and up to 2.7 million nephrons in the kidney of a horse.

The renal tubules are supported by a connective tissue interstitium, through which blood vessels and nerves pass.

Each nephron is composed of several segments, which have the same embryological origin from the metanephron tissue:

- glomerular capsule (capsula glomeruli),
- proximal convoluted tubule (tubulus contortus proximalis),
- loop of Henle (ansa nephroni) with:
  - descending limb (tubulus rectus proximalis),
  - U-turn (tubulus attenuatus) and
  - ascending limb (tubulus rectus distalis);
- distal convoluted tubule (tubulus contortus distalis).

Each nephron begins proximally with a blind expansion, the double-layered **glomerular capsule** (capsula glomeruli, Bowman capsule), that is invaginated by a spherical plexus of blood capillaries, the **glomerulus** (▶ Fig. 10.9 and ▶ Fig. 10.10). The parietal layer of cells forms the outer wall of the glomerular capsule; the visceral layer, the inner wall towards the blood capillaries of the glomerulus. The inner wall is composed of a single layer of flat **podocytes**, which form, together with the endothelium of the capillary wall and the semi-permeable basement membrane, the **blood-urine barrier**. The space between the parietal and visceral walls of the glomerular capsule receives the **primary urine** or **ultrafiltrate**.

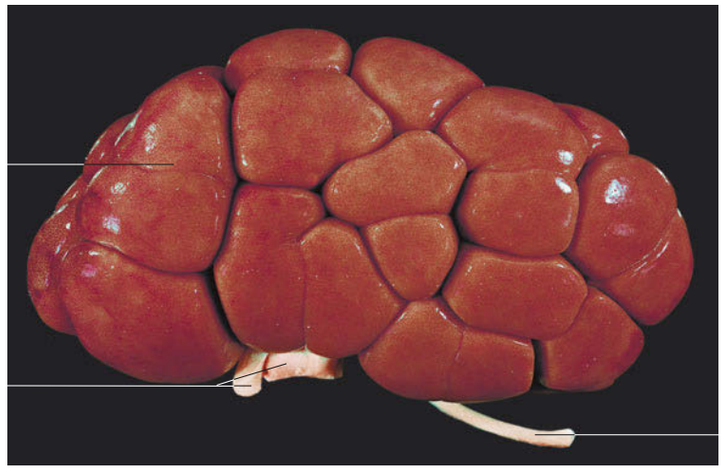


Fig. 10.5 Multilobar kidney of an ox.



Fig. 10.6 Section of the multilobar kidney of an ox.

The **glomerulus** consists of 30–50 delicate capillary loops, which are formed by the **small afferent artery** (arteriola glomerularis afferens). The glomerulus and the glomerular capsule constitute the **renal corpuscle** (corpusculum renis), sometimes spoken of as a **Malpighian corpuscle**, which is just large enough (100–300 µm) to be visible to the unaided eye. Renal corpuscles are scattered throughout the cortex and give it a finely granulated appearance. No renal corpuscles are present in the medulla.

The remaining part of each nephron consists of a continuous tube, which can be divided into several successive segments. It starts with the coiled and twisted **proximal convoluted tubule** (tubulus contortus proximalis), which is located close to the glomerular capsule from which it arises (▶ Fig. 10.10 and ▶ Fig. 10.15). This segment gradually straightens toward the medullary portion of the kidney as the **descending limb** (tubulus rectus proximalis) of the **loop of Henle** (ansa nephroni). The loop of Henle resembles a long **hairpin loop** with three segments: The **descending limb** (tubulus rectus proximalis) is relatively narrow and runs through the medulla to approach the papilla before making a **U-turn** (tubulus attenuatus) (▶ Fig. 10.9 and ▶ Fig. 10.10). The following **ascending limb** (tubulus rectus distalis) runs peripherally again into the cortex increasing in diameter. It forms a **second convoluted part** (tubulus contortus distalis), that is also located close to the renal corpuscle of origin.

A short junctional segment joins the distal convoluted tubule to a **straight collecting tubule** within a medullary ray. One collecting tubule serves many nephrons before it unites with other **collecting tubules** to form a **papillary duct** (ductus papillaris), close to the apex of a renal lobe. Several papillary ducts discharge into the renal pelvis at the **cribriform areas** (area cribrosa), which are confined to the apices of independent papillae (ox and pig) or to specific regions of a common crest (cat, dog, small ruminants, horse) (▶ Fig. 10.10 and ▶ Fig. 10.17) (a more detailed description of the microscopic anatomy of the kidney can be found in standard histology textbooks).

10.1.5 Blood supply

More than 20% of the arterial blood which is pumped from the left ventricle into the arteries pass through the kidneys. There is significant variation in the exact vascular architecture between the different species and a detailed description can be found in

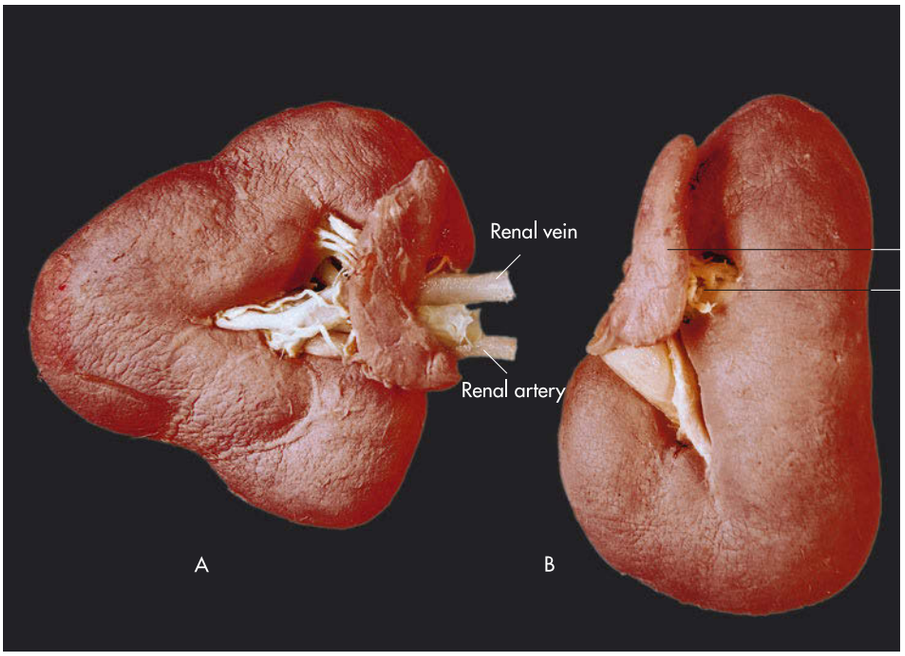


Fig. 10.7 Kidney of a horse: **(A)** right and **(B)** left kidney (ventral aspect); preparation H. Dier, Vienna.



Fig. 10.8 Right, heart shape kidney of a horse (equatorial section); preparation H. Dier, Vienna.

specialised literature. Knowledge of the basic principle of renal vascularisation is necessary in order to understand the functional mechanisms of the kidney.

Each kidney is supplied by a **renal artery** (a. renalis), a branch of the abdominal aorta (▶ Fig. 10.2). The renal artery divides into **several interlobar arteries** at the hilus of the kidney. These follow the divisions between the different renal lobes to the **corticomedullary junction** (▶ Fig. 10.10 and ▶ Fig. 10.12), where they branch into **arcuate arteries** (aa. arcuatae). The arcuate arteries curve over the bases of the **medullary pyramids** and give rise to the **interlobular arteries** (aa. interlobulares), which radiate into the cortex to supply the lobules (▶ Fig. 10.10 and ▶ Fig. 10.12). Afferent arterioles leave the interlobular arteries to enter the renal corpuscles, where it forms the **capillary loops of the glomerulus**.

Following the blood stream, the blood vessels of the kidney can be divided into the following principal pattern:

- **arteries: abdominal aorta** (aorta abdominalis) → **renal artery** (a. renalis) → interlobar artery (a. interlobaris) → arcuate artery (a. arcuata) → interlobular artery (a. interlobularis) with afferent glomerular artery, **glomerulus**, efferent glomerular artery → capsular branch (ramus capsularis);
- **capillary plexus around the renal tubules**;

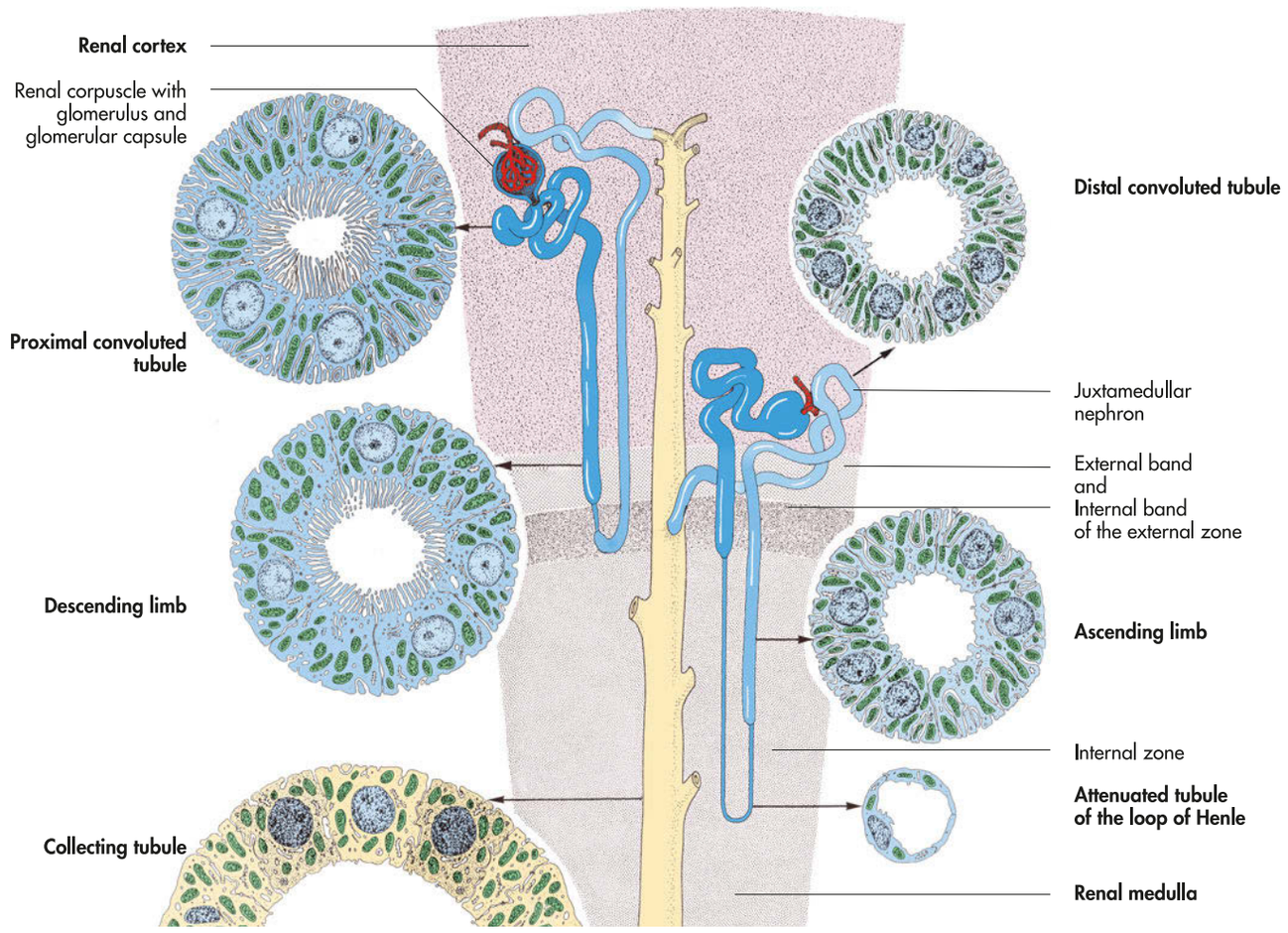


Fig. 10.9 Structure of the functional untis of the kidney (schematic); fig. based on data from Liebich, 2010.

- **veins:** interlobular vein (v. interlobularis) → arcuate vein (v. arcuata) → interlobar vein (v. interlobaris) → **renal vein** (v. renalis) → **caudal vena cava** (v. cava caudalis).

These loops rejoin to form the **efferent arteriole**, which leaves the distal pole of the renal corpuscle to supply a **second capillary plexus** around the tubular segments of the nephrons. This second capillary system drains the blood from the renal cortex into the **interlobular veins**, the **arcuate veins** and the **interlobar veins** (▶ Fig. 10.10 and ▶ Fig. 10.13), which finally lead through the **renal veins** to the **caudal vena cava**.

The interlobular arteries also give rise to capsular branches (rami capsulares), which extend to the fibrous capsule of the kidney and into the surrounding fat. Venous drainage of the fibrous capsule is brought about by the **stellate veins** (venulae stellatae) (▶ Fig. 10.10). These connect with veins of the adipose capsule and empty into the interlobular veins.

The kidneys of the cat are given a distinctive appearance by a separate venous system for the **renal capsule**. These veins do not communicate with the other renal veins, but consist of 3–5 capsular veins, which run on the surface of the kidney in shallow grooves to join the renal vein at the hilus.

From the efferent arterioles of corpuscles, near to the corticomedullary junction, small arteries radiate straight into the medulla (arteriolae rectae). The blood drains from the capillaries into **straight venules** (venulae rectae) and then into the arcuate veins (▶ Fig. 10.10). While the glomeruli are located within the glomerular capsule in the renal cortex, the straight blood vessels are located in the medulla.

The **renal corpuscles** are responsible for the production of the primary urine or ultrafiltrate, while the tubular part of the nephron and the straight blood vessels are responsible for the reabsorption of water and dissolved components from the primary urine.

10.1.6 Lymphatics

The lymphatics are satellites to the blood vessels and terminate in the **lumbar lymph nodes** (lymphonodi lumbales aortici). The lymph nodes of this series located closest to the kidneys are the **renal lymph nodes** (lymphonodi renales).

10.1.7 Innervation

The kidneys receive **sympathetic** and **parasympathetic** fibres from the **solar plexus**, which reach the organ along the renal arteries. Sympathetic fibres form synapses in the **coeliac ganglion** (ganglion coeliacum), in the **cranial mesenteric ganglion** (gan-

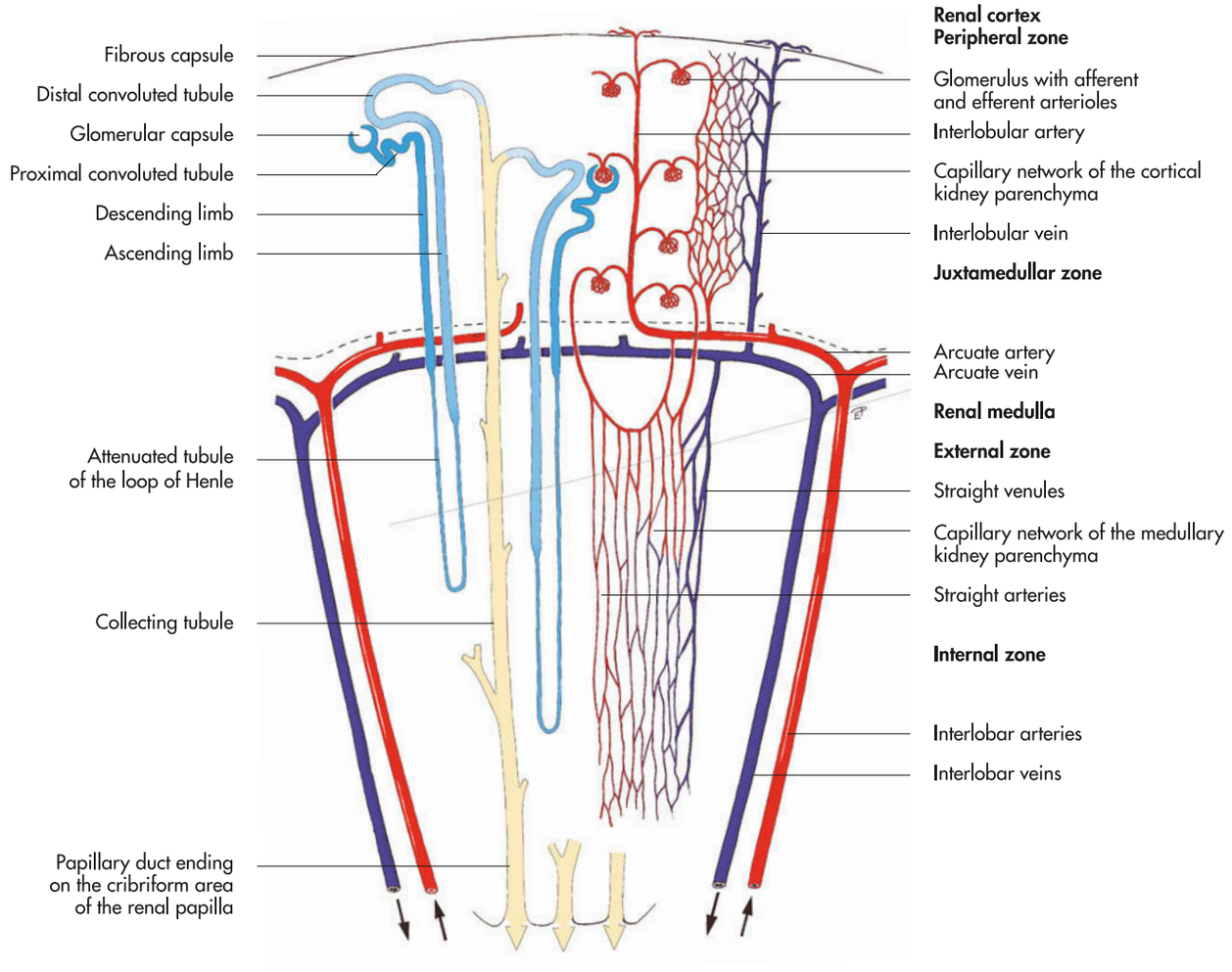


Fig. 10.10 Vascularisation of the kidney (schematic).

glion mesentericum craniale), and in smaller ganglia of the **renal plexus**. The dorsal branch, the vagus, contributes the parasympathetic fibres.

10.2 Renal pelvis (pelvis renalis)

In the domestic mammals other than the ox, the proximal ureter begins with a common expansion, the **renal pelvis**, into which all the **papillary ducts** open (▶ Fig. 10.17). The renal pelvis is located within the **renal sinus**, but is fused with the renal tissue around the papillae only. In the dog and cat the renal pelvis can be assessed radiographically in contrast studies. In these species the renal pelvis is moulded around the renal crest and extends ventrally and dorsally to form the pelvic recesses, which are separated from each other by projections of renal tissue (pseudopapillae) (▶ Fig. 10.13 and ▶ Fig. 10.14). Neighbouring recesses are also separated by the interlobular vessels.

The renal pelvis of the pig has a number of **short-stemmed calyces**, which embrace an equal number of renal papillae that protrude into the renal pelvis.

There is no renal pelvis in the ox. Instead the papilla of each medullary lobe fits into a **calyx** formed by the terminal branches of the ureter. These branches unite into two major channels, which converge from both poles of the kidney to form a single ureter (▶ Fig. 10.15).

The **renal pelvis** of the horse consists of a **central cavity** and two large **recesses** (recessus terminales) that are directed towards the poles of the kidney (▶ Fig. 10.16). Most of the papillary ducts open into the recesses. The mucosa of the renal pelvis produces a mucous secretion, which accounts for the proteins normally present in the equine urine (physiological albuminuria).

10.3 Ureter (ureter)

The ureter is a muscular tube (▶ Fig. 10.1, ▶ Fig. 10.2, ▶ Fig. 10.3, ▶ Fig. 10.4, ▶ Fig. 10.5 and ▶ Fig. 10.18), which passes caudally in the retroperitoneal space along the dorsal body wall. It can be divided into an **abdominal part** and a **pelvic part**. On reaching the pelvic cavity, it turns medially to enter the broad uterine ligament in the female and the mesoductus deferens in the male. The ureter ends by inserting into the dorsolateral surface of the urinary bladder within the lateral ligament of the bladder. In the male, it crosses dorsal to the corresponding deferent duct. The ureter enters the bladder obliquely close to the neck and runs in-

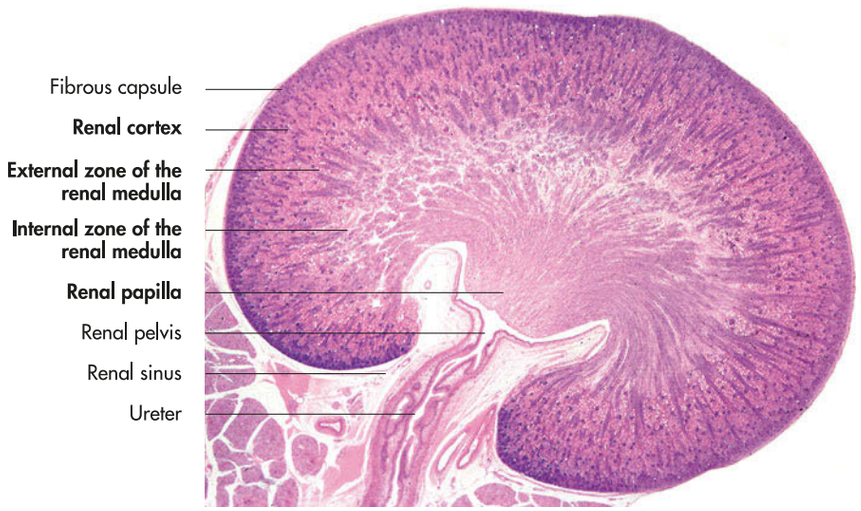


Fig. 10.11 Histological section of the kidney of a dog.

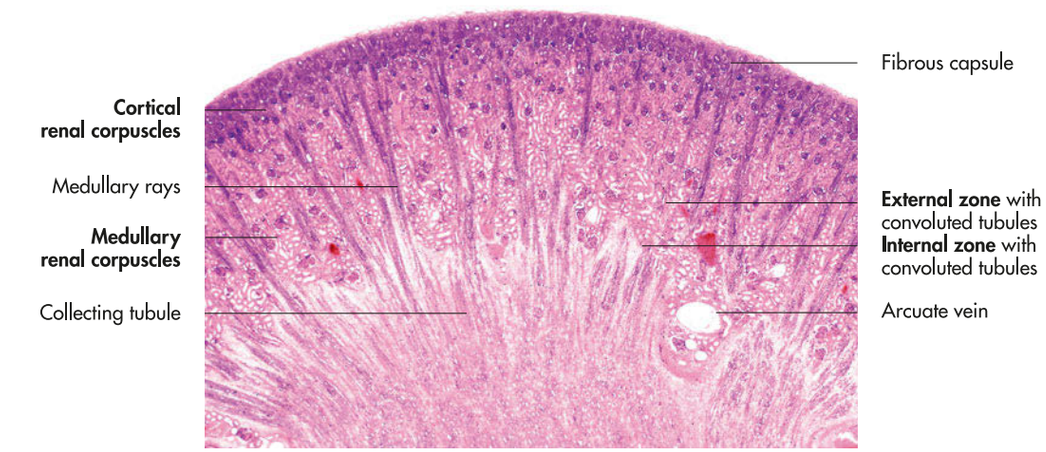


Fig. 10.12 Histological section of the renal cortex and medulla of a dog.

tramurally between the muscular layer and the mucosa of the bladder for about 2 cm before opening into the lumen of the bladder by means of two **slits** (ostium ureteris) (▶ Fig. 10.19).

The length of the intramural course prevents reflux of urine into the ureter when the pressure is raised within the bladder, but does not hinder further filling of the bladder since the resistance is normally overcome by peristaltic contractions of the ureteric wall.

The walls of the renal pelvis and the ureter are composed of an external adventitia, a middle muscularis and an internal mucosa. The ureteral mucosa has a transitional epithelium (▶ Fig. 10.18). In the horse the wall of the proximal portion of the ureter contains **mucous producing glands** (glandulae uretericae).

10.3.1 Blood supply

The **arteries of the renal pelvis** are derived from the **renal artery**, the arteries for the rest of the ureter are branches of the renal artery, the cranial vesical artery and the prostatic or vaginal artery. The ureteral arteries have venous counterparts.

10.3.2 Lymphatics

The **ureteral lymphatics** drain into the **lumbar lymph nodes** situated along the aorta and into the **medial iliac lymph nodes**.

10.3.3 Innervation

The ureter receives **parasympathetic** and **sympathetic innervation**.

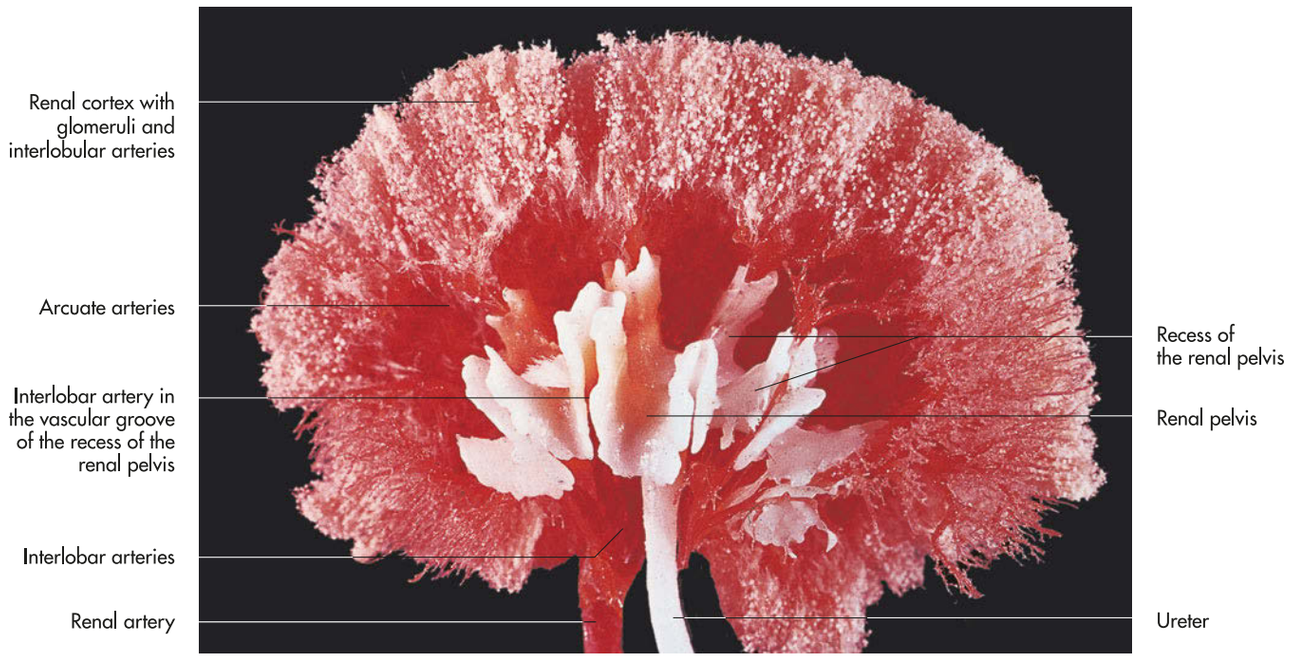


Fig. 10.13 Renal pelvis and renal arteries of a dog (corrosion cast).



Fig. 10.14 Renal pelvis of a dog (corrosion cast). (source: courtesy of H. Dier, Vienna)



Fig. 10.15 Ureter of an ox with renal calices (corrosion cast).

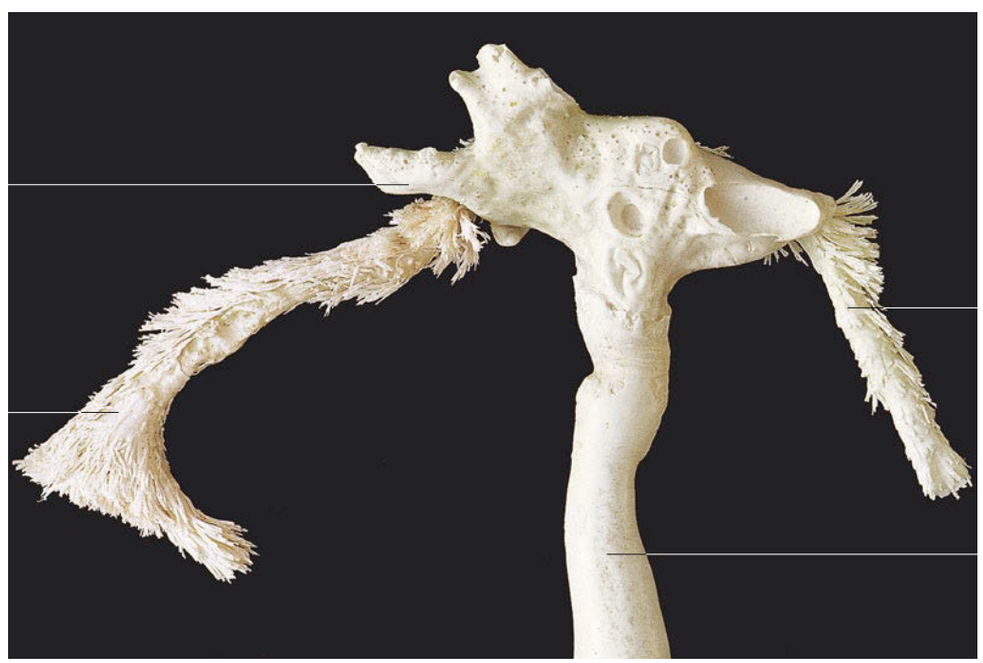


Fig. 10.16 Renal pelvis of the left kidney of a horse (corrosion cast).



Fig. 10.17 Histological section of the renal crest and renal pelvis of a dog.

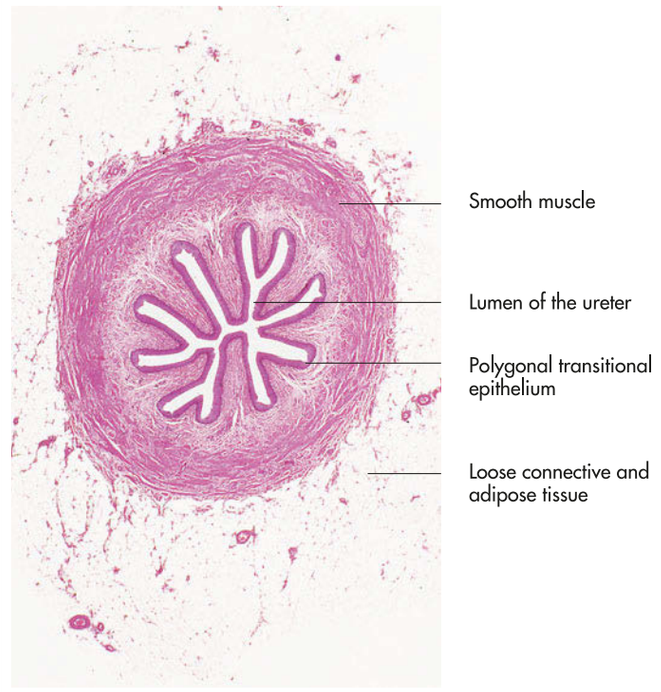


Fig. 10.18 Histological section of the ureter of a pig.

10.4 Urinary bladder (vesica urinaria)

The urinary bladder is a hollow **musculomembraneous organ** that varies in form, size and position depending on the amount of urine it contains when contracted, it is small and globular, and lies on the pubic bones. It extends into the abdomen in carnivores, but is confined to the pelvic cavity in larger animals. During filling it enlarges gradually and becomes pear-shaped.

The bladder can be divided into a **cranial vertex** (vertex vesicae), an **intermediate body** (corpus vesicae) and a **caudal neck** (cervix vesicae), which is continuous with the urethra (▶ Fig. 10.19, ▶ Fig. 10.21, ▶ Fig. 10.22 and ▶ Fig. 10.24). The **bladder** is supported by double layers of peritoneum, which reflect from the lateral and ventral surface of the bladder to the lateral walls of the pelvic cavity and the abdominal floor. These peritoneal reflections are the **median ligament** (ligamentum vesicae medianum) and **lateral ligaments** (ligamenta vesicae laterales) of the bladder. In the foetus the median ligament contains the urachus; the stalk of the embryonic allantois and the paired lateral ligaments convey the umbilical arteries to the umbilicus.

The urachus and umbilical arteries rupture at birth; the remnant of the urachus is visible as a scar on the bladder vertex, while the umbilical arteries are transformed into the round ligaments, which are found in the free edge of the lateral ligaments and are only partly receded. The urachus may persist in some individuals.

The **lateral ligaments** of the bladder constitute the border between the pubovesical and the vesicogenital excavation. The **median ligament** of the bladder divides the pubovesical excavation into left and right halves.

Most of the surface of the bladder, except the caudal part of the neck of the bladder, is covered with peritoneum, which continues as the ligaments of the bladder onto the body walls. The bladder muscle (m. detrusor) is arranged in **three layers** that exchange muscle fibres (▶ Fig. 10.19):

- outer longitudinal layer,
- middle circular layer and
- inner longitudinal layer.

The **vertex** and **neck** are surrounded by loops of muscle bundles, which do not form a functional sphincter as formerly hypothesised. Recent research has shown that continence depends upon the tension passively exerted by the elastic elements within the mucosa and on the action of the striated urethra muscle (▶ Fig. 10.19).

The bladder is lined by a **transitional epithelium**. The mucosa of the bladder is irregularly folded when the bladder is empty. These folds disappear during distension, with the exception of two **folds** (plicae uretericae), which extend from the ureteral opening to the neck of the bladder, where they unite to form the **urethral crest** which is continuous with the urethra. The **triangular area** bounded by these folds is termed the trigone of the bladder (trigonum vesicae) and is thought to have an enhanced sensitivity (▶ Fig. 10.19).

10.4.1 Blood supply

The bladder receives its main **blood supply** from the **caudal vesical arteries**, which are branches of the vaginal or prostatic arteries. It is supplemented cranially by the reduced umbilical arteries.

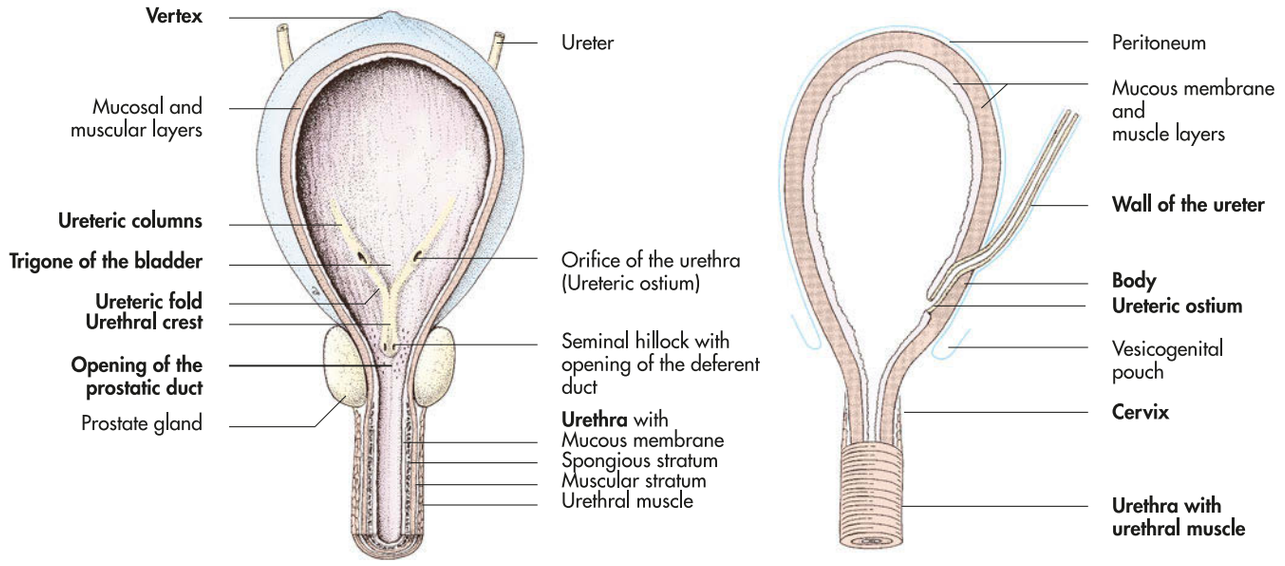


Fig. 10.19 Interior of the urinary bladder of the dog, ventral aspect (left), ureterovesical junction (right) (schematic).

10.4.2 Lymphatics

The lymphatics of the bladder drain into the **iliosacral lymph nodes**.

10.4.3 Innervation

The urinary bladder receives **sympathetic** and **parasympathetic** innervation. Sympathetic fibres arise from the **hypogastric nerves**, which radiate from the caudal mesenteric ganglion into the **pelvic plexus**. Parasympathetic pelvic nerves are derived from the **pudendal nerve**, the ventral branch of the third sacral segment, and radiate in to the **pelvic plexus**. Parasympathetic fibres supply somatic innervation to the bladder muscle; sensory nerves are also routed through the pudendal nerve.

Clinical note

The bladder can be tapp in the dog and the cat just cranial to the rim of the pelvis. The needle should be advanced in a caudodorsal direction to avoid injuries when the bladder contracts.

10.5 Urethra (urethra)

In the **female animal** the urethra exclusively serves to convey urine, while in the male animal it carries urine, semen and seminal secretions. The female urethra extends caudally on the pelvic floor ventral to the reproductive tract. It passes obliquely through the wall of the vagina and opens with the **external urethral opening** (ostium urethrae externum) ventrally at the junction between vagina and vestibule. The length and diameter of the urethra varies considerably between the domestic mammals. It is short and wide in the horse and comparatively long in the dog, where it opens on a small elevation flanked by two grooves. In the cow and sow the urethralis muscle encloses the suburethral diverticulum, which opens together with the urethra into the vagina. This arrangement can cause difficulties during catheterisation. The structure of the female urethra is continuous with that of the bladder.

The **male urethra** extends from an internal opening at the bladder neck to an external opening at the end of the penis. It is divisible into a:

- **pelvic part (pars pelvina)** with:
  - preprostatic portion (pars praeprostatica) and
  - prostatic portion (pars prostatica);
- **penile part (pars penina)** from the ischial arch (arcus ischiadicus) to the external urethral orifice (ostium urethrae externum) on the glans (glans penis),
  - this portion is surrounded by the corpus spongiosum penis and is thus also referred to as the **pars spongiosa**.

The **pelvic part** of the urethra begins at the internal opening at the bladder neck. Its **preprostatic portion** extends from the internal opening to the **seminal hillock** (colliculus seminalis), an oval enlargement of the urethral crest, which protrudes into the lumen of the urethra. It is flanked by the slit-like openings of the deferent ducts.

The **prostatic portion** is joined by the **deferent** and **vesicular ducts** and passes through the **prostate gland**.

The **penile portion** of the urethra (▶ Fig. 10.20) begins at the ischial arch and is described with the penis in the following chapter.

The **urethral wall** contains a **venous plexus** in its submucosa, which has erectile properties that aid continence. The urethra is surrounded by the **striated urethral muscle** over most of its length. Caudally the muscle fibres are present on the ventral and lateral surface. Contraction of these muscle bundles closes the

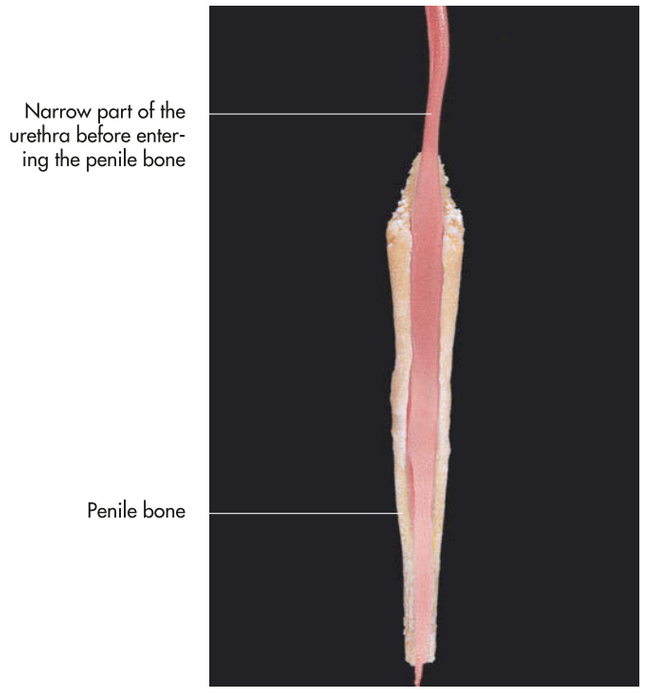


Fig. 10.20 Urethra of a dog within the penis with the penile bone (ventral aspect, corrosion cast).

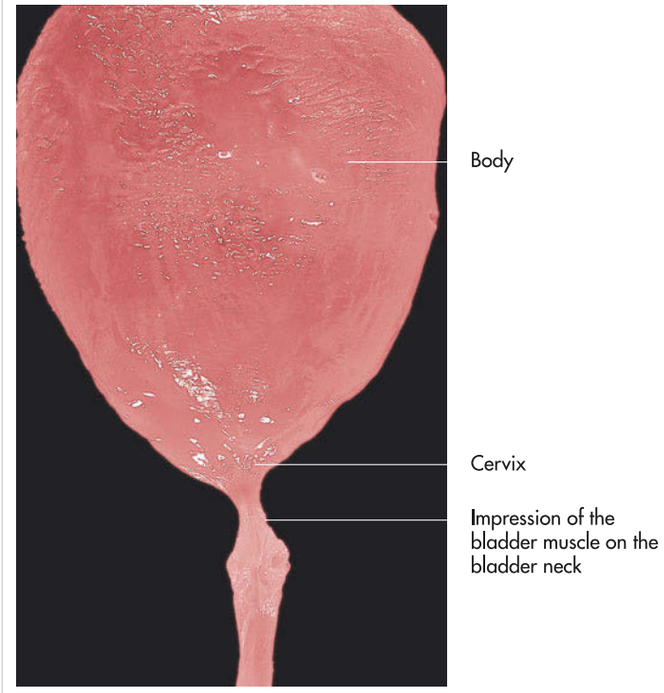


Fig. 10.21 Urinary bladder and origin of the urethra (corrosion cast).

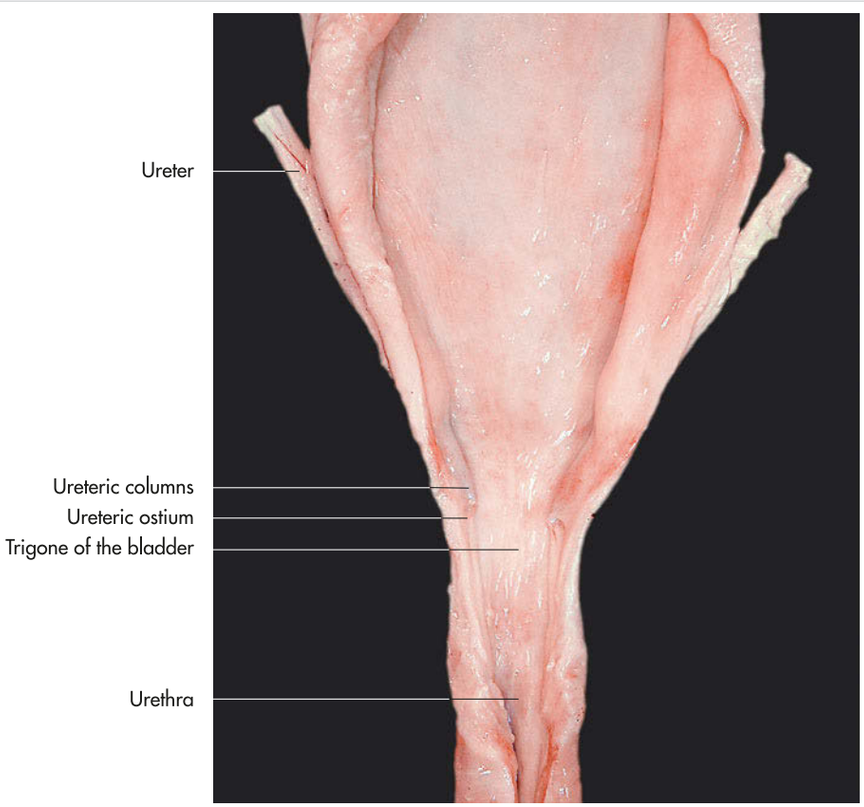


Fig. 10.22 Urinary bladder of an ox (interior aspect); preparation Prof. Dr. W. Pérez, Uruguay.

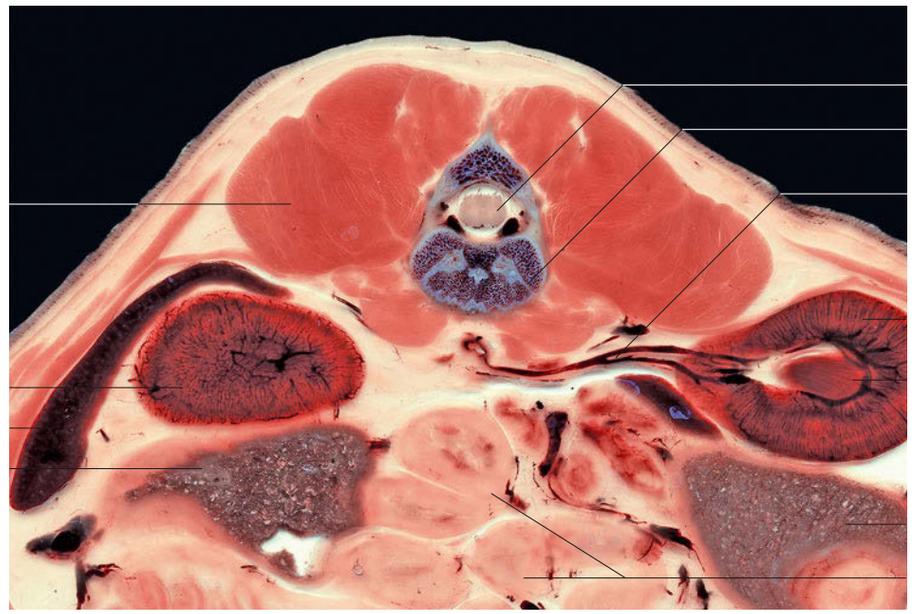


Fig. 10.23 Transverse section of the abdomen at the level of the kidney of a dog (caudal aspect).

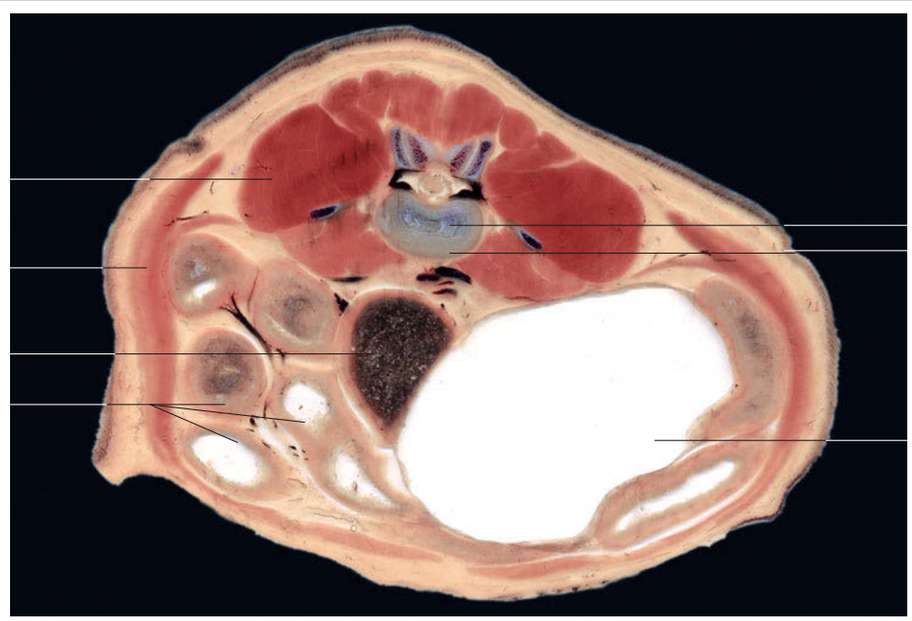


Fig. 10.24 Transverse section of the abdomen at the level of the urinary bladder of a dog (caudal aspect).

external opening of the urethra. Voluntary control of the urethral muscle is provided by somatic fibres of the **pudendal nerve** which also contains **sympathetic** and **parasympathetic fibres**.

Clinical terminology

Examples of clinical terms derived from anatomical terms: nephritis, pyelonephritis, pyelography, cystoscopy, urography, urolithiasis, urethritis, urethrography, urethrostomy, urethrocystography, and many more.

11 Male genital organs (organa genitalia masculina)

H. E. König and H.-G. Liebich

The male genital system comprises the organs that are involved in the development, maturation, transport and deposition of the **male gametes** (spermatozoa). It consists of the paired **testes**, the convoluted duct of the **epididymis** (ductus epididymidis), the **deferent duct** (ductus deferens), the **urethra** (pars pelvina urethrae) and the **accessory glands** (glandulae genitales accessoriae). The testes produce both sperm and hormones. The epididymis stores spermatozoa during maturation before they pass to the deferent duct and the urethra. The accessory glands also drain into the urethra and contribute to the volume of semen. The distal part of the urethra forms the combined path for the passage of both urine and semen. The penis is the male copulatory organ and deposits the semen within the female reproductive tract (▶ Fig. 11.1).

11.1 Testis (orchis)

The testes, or male gonads (Greek "orchis", Latin "testis"), are paired organs, which take their embryological origin from the gonadal primordium on the medial aspect of the mesonephros in the lumbar region, in a similar manner to the ovaries in females. At a later stage of embryological development, the male gonads migrate from their developmental position within the abdominal cavity into the **vaginal process** (processus vaginalis), covered by the **scrotum**. This process is termed the **descent of the testes** (descensus testis) and is dependent on the gubernaculum testis. This is a mesenchymal cord enfolded in peritoneum, which extends from the testis through the inguinal canal into the preformed vaginal process.

In the first phase of **testicular descent**, the gubernaculum increases in length and diameter, expanding beyond the inguinal canal, thus dilatating it. During the second phase, it regresses, thus accommodating the testis within the **vaginal process**. The process of migration of the testes is the result of increases in intra-abdominal pressure and the pull of the gubernaculum, thus drawing the testes toward the inguinal region. In the stallion and boar, fibres of the gubernaculum extend into the **deep layer** (tunica dartos) of the scrotum. This is of clinical importance since pulling on the scrotum can help to expose a retained testis from the inguinal canal.

Testicular descent is vital for the production of the **male gametes** (spermatogenesis) in the domestic mammals, since the scrotal position decreases the temperature of the testes compared to the body temperature. Failure of one or both testes to descend is termed **cryptorchidism** and is thought to have a hereditary basis. Therefore, cryptorchids should not be used for breeding.

In a few species, such as the elephant, the testes remain within the abdomen throughout life and spermatogenesis occurs at this temperature. Many smaller mammals such as rodents exhibit periodic changes in which the testes descend into the scrotum during the breeding season, after which they return to the abdomen.

11.1.1 Structure of the testis

The surface of the testis is invested by a dense **fibrous capsule** 1–2 mm thick (albugineous tunic, tunica albuginea) (▶ Fig. 11.6), which is composed of collagenous fibres and contains larger blood vessels (a. testicularis, v. testicularis). These are visible on the surface of the testes in a pattern characteristic of each species. The **visceral vaginal** tunic is a serous membrane continuous with the peritoneum that covers the **fibrous capsule** and gives a smooth appearance to the surface of the testis.

The parenchyma of the testis is normally under pressure. Consequently, any significant expansion raises the intratesticular pressure and produces severe pain as seen with inflammation (orchitis). The connective tissue components of the testis are arranged as follows, from the outside to the inside:

- fibrous capsule (albugineous tunic, tunica albuginea),
- septa (septula testis) and
- mediastinum (mediastinum testis).

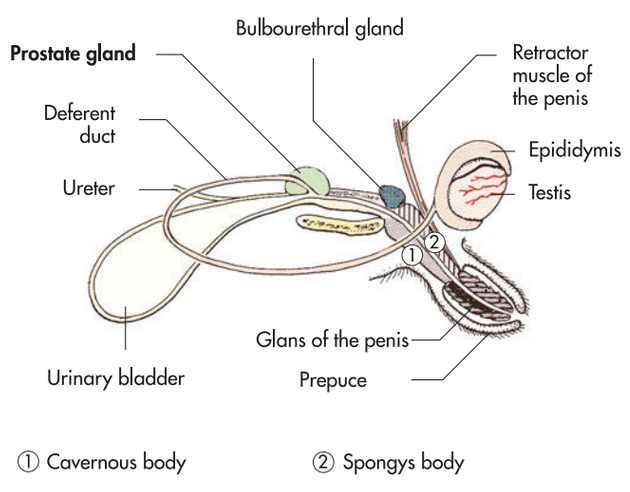


Fig. 11.1 Genital organs of the male cat (schematic).

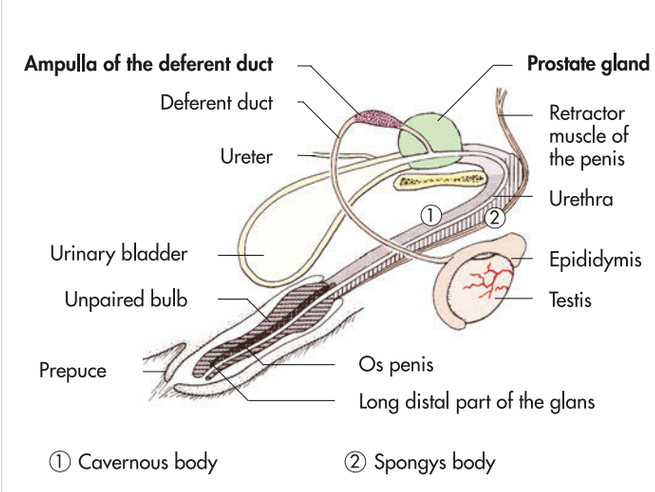


Fig. 11.2 Genital organs of the male dog (schematic).

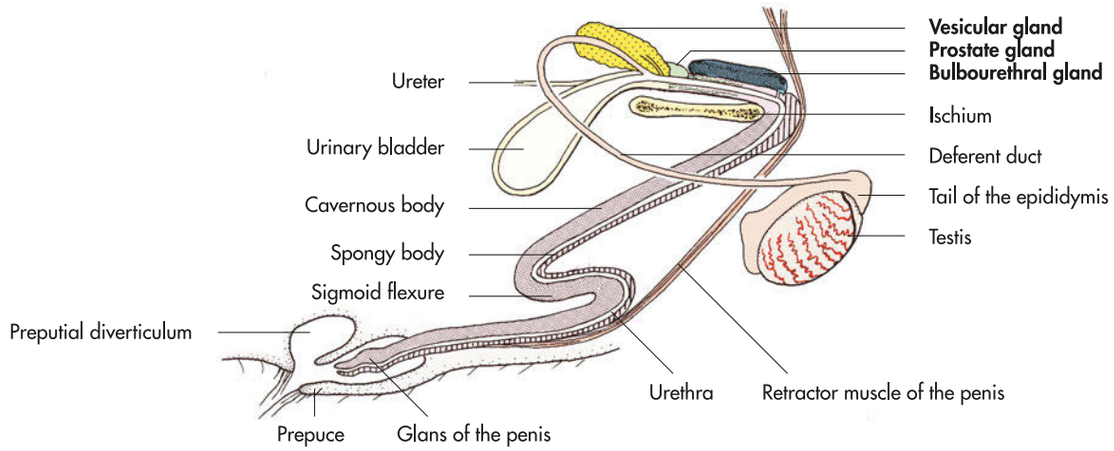


Fig. 11.3 Genital organs of the boar (schematic).

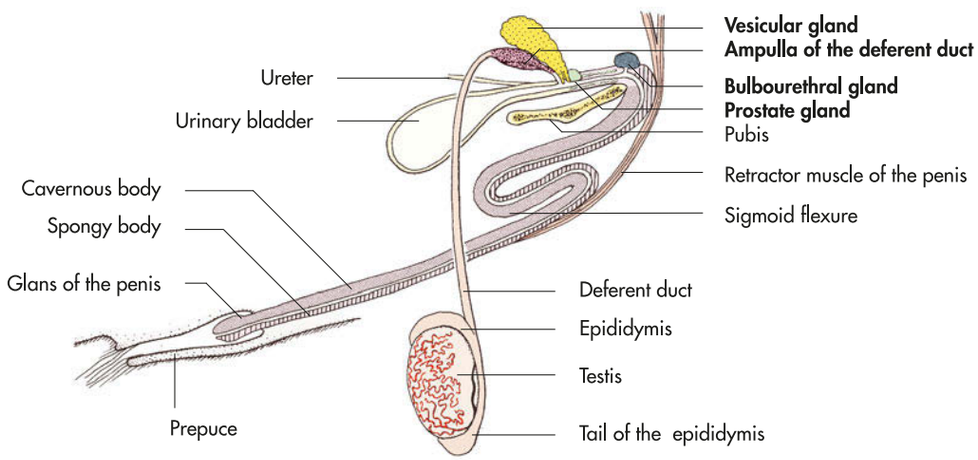


Fig. 11.4 Genital organs of the bull (schematic).

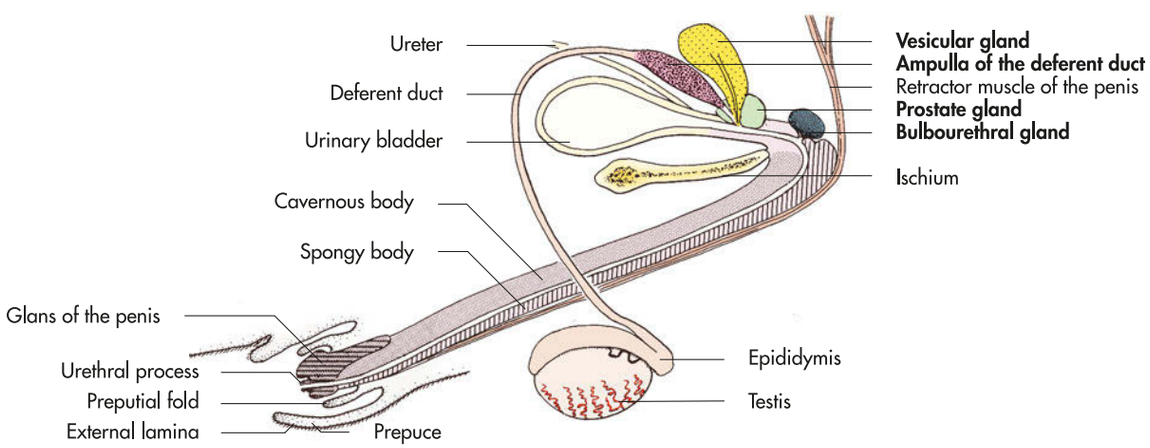


Fig. 11.5 Genital organs of the stallion (schematic).

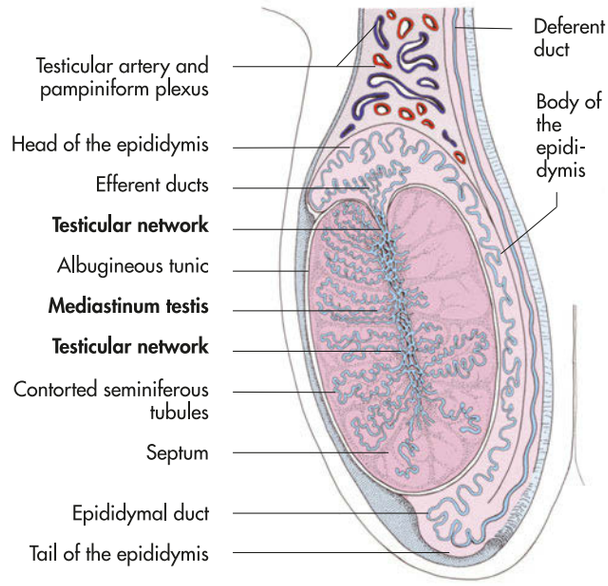


Fig. 11.6 Testis, epididymis and deferent duct of the bull (schematic, median section).

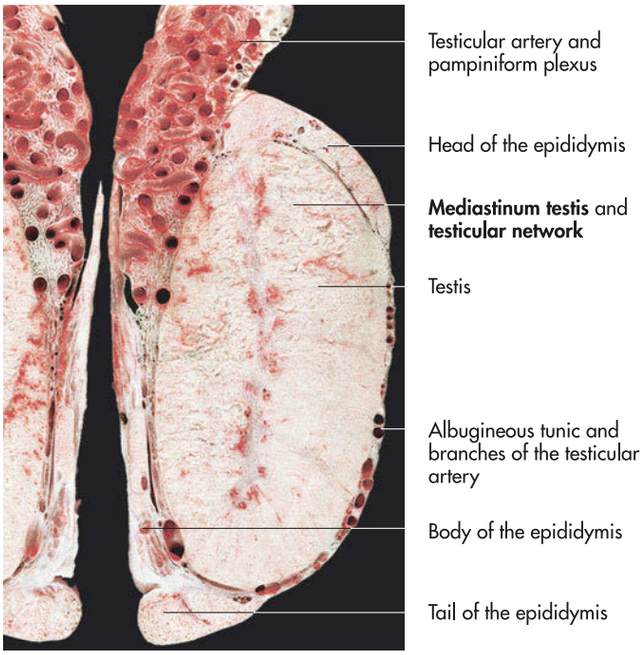


Fig. 11.7 Testis and epididymis of a bull (median section, testicular artery injected).

The capsule detaches **septa** (septula testis), which radiate into the testis, dividing the parenchyma in pyramid-shaped **lobules** (lobuli testis) (▶ Fig. 11.6). These septa converge centrally to form the **mediastinum of the testis**. The mediastinum may be axial or slightly displaced toward the epididymis. The **parenchyma** of the testis is composed of:

- contorted seminiferous tubules (tubuli seminiferi contorti),
- straight seminiferous tubules (tubuli seminiferi recti),
- testicular network (rete testis) and
- efferent ducts (ductuli efferentes).

Each testicular lobule includes between two and five **contorted tubules**, which are the site of spermatogenesis. The wall of these tubules contains **spermatogenic cells** and **sustentacular** (Sertoli) cells, which have supporting and hormone-producing properties. They are responsible for the regulation of spermatogenesis, supplying the nutrients to spermatogenic cells during the different stages of development and the release of spermatozoa into the lumen of the tubule (▶ Fig. 11.8 and ▶ Fig. 11.9) (a more detailed description can be found in histology and embryology textbooks).

Each **contorted seminiferous tubule** is looped, so that it opens into a network of confluent tubules within the mediastinum, called the **rete testis** (▶ Fig. 11.6). Before entering the rete testis, the ends of the seminiferous tubules straighten out to become the **straight seminiferous tubules** (tubuli seminiferi recti). The interstitial tissue filling the space between the tubules contains **Leydig cells**, which are the principal producers of the androgenic steroidal hormones, such as testosterone. Each rete of the testis is drained by eight to twelve convoluted **efferent ducts** that perforate the fibrous capsule to enter into the **head of the epididymis** (▶ Fig. 11.6).

11.2 Epididymis

The epididymis is firmly attached along the testis and consists of the coils of the elongated convoluted tubules, which are held together by connective tissue. It can be divided into **three parts** (▶ Fig. 11.6, ▶ Fig. 11.7, ▶ Fig. 11.9, ▶ Fig. 11.11, ▶ Fig. 11.13 and ▶ Fig. 11.14):

- head (caput epididymidis),
- body (corpus epididymidis) and
- tail (cauda epididymidis).

The **head of the epididymis** is firmly attached to the testicular capsule and receives the **efferent ducts** of the testis. Immediately after entering the epididymis the efferent ducts join to form the **duct of the epididymis**. The convoluted ducts form the **body of the epididymis**, held in place by a double layer of serosa. The space between the body of the epididymidis and the testis is termed the **testicular bursa** (bursa testicularis) (▶ Fig. 11.11, ▶ Fig. 11.13 and ▶ Fig. 11.14).

The **epididymal duct** (▶ Fig. 11.6) continues as the **tail of the epididymis**. It is attached to the caudal extremity of the testis by the **proper ligament of the testis** (ligamentum testis proprium) and to the vaginal process by the **ligament of the tail of the epididymis** (ligamentum caudae epididymidis). This ligament extends fibres into the deep layer of the scrotum, the scrotal ligament, which are especially well developed in the stallion and the boar. The duct of the epididymis emerges at its tail and continues as the **ductus deferens** (▶ Fig. 11.6, ▶ Fig. 11.9, ▶ Fig. 11.10, ▶ Fig. 11.11 and ▶ Fig. 11.14).

In the **duct of the epididymis**, spermatozoa mature, testicular fluid is absorbed, cell fragments undergo phagocytosis and nutrients for the spermatozoa are secreted. Spermatozoa are stored in the tail of the epididymis until ejaculation.

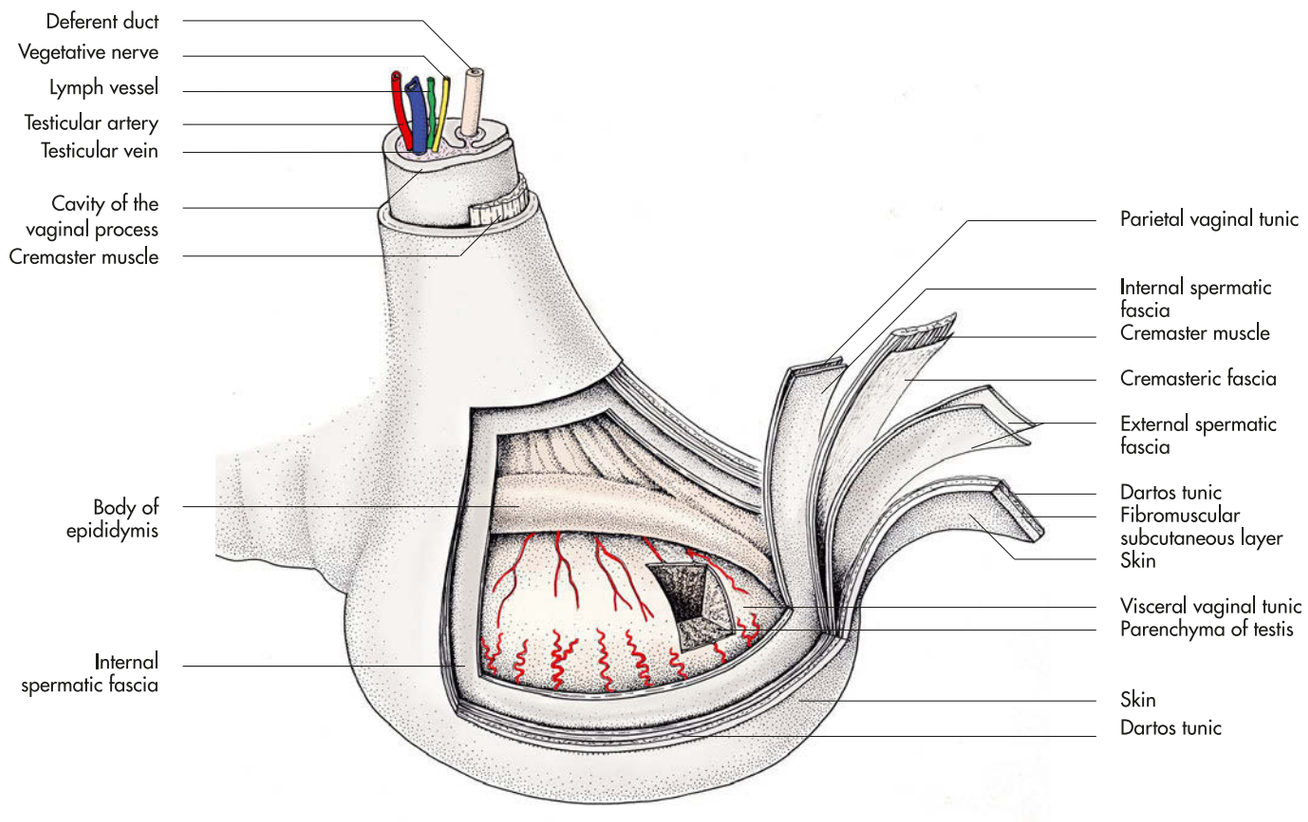


Fig. 11.8 Investments of the testis of the stallion (schematic).

The **length of the epididymal duct** in the domestic species is at:

- horse: 72–81 m,
- bull: 40–50 m,
- ram: 47–52 m,
- boar: 17–18 m,
- dog: 5–8 m,
- cat: 4–6 m.

11.3 Deferent duct (ductus deferens)

The **deferent duct** is the direct continuation of the duct of the epididymis (▶ Fig. 11.6, ▶ Fig. 11.9, ▶ Fig. 11.10, ▶ Fig. 11.11 and ▶ Fig. 11.14). It originates as the undulating part of the tail of the epididymis and gradually straightens as it passes along the medial border of the testis. It ascends within the **spermatic cord** (funiculus spermaticus) and enters the abdominal cavity through the inguinal canal. It forms a cranially convex loop within a **fold of peritoneum** (meso-ductus deferens) and passes under the ureter as it reaches the dorsal surface of the bladder. It perforates the prostate gland, to open in the proximal part of the urethra at the **seminal hillock** (colliculus seminalis) (▶ Fig. 10.19). The terminal part of the deferent duct is thickened to form the **ampulla of the deferent duct** by the ampullary gland. In the boar, no distinct ampulla is obvious, but there is a glandular part at the end of the deferent duct (▶ Fig. 11.15, ▶ Fig. 11.16, ▶ Fig. 11.17 and ▶ Fig. 11.18).

In the horse and in ruminants the deferent duct is joined by the **excretory duct** (ductus excretorius) of the vesicular gland near to its termination. The shared passage of these two ducts is known as the **ejaculatory duct** (ductus ejaculatorius).

11.4 Investments of the testis

The investments of the testis not only cover the testis, the epididymis and parts of the spermatic cord, they also are moulded around these organs (▶ Fig. 11.8 and ▶ Fig. 11.9). The different layers of the testicular investments correspond to the layers of the abdominal wall. They are the following layers:

- **scrotum** with:
  - external skin,
  - fibromuscular subcutaneous layer (tunica dartos),
  - double-layered external spermatic fascia (fascia spermatica externa), detachments of the abdominal fasciae and
  - cremaster muscle, a detachment of the internal oblique abdominal muscle, along with its fascia;

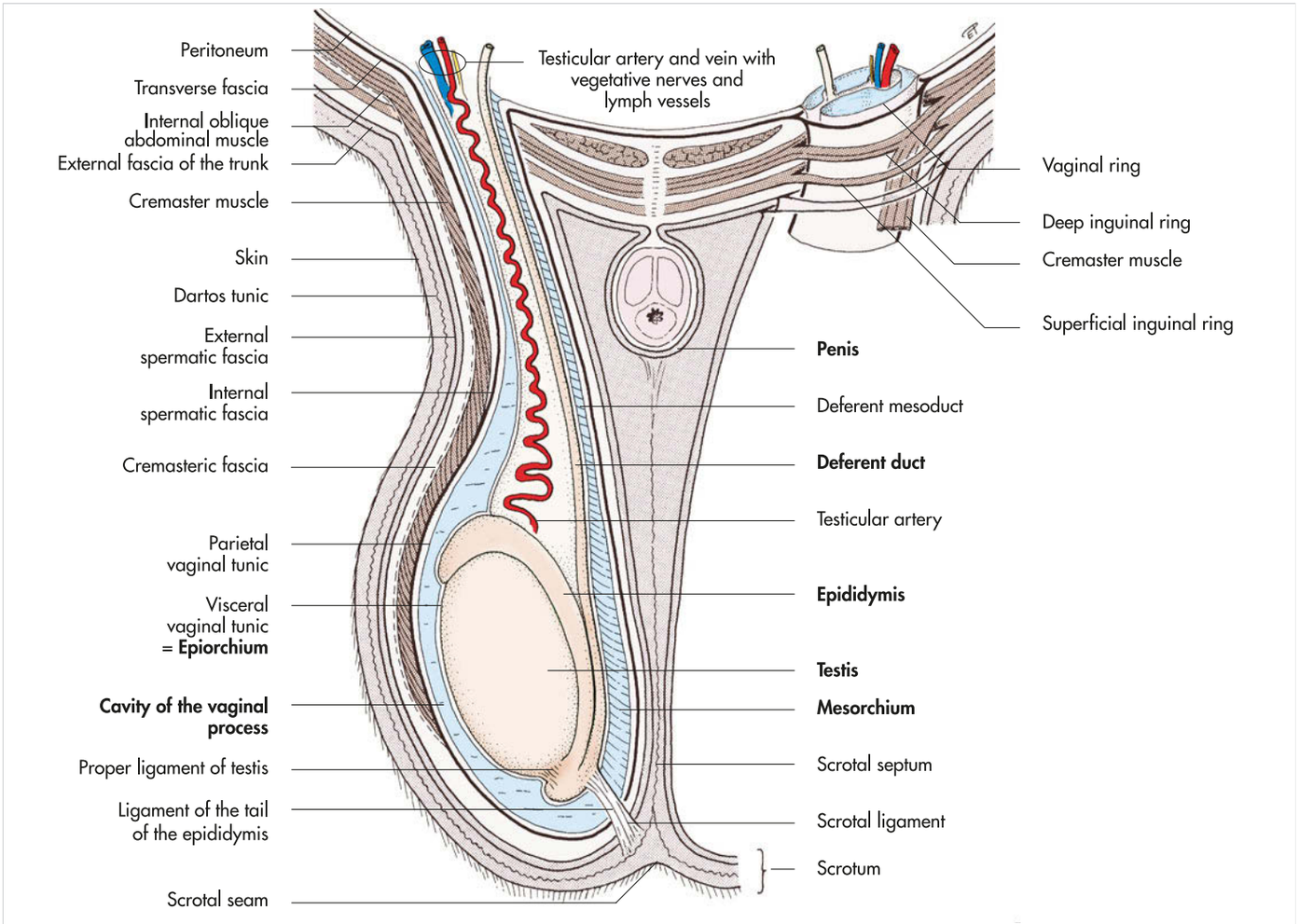


Fig. 11.9 Investments of the testis and spermatic cord of the bull (schematic).

- **vaginal process** with:
  - internal spermatic fascia (fascia spermatica interna) and
  - parietal layer (lamina parietalis) of the vaginal tunic (tunica vaginalis).

The **external skin**, the **subcutaneous tunica dartos** and the **external spermatic fascia** form the **scrotum**. The internal spermatic fascia and the parietal layer of the vaginal tunic form the **vaginal process** (processus vaginalis), an expansion of the peritoneal cavity within the scrotum. The vaginal process extends into the right and left compartments of the scrotum, which are divided by a septum formed by the skin and the subcutaneous layer of the scrotum. The **scrotal septum** (septum scroti) encloses the testes separately and is marked externally as a **groove** (raphe scroti) (▶ Fig. 11.9).

The **scrotal skin** is usually hairless, except in the cat and certain breeds of sheep, where it is covered in hair. It has a generous supply of both sweat and sebaceous glands and adheres firmly to the underlying **tunica dartos**. Internal to the tunica dartos is a thin layer of **soft tissue** (fascia subdartoica). The tunica dartos has several smooth muscle fibres, which contract to tighten and retract the scrotum, thereby contributing to the temperature regulation of the testis. The tunica dartos is especially well developed in the ox, where it can be up to 10 mm thick.

The **external spermatic fascia** is detached from the **deep** and the **superficial fascia of the abdomen** at the scrotum and is divided into a deep and a superficial layer. The two layers of the external spermatic fascia and the internal spermatic fascia and the vaginal tunic are connected by loose connective tissue. This loose intermediate stratum allows movement of the vaginal process within the scrotum. It is of clinical significance, since it facilitates castration by a closed technique, whereby the vaginal tunic is ligated with the blood vessels and ductus deferens.

The **cremaster muscle** is the detachment of the **internal oblique abdominal muscle** at the level of the deep inguinal ring (▶ Fig. 11.9). It covers part of the vaginal process and is covered by a thin layer of loose connective tissue (fascia cremasterica) (▶ Fig. 11.9). On contraction, it retracts the scrotum with its contents toward the inguinal region. In rodents it embraces the vaginal process in a spoon-like fashion and thus the testes can be withdrawn into the abdomen through the large inguinal canal.

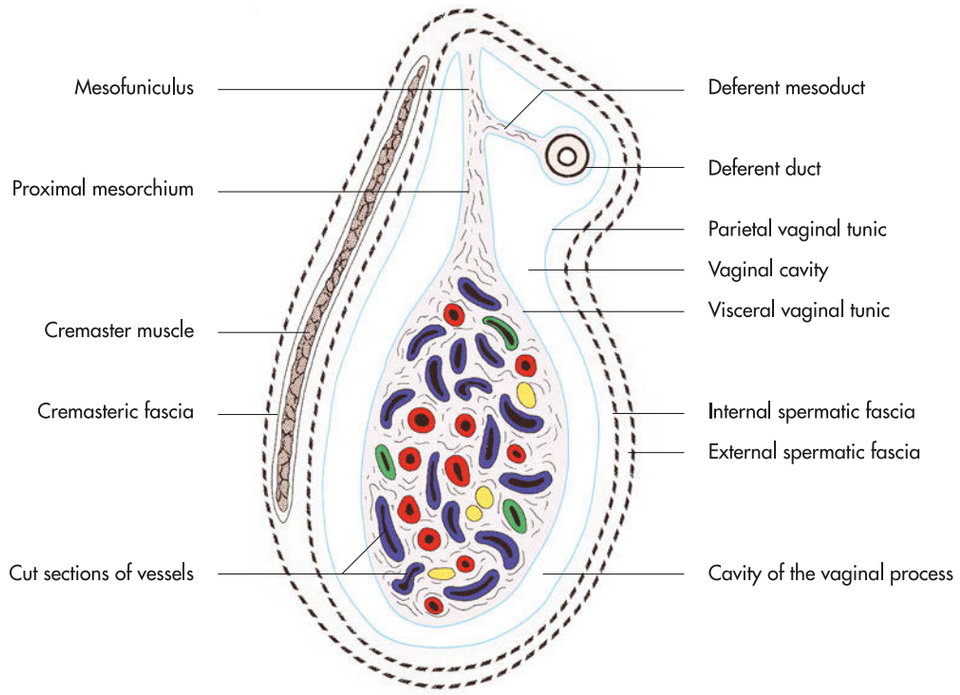


Fig. 11.10 Proximal part of the vaginal process (schematic, transverse section); fig. based on data from Schaller, 1992.

11.4.1 Vaginal process (processus vaginalis) and spermatic cord (funiculus spermaticus)

The vaginal process is formed by the **transverse fascia** and the **peritoneum** as an evagination of the abdominal cavity through the **inguinal canal**. It encloses the **vaginal cavity** (cavum vaginale) and is formed before the embryological descent of the testes (▶ Fig. 11.8, ▶ Fig. 11.9 and ▶ Fig. 11.10). The shape of the vaginal process resembles a bottle with a narrow proximal part, the length of which depends on the position of the scrotum, and a wider distal part, which moulds to the organs it encloses.

The **vaginal cavity** communicates with the abdominal cavity through the **vaginal opening** (ostium vaginale) located within the internal opening of the inguinal canal. Normally it contains a very small amount of peritoneal fluid, which helps to reduce friction between the wall and the enclosed organs. Occasionally a loop of intestine or part of the omentum herniates into the vaginal process. This condition (**hernia inguinalis**) is more common in species with a wide vaginal ring, such as the horse and the pig. Since it appears to be hereditary in the pig, animals that develop this condition should not be used for breeding.

The narrow proximal part of the vaginal process surrounds the **spermatic cord** (funiculus spermaticus), which is composed of the deferent duct and the testicular vessels and nerves, along with their serous membranes. The spermatic cord is attached by the mesofuniculus, which is continuous distally with the mesorchium (▶ Fig. 11.10 and ▶ Fig. 11.11). The deferent duct is enclosed within a fold of the **mesofuniculus**. The vascular plica, also termed proximal mesorchium, attaches to the epididymis and continues from there onto the testis as the distal mesorchium.

11.4.2 Position of the scrotum

The position and orientation of the scrotum varies considerably among the domestic mammals (▶ Fig. 11.1). The scrotum is located in the inguinal region in the horse and the dog, below the **inguinal region** in ruminants, perineal in pigs and **subanal** in cats.

In ruminants the testes are carried with their long axes vertically; thus they possess a deep and pendulous scrotum. The testes are orientated with their long axis horizontally in the horse and dog, while in the pig and cat they are angled towards the anus.

11.5 Blood supply, lymphatic drainage and innervation of the testis and its investments

The **testicular artery** (a. testicularis) branches directly from the abdominal aorta and passes along the abdominal wall, suspended within the vascular plica together with the testicular vein. Within the spermatic cord, the testicular artery is extremely convoluted. In the ox about 7 m of artery is packed within 10 cm of spermatic cord (▶ Fig. 11.9, ▶ Fig. 11.10 and ▶ Fig. 11.11). The testicular artery extends branches to supply the epididymis (rami epididymales) and the original part of the deferent duct (rami ductus deferentis).

The **testicular veins** form a very elaborate **mesh-like plexus** (plexus pampiniformis, ▶ Fig. 11.11, ▶ Fig. 11.12 and ▶ Fig. 11.14) around the arterial coils. **Arteriovenous anastomoses** are present between the testicular artery and the surrounding veins within the spermatic cord (▶ Fig. 11.11). The pampiniform plexus is ultimately reduced to a single vein (v. testicularis), which drains into the caudal vena cava. The extensive contact between the vessels

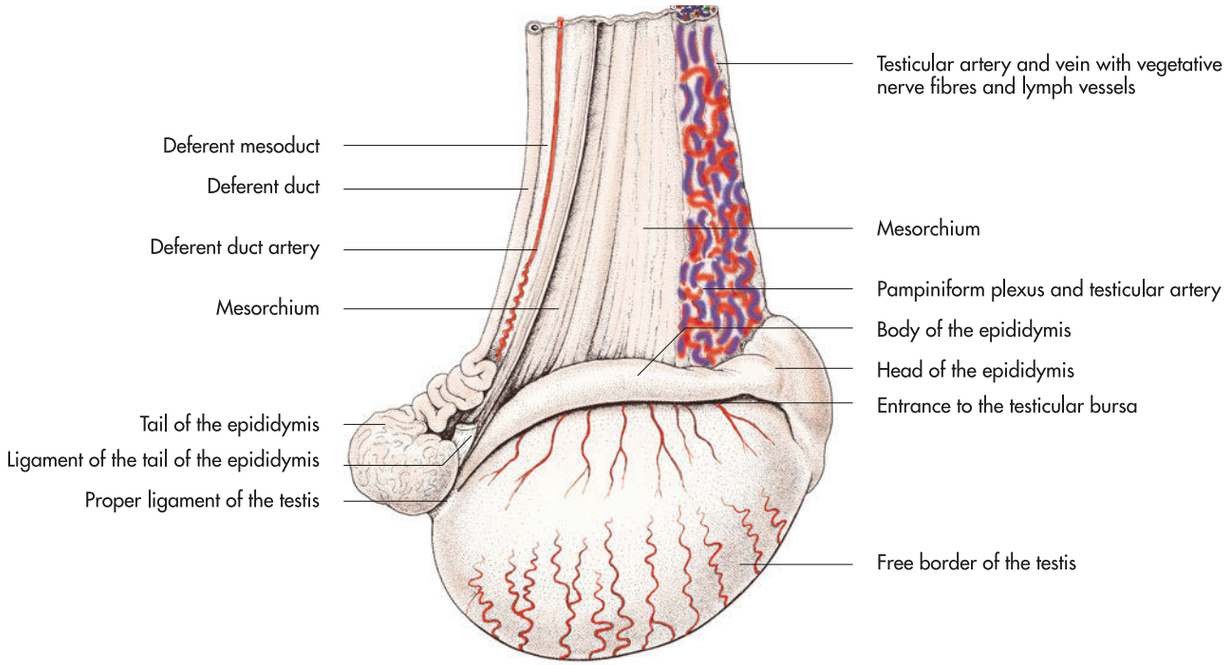


Fig. 11.11 Right testis, epididymis and spermatic cord of a stallion (schematic, lateral aspect).

within the spermatic cord cools the blood within the artery on its descent to the testis.

The **lymphatics of the testis** drain into the **lumbar aortic lymph nodes** and the **medial iliac lymph nodes**. The lymph conveys a substantial fraction of the hormones produced by the testis. In the case of testicular cancer, it is essential to remove the affected testis as soon as possible, since access to the draining lymph nodes is impossible, due to their location on the dorsal wall of the abdomen and pelvis.

The testes receive **nervous supply** from the autonomic nervous system. **Parasympathetic fibres** are derived from the vagus nerve and the pelvic plexus; **sympathetic fibres** arise from the caudal mesenteric plexus and the pelvic plexus.

The **investments of the testis** are vascularised by the **external pudendal artery and vein** (a. et v. pudenda externa). Lymphatics drain into the **scrotal** or **superficial inguinal lymph nodes**. Nerve supply is provided by the **ventral branches of the lumbar nerves**. The iliohypogastric nerve, the ilioinguinal nerve and the genitofemoral nerve contribute to their innervation.

11.6 Urethra

The male urethra (▶ Fig. 10.19, ▶ Fig. 10.22, ▶ Fig. 11.15, ▶ Fig. 11.16 and ▶ Fig. 11.17) extends from the **internal urethral opening** (ostium urethrae internum) at the caudal end of the neck of the bladder to the external **urethral opening** (ostium urethrae externum) at the free extremity of the penis. Based on its location it can be divided into:

- a pelvic portion (pars pelvina) and
- a penile portion (pars penina).

The pelvic portion can be further subdivided into a proximal preprostatic part, which carries urine, and a prostatic part, which is joined by the deferent duct and the vesicular or combined ejaculatory duct.

The preprostatic portion carries a **dorsal crest** (crista urethralis), which protrudes into the lumen and ends in a thickening (colliculus seminalis). The colliculus marks the openings of the deferent ducts (in the horse and in ruminants the combined ejaculatory ducts) and is flanked by the much smaller openings through which the many **prostatic ducts** (ductuli prostatici) discharge. On leaving the pelvic cavity, the urethra is surrounded by highly vascular tissue and continues as part of the penis.

11.7 Accessory genital glands (glandulae genitales accessoriae)

The accessory genital glands are located along the pelvic portion of the urethra. Their presence varies between the species and can include all or some of the following (▶ Fig. 11.1 and ▶ Fig. 11.15):

- ampullary gland (glandula ampulla ductus deferentis),
- vesicular gland (glandula vesicularis),
- prostate gland (prostata) and
- bulbourethral gland (glandula bulbourethralis).

The bull and stallion possess the **full set of accessory glands**. The boar has **vesicular**, **prostate** and **bulbourethral glands**. In the cat, the **ampullary**, **prostate** and the **bulbourethral glands** are present, while only the **ampullary** and the **prostate glands** are present in the dog.

The ampullary gland surrounds the terminal part of the deferent duct and is described earlier in this chapter.

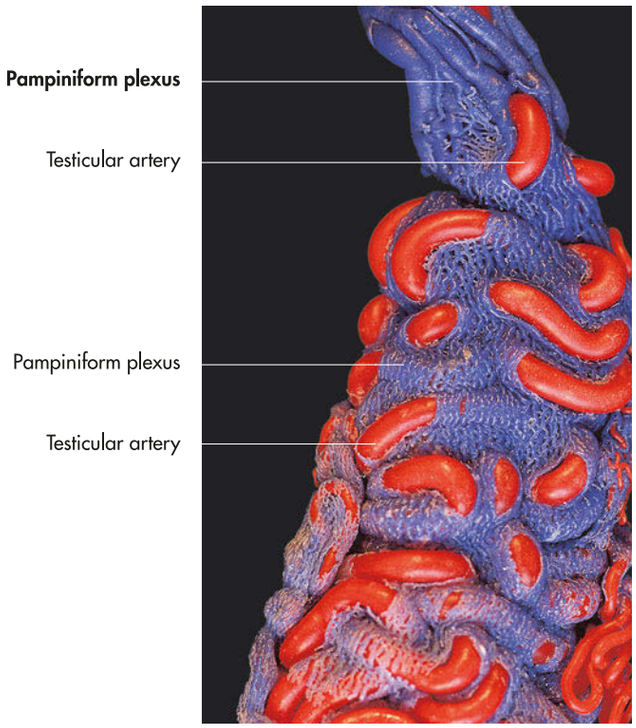


Fig. 11.12 Testicular arteries and veins within the spermatic cord of a ram (corrosion cast).

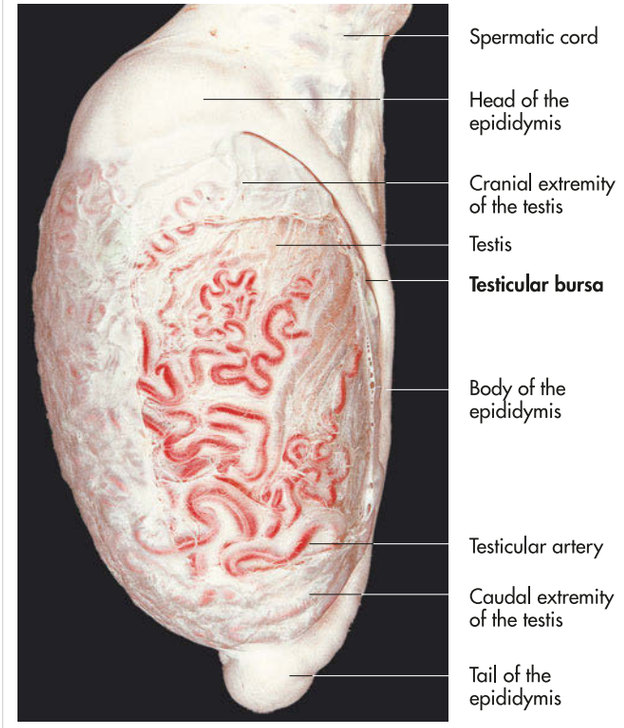


Fig. 11.13 Testis of a bull after injection of the blood vessels.

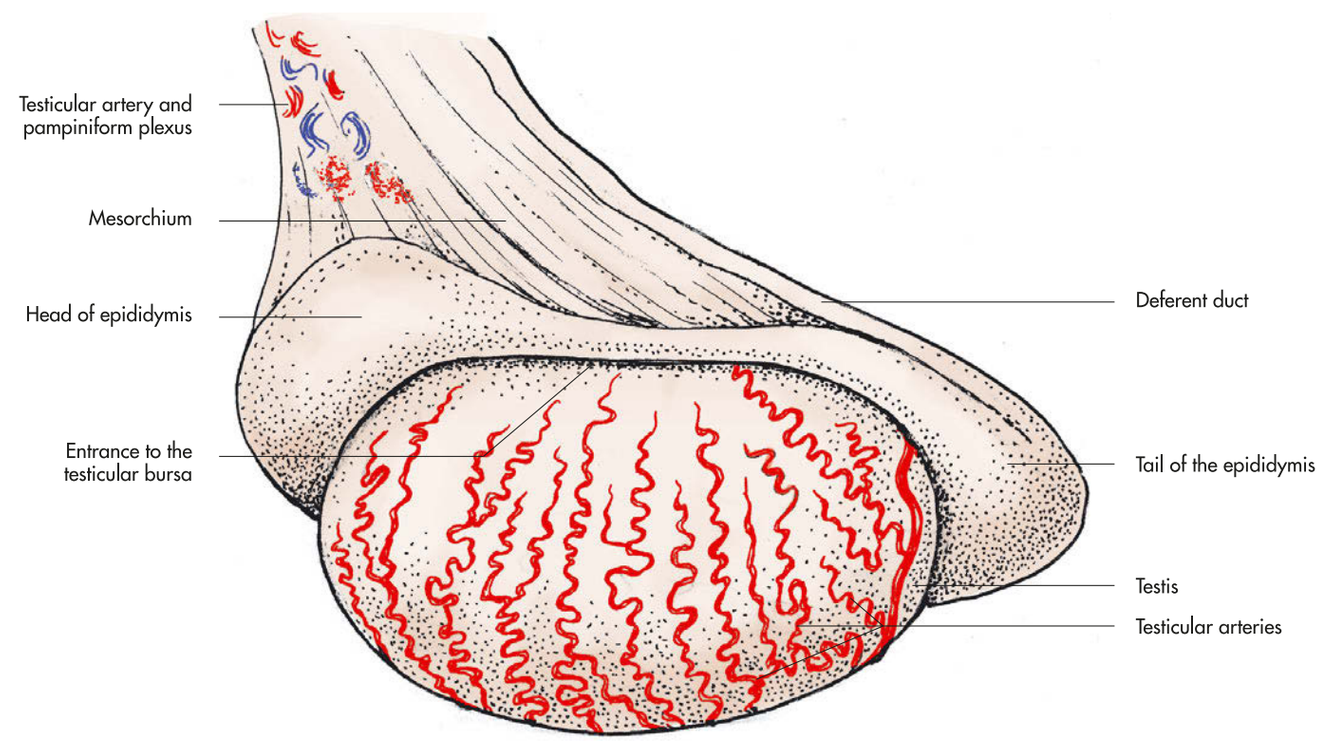


Fig. 11.14 Testis of the boar (schematic).

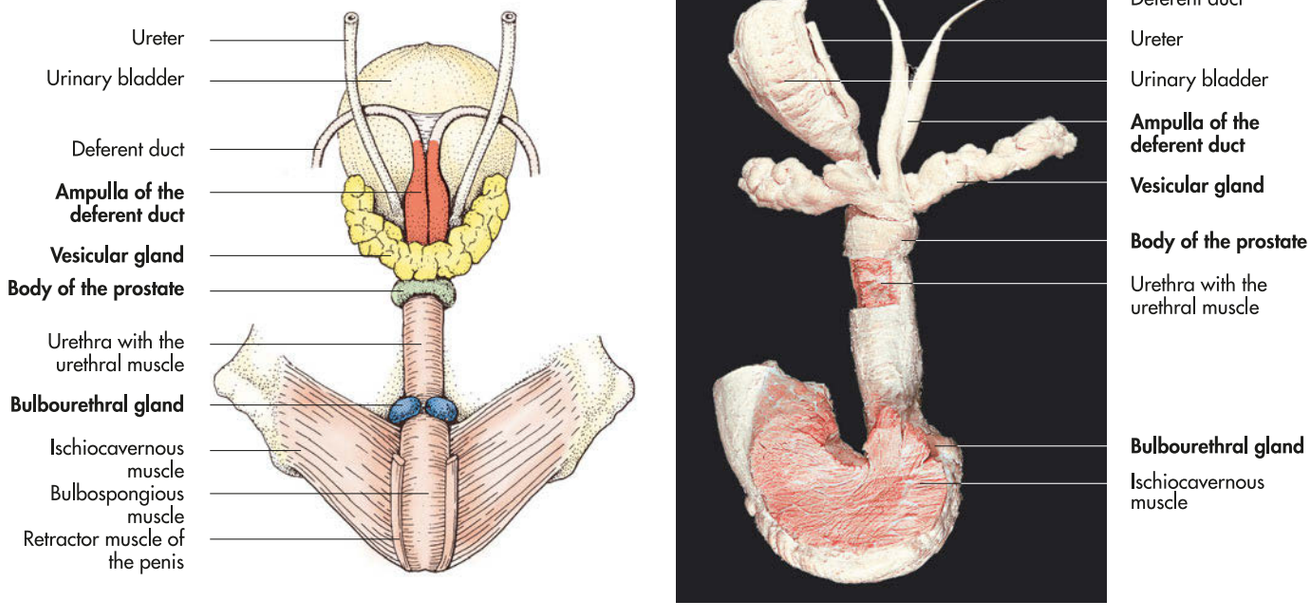


Fig. 11.15 Accessory genital glands of the bull.

11.7.1 Vesicular gland (glandula vesicularis)

The paired vesicular glands are present in all domestic mammals except the dog and the cat (▶ Fig. 11.3, ▶ Fig. 11.15, ▶ Fig. 11.17 and ▶ Fig. 11.18). In ruminants and the horse, its **excretory duct** (ductus excretorius) joins the deferent duct shortly before its termination, and this short, common passage is referred to as the **ejaculatory duct** (ductus ejaculatorius). In the boar, the vesicular glands open separately into the urethra next to the **seminal colliculus**.

The vesicular gland of the horse is a relatively large, hollow organ with a thick muscular wall and a smooth surface. In the bull and the boar, the surface is irregular. The vesicular gland is especially well developed in the boar, in which it has a characteristic pyramidal shape. In the bull, this gland can be palpated transrectally.

11.7.2 Prostate gland (prostata)

The prostate is present in all domestic mammals (▶ Fig. 11.1 and ▶ Fig. 11.15). In some it consists of two parts, one diffusely spread within the wall of the **pelvic urethra** (pars disseminata), the other a compact **body** (corpus prostatae) located external to the urethra.

The horse has only the compact part, the small ruminants, only the disseminated part. The bull has both parts, but the compact part is rather small and flat. In the dog and cat, the disseminated part is vestigial, but the compact part is large and globular. It is so extensive in these species that it entirely surrounds the urethra in the dog and almost so in the cat.

Hypertrophy of the prostate gland is relatively common in older dogs and can lead to obstipation due to pressure from the enlarged prostate onto the rectum.

11.7.3 Bulbourethral gland (glandula bulbourethralis)

The paired bulbourethral gland (▶ Fig. 11.3 and ▶ Fig. 11.15) is found in all domestic mammals other than the dog. It lies on the dorsal aspect of the pelvic urethra close to its pelvic exit. It has the size of a walnut in the stallion and that of a cherry in the bull. In the cat, it is very small and spherical. It is very substantial in the boar, where it is cylindrical and extends along the whole of the pelvic portion of the urethra. In castrated boars it is considerably smaller, so that its size can be used an indicator of recent castration.

All accessory genital glands have well **developed soft-tissue capsules** and **internal septa**, which are rich in smooth muscle fibres. These muscle fibres are innervated by the autonomic nervous system and are responsible for expelling the secretion of the glands. Testosterone has a positive effect on the production of secretions, which contain **fructose** and **citrate** for the nutrition, transportation and protection of the spermatozoa. It also enhances movement of the spermatozoa and acts as a physiological buffer against the acid environment within the vagina.

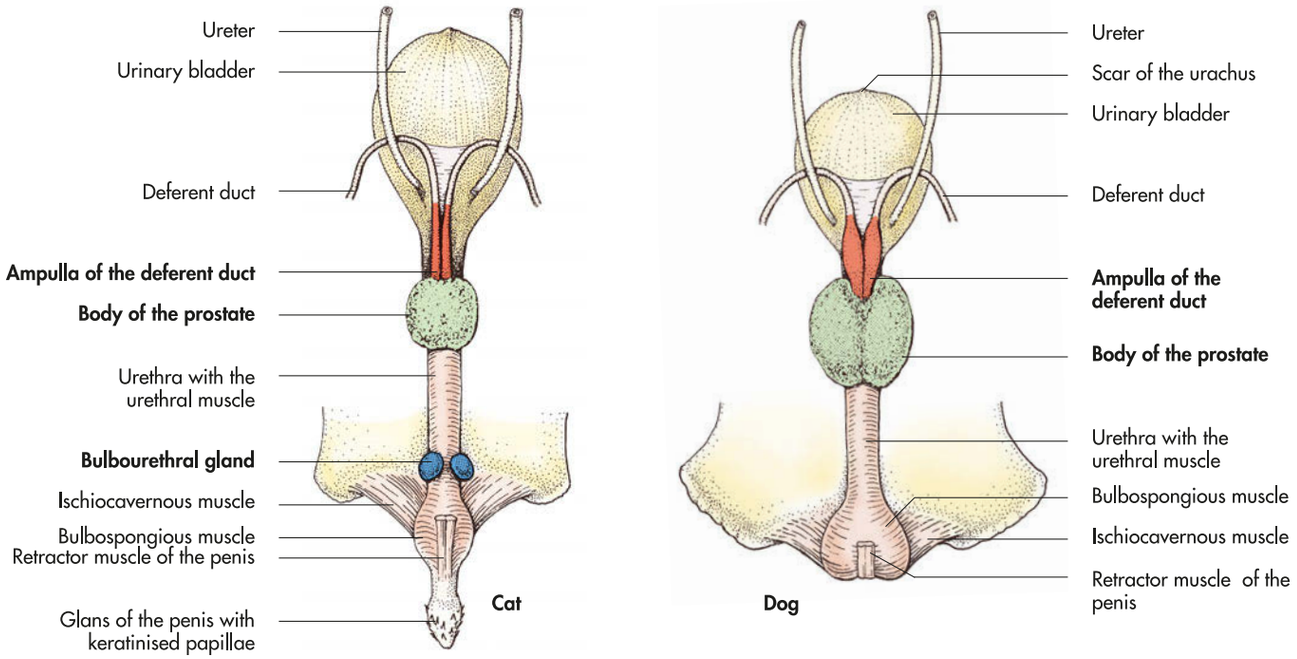


Fig. 11.16 Accessory genital glands of the cat and dog (schematic).

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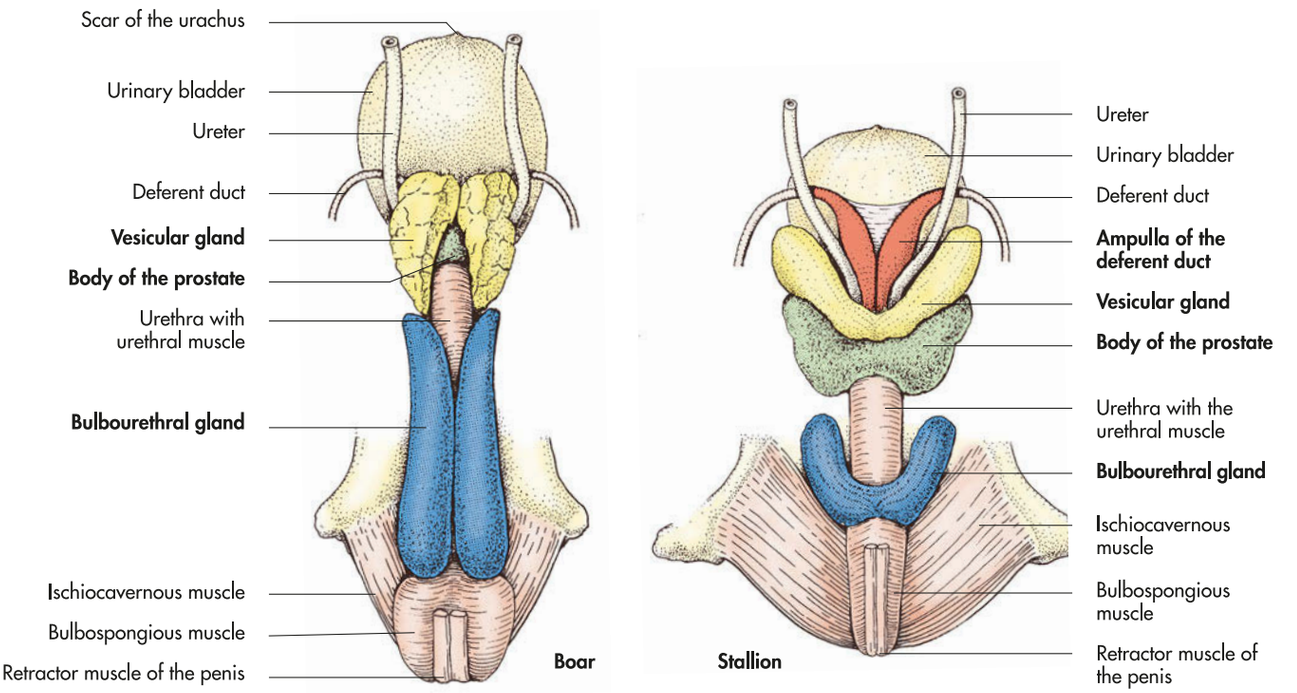


Fig. 11.17 Accessory genital glands of the boar and stallion (schematic).

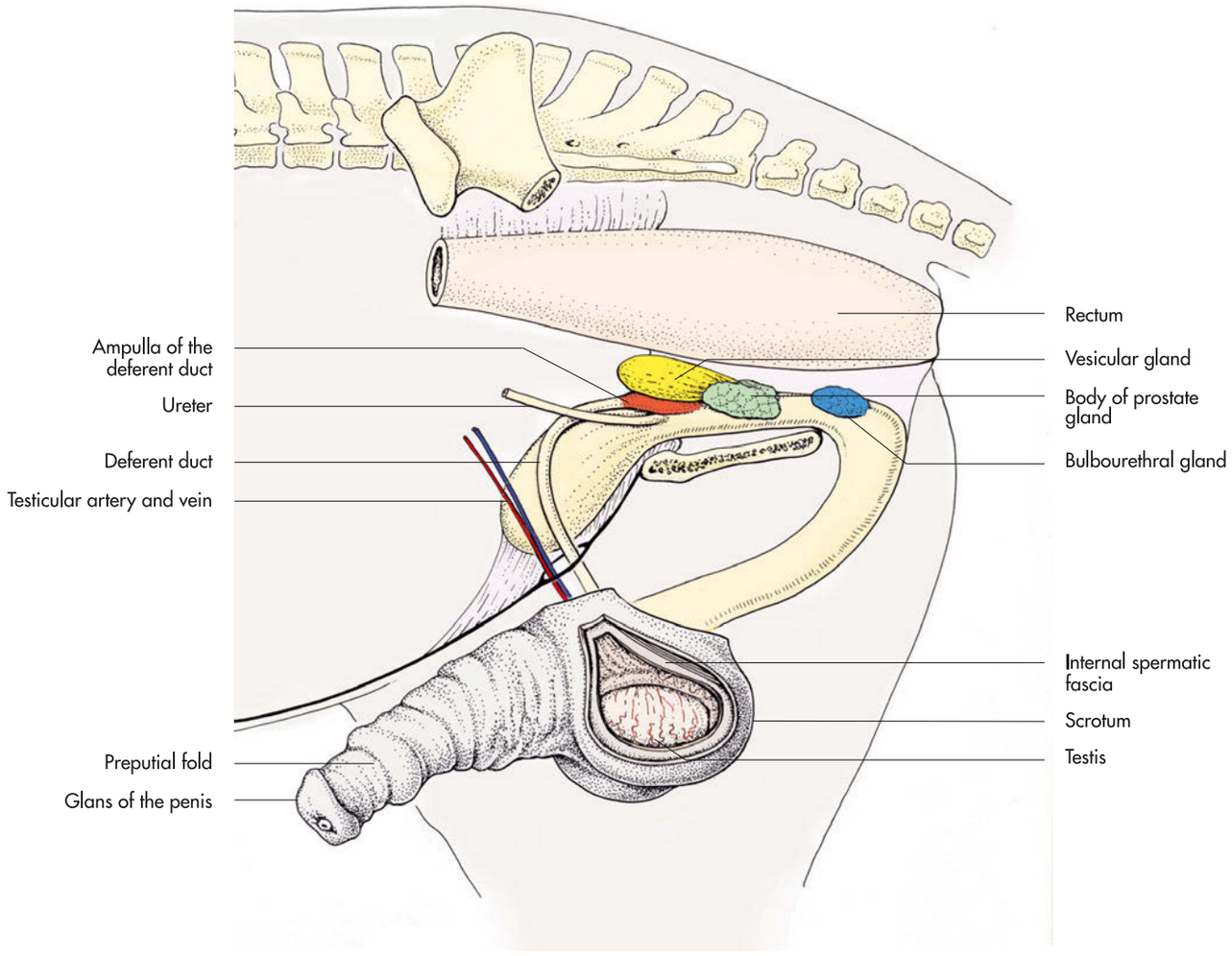


Fig. 11.18 Male genital organs of the stallion (schematic).

11.8 Penis

The penis originates as two crura from the ischial arch. The crura converge to form the **root of the penis** (radix penis), which continues as the **body of the penis** (corpus penis) to the **glans of the penis** (glans penis).

The penis is suspended between the thighs on the ventral surface of the trunk with its free extremity pointing towards the umbilicus in all domestic mammals except the cat, where it is directed caudally (▶ Fig. 11.1, ▶ Fig. 11.20, ▶ Fig. 11.21 and ▶ Fig. 11.22). The organ is constructed of three columns of erectile tissue, which are independent at the root of the penis, but combined throughout the rest of the penis.

The **penis** is composed of the following divisions and subdivisions:

- **root of the penis** (radix penis) with:
  - crura of the penis (crura penis) formed by two columns of cavernous tissue (corpora cavernosa) and
  - unpaired bulb of the penis (bulbus penis) formed by the spongy body of the penis;
- **body of the penis** (corpus penis) with:
  - cavernous body (corpus cavernosum) and
  - spongy body (corpus spongiosum urethrae);
- **glans of the penis** (glans penis) with:
  - spongy body (corpus spongiosum glandis) and
  - os penis, a modification of the cavernous body (dog).

The two dorsal columns of erectile tissue are known as the **crura of the penis** and consist of a core of **cavernous tissue** enclosed by thick connective tissue, the albugineous tunic. The **paired, blood-filled cavernous bodies** (corpora cavernosa) converge and continue distally into the body of the penis. The cavernous body of each crus remain distinct within the body, where a septum exists between the two.

The **dorsal surface of the body** of the penis is marked by a **shallow groove** (sulcus dorsalis penis), while the ventral surface carries a **deep groove** (sulcus ventralis penis) to accommodate the urethra and its vascular sheet, the **spongy body** (▶ Fig. 11.24 and ▶ Fig. 11.25).

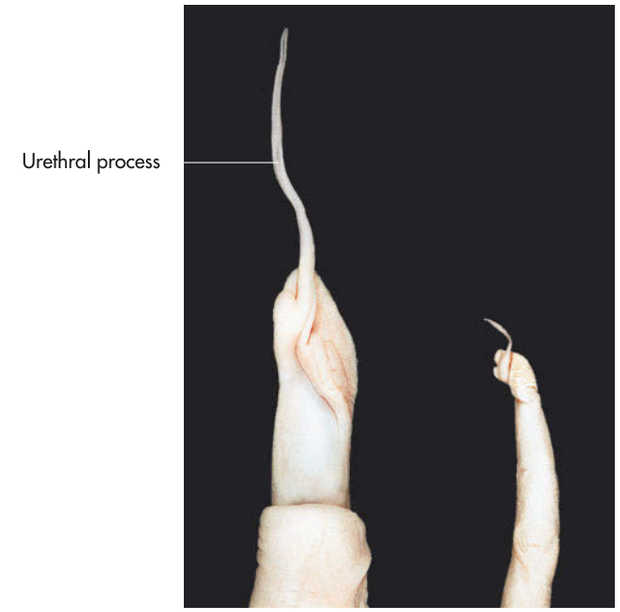


Fig. 11.19 Free part of the penis of a sheep (left) and a goat (right).



Fig. 11.20 Free part of the penis of a bull.

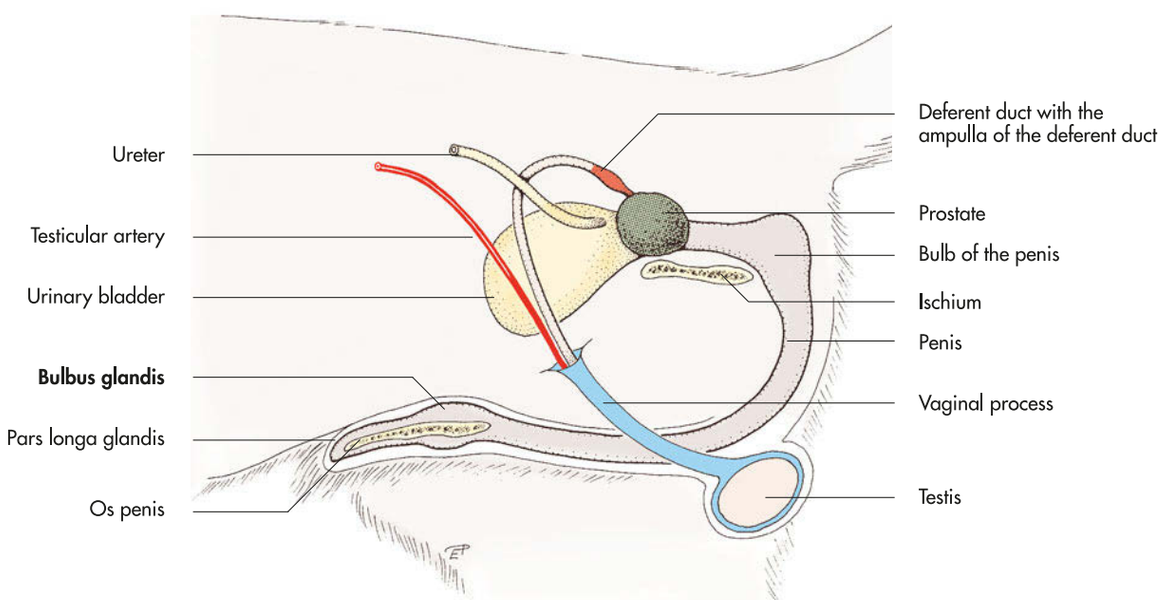


Fig. 11.21 Genital organs and accessory genital glands of the dog (schematic); fig. based on data from Dyce et al., 2002.

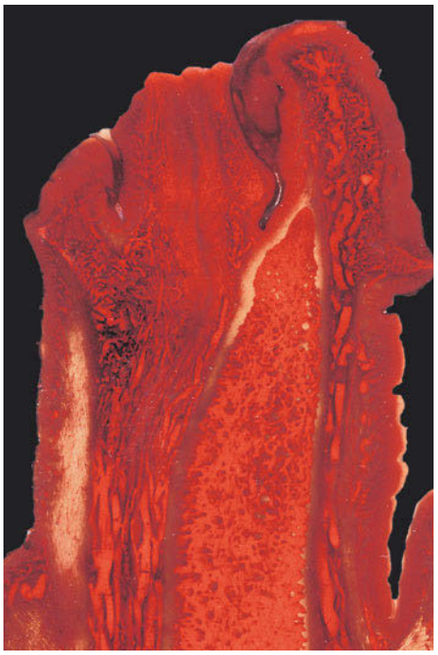


Fig. 11.22 Blood vessels of the glans of the penis of a stallion (E-12 slice plastinate). (source: courtesy Prof. Dr. M.-C. Sora, Vienna)

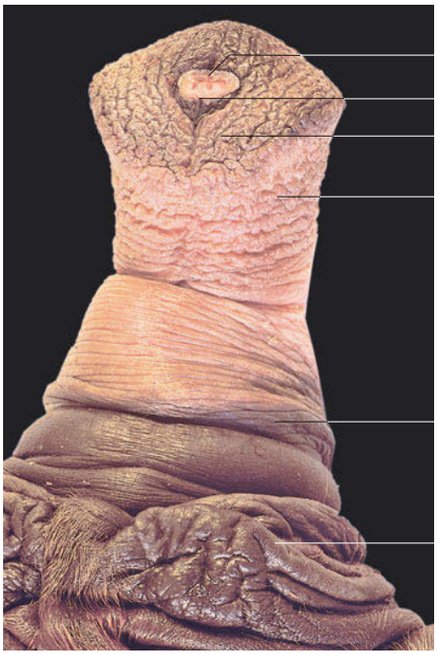


Fig. 11.23 Free part of the penis of a stallion.

The **unpaired spongy body** (corpus spongiosum) provides the third column of erectile tissue and is more delicate than the cavernous bodies with larger blood spaces separated by thinner septae. The spongy body originates at the pelvic outlet with the sudden enlargement of the meagre spongy tissue around the pelvic portion of the urethra. The expansion forms the **bulb of the penis**, formerly called the **urethral bulb**, a bi-lobed, spongy, blood-filled sac, that lies between the crura close to the ischial arch (▶ Fig. 11.23). The bulb is continuous with the spongy body of the penis surrounding the penile urethra. The spongy body extends beyond the distal end of the cavernous body to form the glans of the penis, which constitutes the apex of the whole organ. The glans of the penis carries the **external opening of the urethra** in all domestic mammals except in small ruminants, where a free **urethral process** prolongs the urethra well beyond the glans (▶ Fig. 11.19 and ▶ Fig. 11.23).

There are **two different types of penis** in the domestic mammals, in regard to the structure of the cavernous body.

The **fibroelastic type of penis** of ruminants and pigs has small blood spaces divided by substantial amounts of tough fibroelastic tissue and is enclosed by a thick albugineous tunic surrounding both the cavernous body and the spongy body. In these animals, the non-erect penis exhibits a **sigmoid flexure** (flexura sigmoidea penis) (▶ Fig. 11.3 and ▶ Fig. 11.4) between the thighs. Relatively little additional blood is needed in order to make this type of penis become erect, and elongation of the penis is mainly achieved by straightening of the sigmoid flexure.

In the other, **musculocavernous type of penis**, the blood spaces are larger and the tunic and intervening septa more delicate and more muscular. This musculocavernous type is found in the stallion and in carnivores. A relatively larger volume of blood is required to achieve erection, which is marked by a significant increase in both diameter and length of the penis (▶ Fig. 11.1, ▶ Fig. 11.2 and ▶ Fig. 11.5).

The **glans of the penis** shows species-specific modifications (▶ Fig. 11.18). In the stallion, the glans resembles a mushroom with the **corona** (corona glandis) being the widest part. Towards the body of the penis and behind the corona the glans is constricted to form the **neck of the glans** (collum glandis). The free end of the corona is marked by a central **fossa** (fossa glandis) into which the terminal part of the urethra protrudes (▶ Fig. 11.23). The fossa glandis tends to accumulate smegma, which may cause discomfort when inspissated.

In the dog, the distal end of the cavernous body is modified to form the **penile bone** (os penis) (▶ Fig. 11.24), which is grooved ventrally to accommodate the urethra within the spongy body. The partial enclosure of the urethra within the groove of the os penis impedes the passage of urethral calculi, which may become lodged at the proximal end of the bone.

The glans of the penis is rather substantial and is divided into a **long distal part** (pars longa glandis) and an **expanded proximal part**, the **bulbus glandis**. The characteristic form of the two portions of the glans matches the shape of the female vestibular bulbus. Forceful separation of male and female dogs during coitus can cause severe injuries to both animals.

The penis of the cat is unique among domestic mammals, being directed caudally in the quiescent state (▶ Fig. 11.1). In the cat the os penis is 5–8 mm long and has no ventral groove. The glans carries **keratinised papillae**, which are directed proximally in the non-erect state and radiate in all directions when erect. These papillae regress in size after castration. During erection, the direction of the penis is reversed with the help of the ligament of the apex of the penis. Obstruction of the urethra by calculi is quite common in the cat.

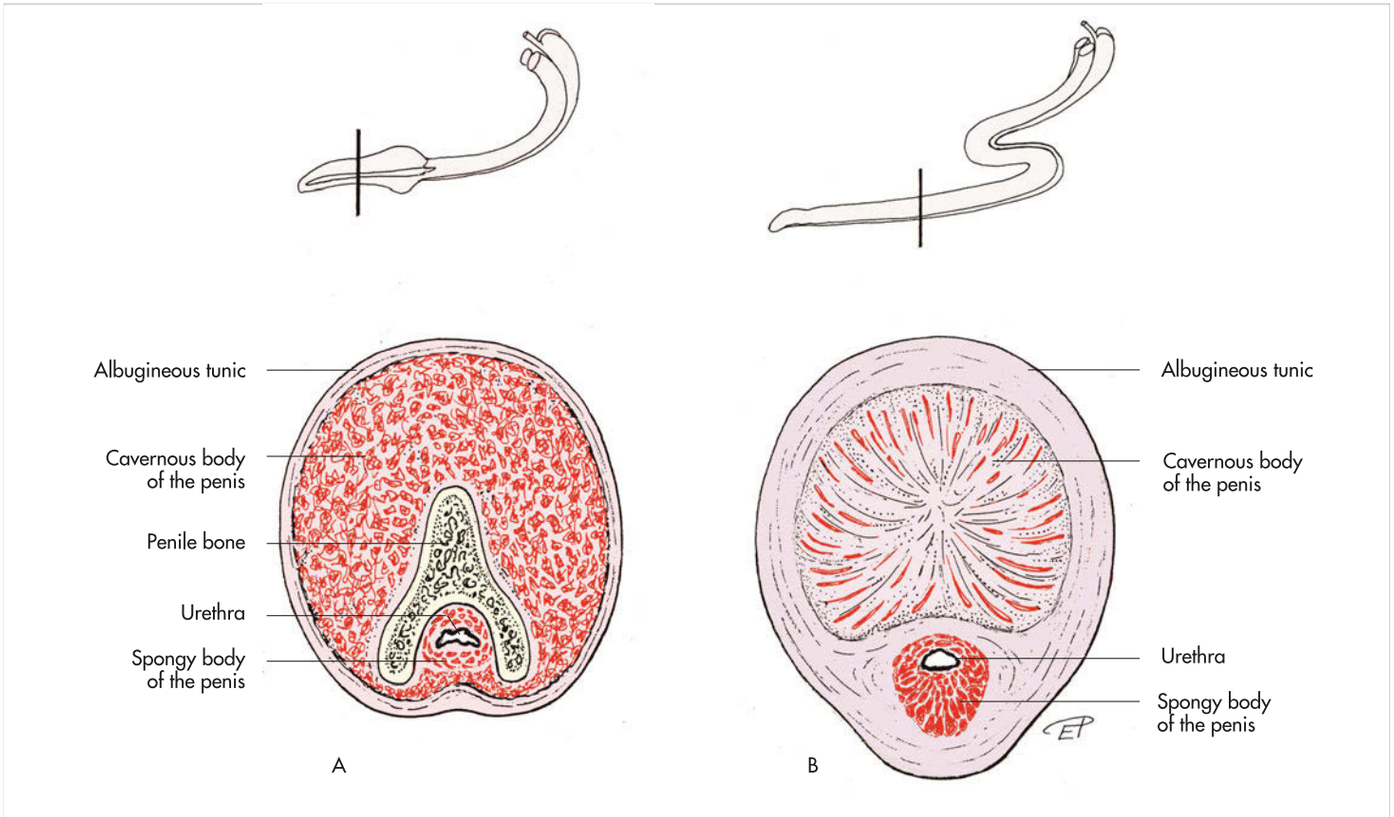


Fig. 11.24 Penis of the dog **(A)** and of the bull **(B)** (schematic, cross section).

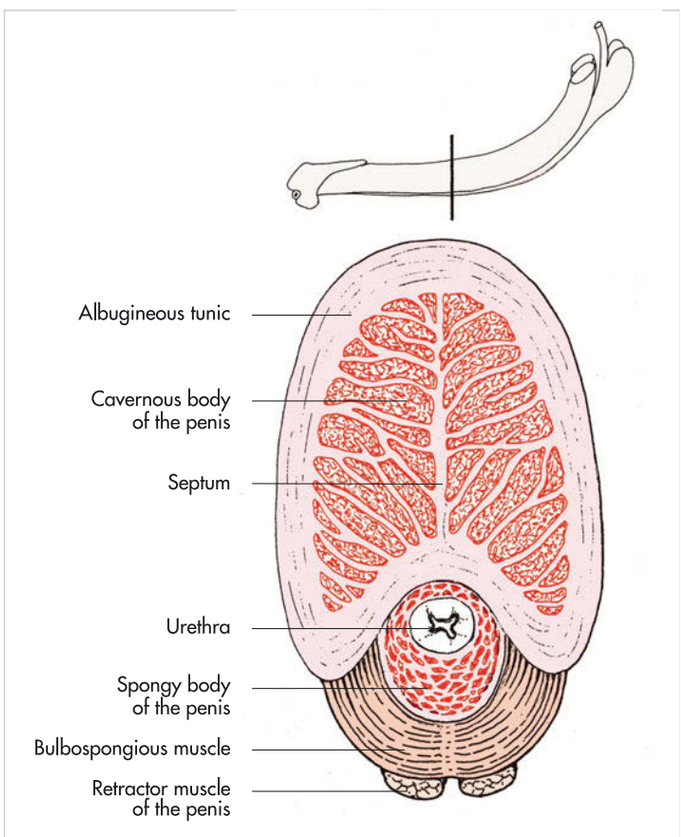


Fig. 11.25 Penis of the stallion (schematic, cross section).

In the pig the free end of the penis is **twisted around its longitudinal axis**, similar to a corkscrew, and is capped by a small glans (▶ Fig. 11.26). Although gross anatomy groups the penis of the pig into the fibroelastic type, there is some histological evidence that support the opinion of some authors that the penis of the pig is of the musculocavernous type.

In the bull, the free extremity of the penis is capped by a small glans, which is **asymmetrical** and **slightly spiralled** (▶ Fig. 11.27). The urethra ends in a low projection with a slit-like, narrow opening at its tip.

The apex of the penis is very characteristic in small ruminants, in which the urethral process is continued (about 4 cm in the sheep and 2.5 cm in the goat) beyond the substantial glans. The urethral process contains erectile tissue.

11.8.1 Prepuce (preputium)

The prepuce, or sheath, is a fold of skin that covers the free end of the penis in the retracted state. It consists of an external lamina and an internal lamina, which are continuous at the **preputial opening** (ostium preputiale). The equine prepuce is distinctive in having an additional fold that allows for considerable lengthening of the penis during erection.

The **external lamina** is the skin of the outer surface, which continues as the inner sleeve at the **preputial ring**. It finally forms a visceral layer, which is directly applied to the distal part of the penis (▶ Fig. 11.23 and ▶ Fig. 11.27). The **internal lamina** has copious amount of lymphoid tissue and modified sebaceous glands that secrete smegma, which facilitates intromission of the penis

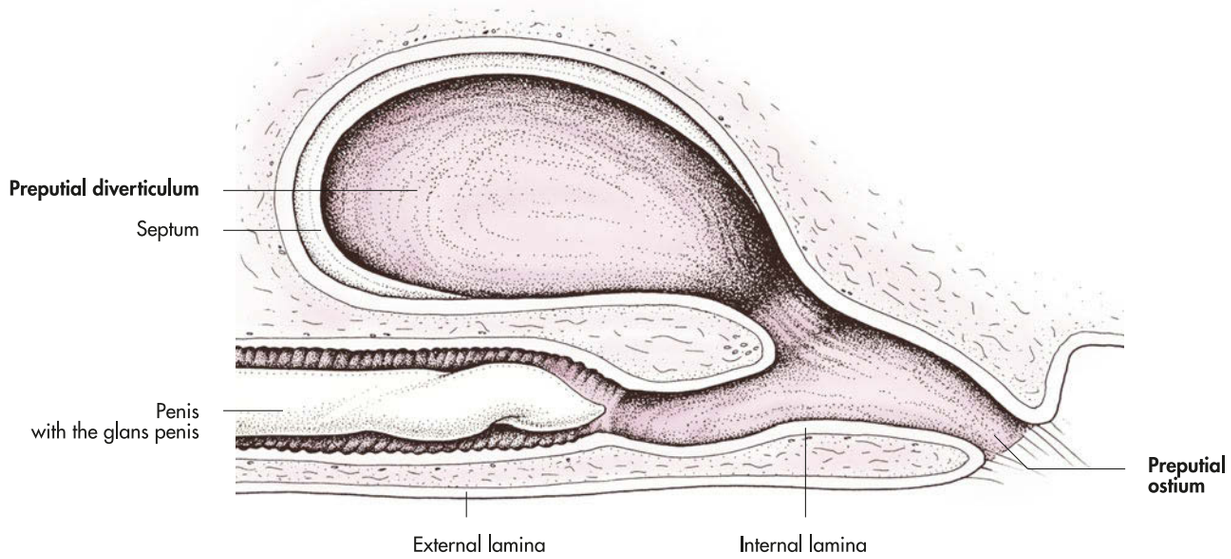


Fig. 11.26 Prepuce and glans of the penis of the boar (schematic).

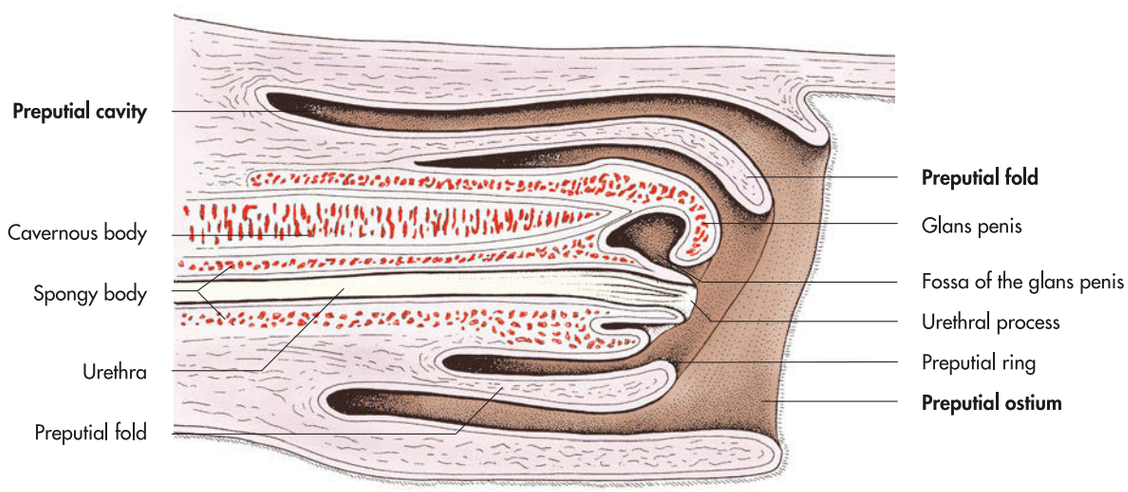


Fig. 11.27 Prepuce and glans of the penis of the stallion (schematic); fig. based on data from Schaller, 1992.

into the female vagina. The external lamina is marked by a more or less distinct raphe as the continuation of the raphe of the scrotum.

The prepuce can be retracted and protracted by several **striated muscles**, which can be regarded as detachments of the cutaneous trunci muscle. **Caudal preputial muscles** are present in all domestic species except the horse and serve to retract the prepuce, thus exposing the apex of the penis. The **cranial preputial muscles** that protract the prepuce are found in ruminants only. In the bull and the boar, long hairs surround the entrance to the prepuce. In the boar, the prepuce pouches dorsally to form the preputial diverticulum; this is divided into two compartments by a median septum (▶ Fig. 11.26). It has a capacity of about 135 ml and contains foul-smelling fluid made up of cell debris and urine, which is responsible for the characteristic odour.

11.8.2 Muscles of the penis

The muscles of the penis (▶ Fig. 11.16) comprise of:
- paired ischiocavernous muscle (m. ischiocavernosus),
- bulbospongious muscle (m. bulbospongiosus) and
- paired retractor penis muscle (m. retractor penis).

The **paired ischiocavernous muscles** are powerful muscles, which arise from the ischial arch and enclose the crura to the level of their fusion at the root of the penis. The **bulbospongiosus**

muscle is the extrapelvic continuation of the striated urethralis muscle, which surrounds the pelvic part of the urethra. It extends distally on the surface of the spongy body at a variable distance depending on the type of the penis. In animals with a fibroelastic type of penis, it is limited to the proximal third of the penis; in the stallion it continues to the apex of the penis.

The **retractor of the penis** is also a paired muscle, which arises from the caudal vertebrae and descends through the perineum around the anus to reach the penis. In species with a sigmoid flexure (ruminants and pig), it attaches to the caudal arch of this flexure; in species with a musculocavernous penis, it follows the bulbospongious muscle to the apex of the penis. It is mainly composed of smooth muscle fibres.

11.8.3 Blood supply, lymphatic drainage and innervation of the urethra and the penis

The urethra, accessory genital glands and the penis are supplied by branches of the **internal pudendal artery**. One branch, the prostatic artery, supplies the genital organs that are located in the pelvic cavity. At the ischial arch the internal pudendal artery divides into the **artery of the bulb of the penis** supplying the spongy body, the **deep artery of the penis** supplying the cavernous body and the **dorsal artery of the penis**, which passes along the length of the penis to supply the glans penis.

The **internal pudendal artery** is augmented by branches of the **external pudendal artery** for vascularisation of the apex of the penis, which anastomoses with the dorsal artery of the penis to also vascularise the prepuce. In the stallion, additional anastomoses are formed between the dorsal artery of the penis and the obturator artery.

Lymph vessels from the genital organs located within the pelvic cavity drain into the **medial iliac lymph nodes** and into the **sacral lymph nodes**. The lymph vessels of the penis and prepuce drain into the **superficial inguinal (scrotal) lymph nodes**.

Innervation of the penis is provided by the paired **pudendal nerve**, which conveys multiple parasympathetic fibres. Numerous nerve endings are found in the glans penis and in the internal lamina of the prepuce.

11.8.4 Erection and ejaculation

At the beginning of erection, blood flow to the penis increases as the walls of the supplying arteries relax. At the same time venous outflow becomes obstructed at the root of the penis, where the veins are compressed against the ischial arch. This has more effect on the cavernous body than on the spongy body; the latter thus fills after the former. The process continues and intensifies after intromission, and the pressure within the erectile tissue rises further. After ejaculation the cavernous body empties before the spongy body, and the pressure drops rapidly.

In species with a **fibroelastic penis**, little additional blood is required in order to distend the cavernous spaces. Therefore, full erection may be achieved more rapidly. The penis does not increase greatly in size and its protrusion is largely due to the effacement of the sigmoid flexure. In the **musculocavernous type** of penis the cavernous spaces are much larger and more blood needs to be retained for full erection. Thus this process requires more time and there is a much greater increase in length and diameter.

Erection occurs prior to ejaculation. Semen is transported continuously toward the ampulla of the deferent duct by peristaltic movements of the epididymal duct and the deferent duct, which are caused by **smooth muscle cells** within their walls. Secretory activity of the lining of the epididymal duct is regulated by androgens, and these have a positive effect on spermatic motility.

Clinical terminology

Examples of clinical terms derived from anatomical terms: orchitis, orchiectomy, funiculitis, epididymitis, prostatitis, paraprostatic cyst, priapism, phimosis, cryptorchidism, Sertoli-cell neoplasia, inguinal hernia, testicular torsions, and many more.

12 Female genital organs (organa genitalia feminina)

H. E. König and H.-G. Liebich

Analogous to the genital organs of male animals, the female genital organs can be divided into organs that **produce the gametes** and organs that are responsible for **transportation** and **storage of the gametes**. The female genital organs include the **paired ovaries** and **uterine tubes**, the **uterus** and the **vagina**.

The ovaries produce both female gametes and hormones. The paired uterine tubes capture the ova released from the ovaries and convey them to the uterus, where the fertilised ovum is retained. The vagina serves as a copulatory organ and, together with its continuation, the **vestibule**, as a birth canal and as a passage for urinary excretion (▶ Fig. 12.1, ▶ Fig. 12.2, ▶ Fig. 12.3, ▶ Fig. 12.4, ▶ Fig. 12.5 and ▶ Fig. 12.33).

12.1 Ovary (ovarium)

The ovaries originate from the **gonadal primordium**, located in the lumbar region on the medial aspect of the **mesonephros**. These cords of cells incorporate **primordial germ cells** which have a distant origin in the yolk sac and reach the gonad by migration. Later in the animal's development, these cells form cell **clusters**, which differentiate into the **female gametes** and **supporting cells** (a more detailed description can be found in embryology and histology textbooks).

12.1.1 Position, form and size of the ovaries

In the dog and cat, the ovaries do not change in location from their place of development, remaining in the **dorsal part of the abdomen** caudal to the kidneys. In the other domestic species the ovaries undergo some degree of migration (descensus ovarii), with the greatest migration occurring in ruminants, in which the ovaries come to lie close to the ventral abdominal wall, cranial to the pelvic inlet. In the pig they descend to the middle of the abdomen, in the mare they are located about 8–10 cm ventral to the dorsal wall of the abdomen (▶ Fig. 12.1 and ▶ Fig. 12.2).

In all domestic species other than the horse, the ovaries are basically ellipsoidal in shape, while their surface is characterised by large follicles and corpora lutea (▶ Fig. 12.3, ▶ Fig. 12.4 and ▶ Fig. 12.5).

The ovaries of the mare have the shape of a kidney and their surface is relatively regular. They are about 4–6 cm in length in the cow, 1.5–2 cm in small ruminants, 8–12 cm in the mare, 1–1.5 cm in the dog and 0.8–1 cm in the cat during reproductively active stages of the animal's life.

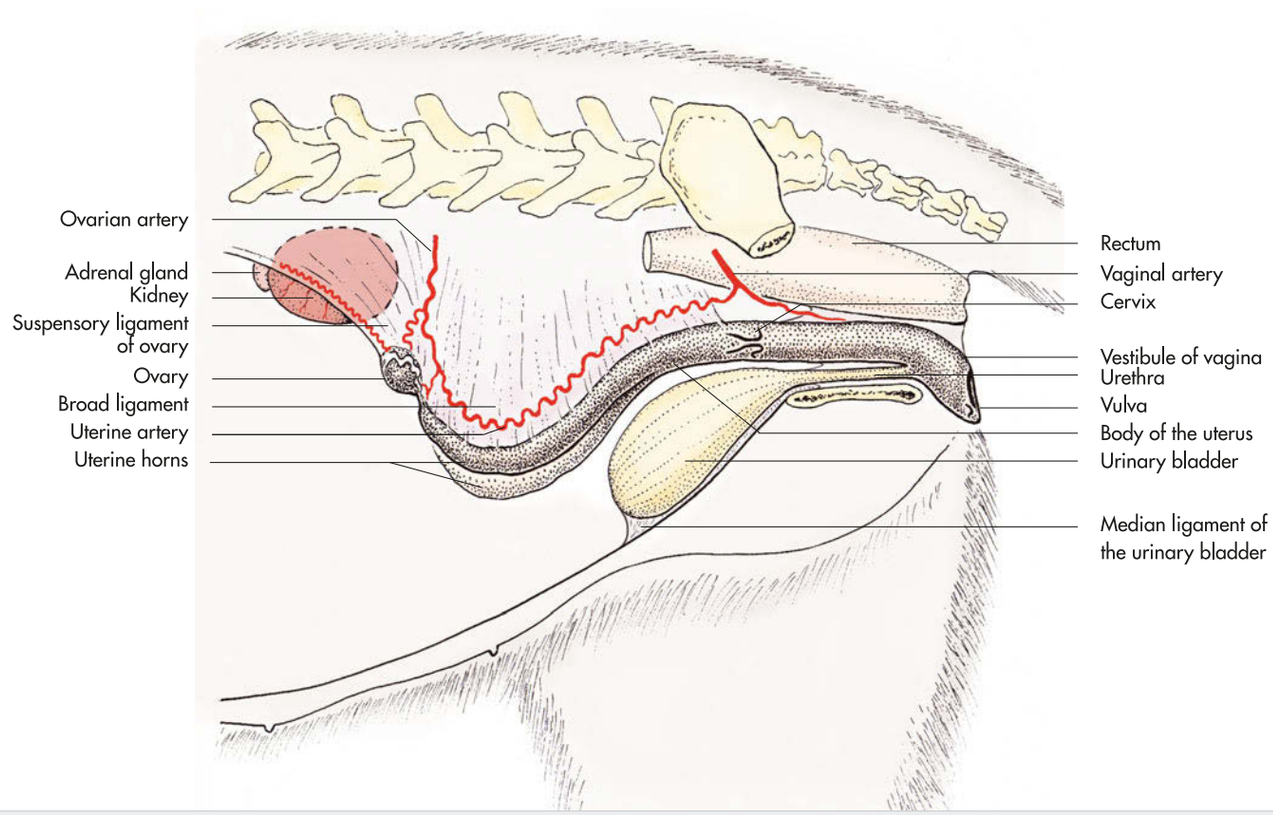


Fig. 12.1 Female genital organs of the cat (schematic).

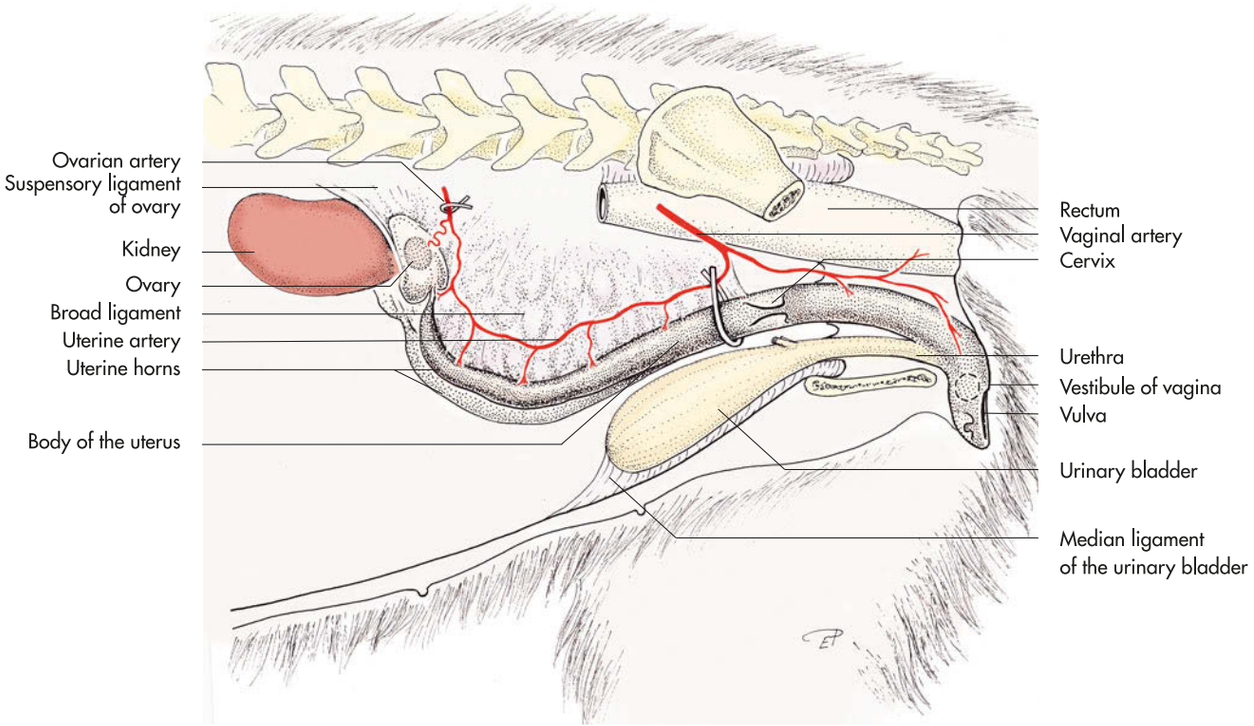


Fig. 12.2 Female genital organs of the dog and location of ligatures for ovariohysterectomy (schematic).

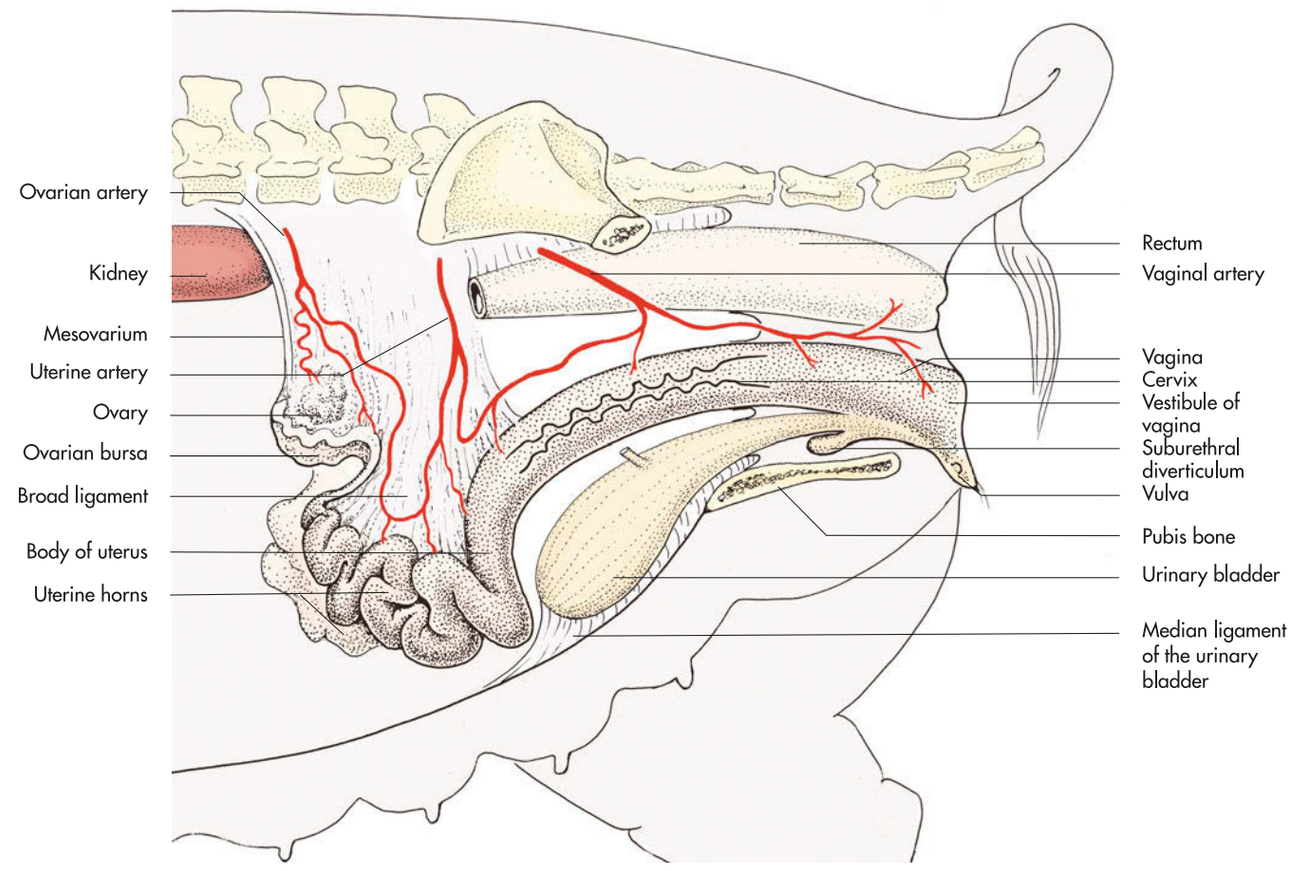


Fig. 12.3 Female genital organs of the swine (schematic).

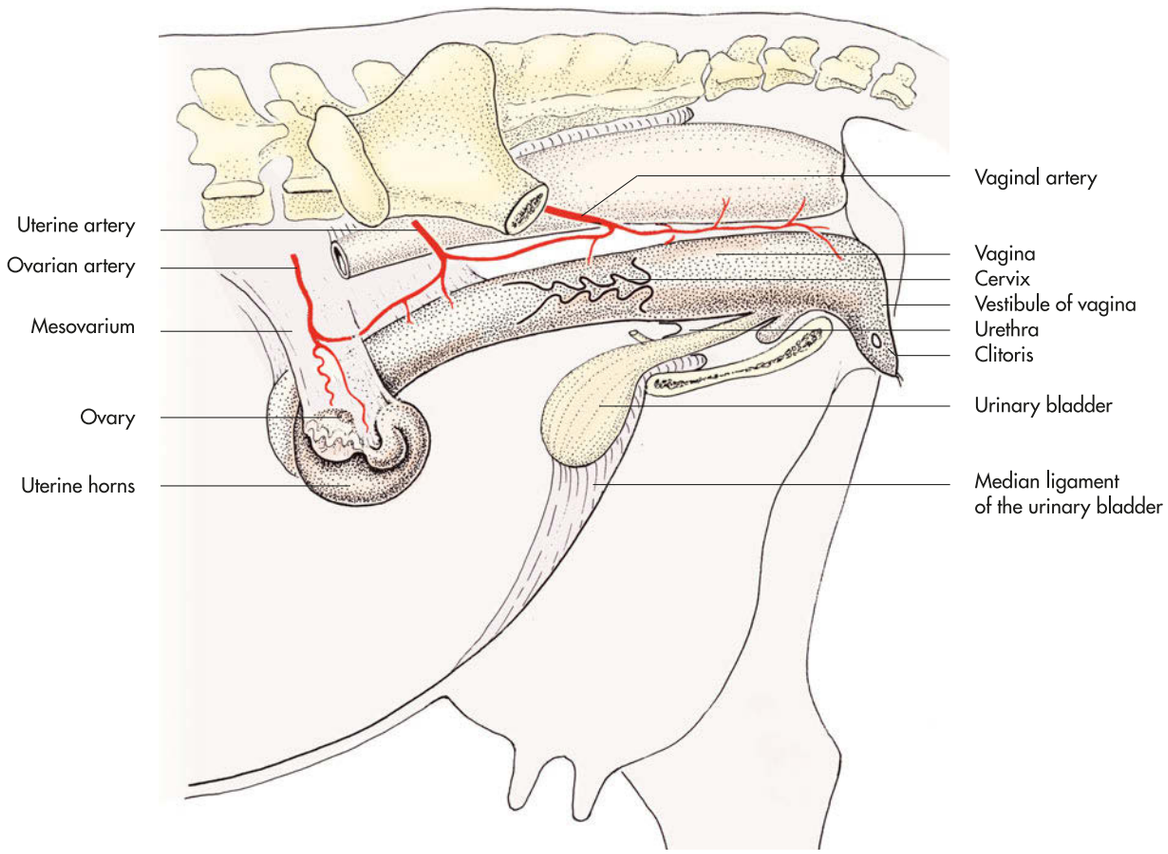


Fig. 12.4 Female genital organs of the cow (schematic).

12.1.2 Structure of the ovaries

A section through the ovary of a mature animal, with the exception of the mare, shows that it consists of a looser and more **vascular zone** in the centre, the **medulla** (zona medullaris or vasculosa), and a surrounding denser shell, the **parenchymatous zone** (zona parenchymatosa) (▶ Fig. 12.6). The parenchymatous zone is bounded by the albugineous tunic directly below the peritoneum.

In the mare, the structure of the ovary is **reversed**. The parenchymatous zone with its follicles form the centre of the organ, which is enclosed within a dense, richly vascularised connective tissue layer that corresponds to the medulla of the other domestic mammals. The parenchymatous zone reaches the surface of the ovary at the **ovulation fossa** (fossa ovarii), a deep indentation at the free margin of the organ, where all mature follicles rupture (▶ Fig. 12.11).

The medulla contains blood vessels, nerves, lymphatics, smooth muscle fibres and connective tissue. The parenchymatous zone contains many follicles and corpora lutea in various stages of development and regression.

Ovarian follicles

In the mature animal, ovarian follicles develop within the parenchymatous zone. Each follicle contains a single ovum. Based on the size of the ovocyte and its degree of differentiation, the following stages of development are recognised in ovarian follicles (▶ Fig. 12.6 and ▶ Fig. 12.8):

- primordial follicle,
- primary follicle,
- secondary follicle,
- tertiary follicle and
- Graafian follicle.

Primordial follicles are formed by a single-layered follicular epithelium, the **granulosa cells** which are flat and later differentiate, into **inner thecal cells** which enclose the ovocyte. After transformation of the flat granulosa cells into **cuboidal cells**, the follicle becomes a **primary follicle**. Following further maturation (**secondary follicle**), several layers of granulosa cells are formed around the oocyte with fluid filled gaps within the **granulosa cell mass**. Eventually these become confluent to form a cavity filled with follicular fluid. At this stage the follicle is termed the **tertiary follicle**. At one end of the follicular cavity, there is a **hillock** (cumulus oophorus), which contains the maturing ovocyte. In

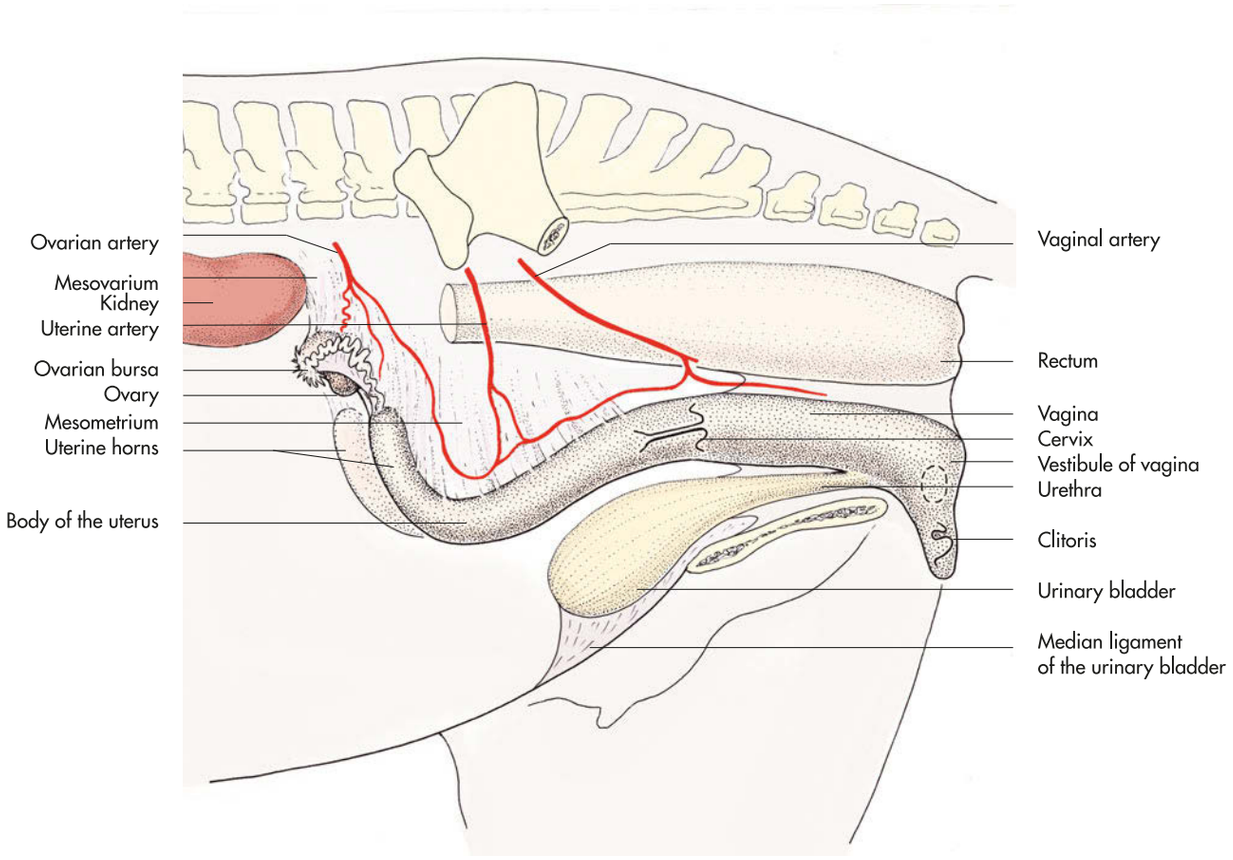


Fig. 12.5 Female genital organs of the mare (schematic).

intimate contact with the ovocyte is a clear membrane, the **zona pellucida**, which is surrounded by a layer of radially arranged granulosa cells, the **corona radiata** (▶ Fig. 12.9).

On further maturation, the **tertiary follicle** becomes the **Graafian follicle**, which finally ruptures to release the ovocyte. In the cow the Graafian follicle measures about 2 cm in diameter, in the horse 3–6 cm. Complex vascular and endocrine processes prior to ovulation lead to the formation of a preformed **site on the surface of the ovary** (**stigma**) (▶ Fig. 12.6, ▶ Fig. 12.12 and ▶ Fig. 12.13), which finally ruptures under the influence of **Luteinising hormone** (**LH**), a hormone formed by the pituitary gland. Following ovulation, the oocyte and surrounding cells are flushed from the ovary into the infundibulum of the uterine tube. While ovulation occurs spontaneously in most of the domestic species, it is induced by copulation in the cat. Only a **very small number of follicles** and thus ovocytes, actually mature to the end stage and become a Graafian follicle, the vast majority undergo regression and finally degenerate (for a more detailed description see histology textbooks).

As the follicle matures, the contained **oocyte** undergoes **meiotic division** and **maturation**. The first phase of **meiotic division** takes place prior to ovulation, except in the dog and horse, in which this process takes place after ovulation. The second maturation division occurs in the **uterine tube** and requires the **fertilisation of the ovum** by a **penetrating spermatozoon**.

Corpus luteum

After ovulation, the wall of the ruptured follicular cavity folds in. **Slight haemorrhage** occurs at the site of ovulation and fills the former follicular cavity, which is then referred to as **corpus haemorrhagicum**. As the blood is resorbed, a solid corpus luteum is formed by proliferation of the granulosa and internal thecal cells as well as blood vessels (▶ Fig. 12.6, ▶ Fig. 12.7, ▶ Fig. 12.10, ▶ Fig. 12.11, ▶ Fig. 12.14, ▶ Fig. 12.15, ▶ Fig. 12.16, ▶ Fig. 12.17, ▶ Fig. 12.20 and ▶ Fig. 12.21).

In the **non-pregnant animal** corpora lutea are transient structures termed **cyclic corpora lutea**, which undergo a phase of proliferation and vascularisation directly after ovulation, followed by a mature stage. The corpora lutea finally regress and degenerate into a connective tissue scar, the **corpus albicans**. The oestrus cycle is regulated by pituitary hormones, and disturbance can result in the persistence (corpus luteum persistens) of the corpora lutea or in cyst formation (luteal cyst).

If the **ovum is fertilised**, the corpus luteum, now called **corpus luteum graviditatis**, remains fully developed and active throughout or at least part of the pregnancy. **Corpora lutea** produce **progesterone**, while the cells of the wall of mature follicles are the source of oestrogen. Alternation in the levels of progesterone and oestrogen determine changes in the sexual behaviour and in the structure and activity of the genital tract. Higher levels of oestro-

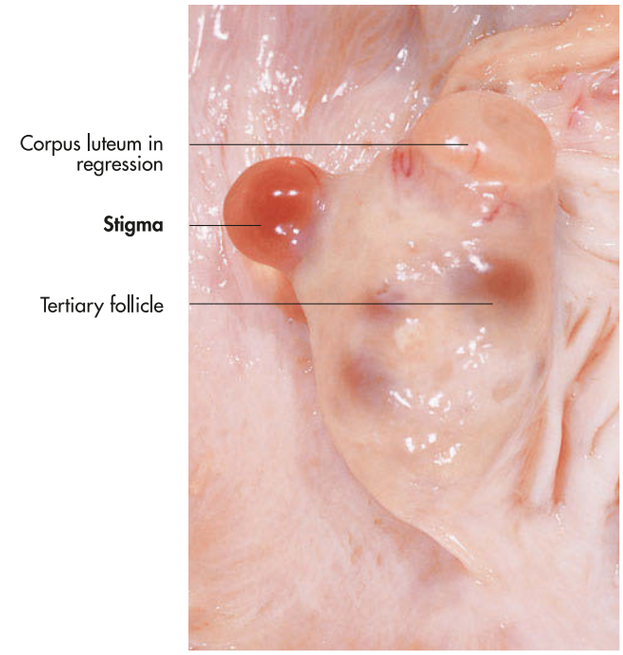


Fig. 12.6 Bovine ovary with a Graafian follicle ready to rupture.

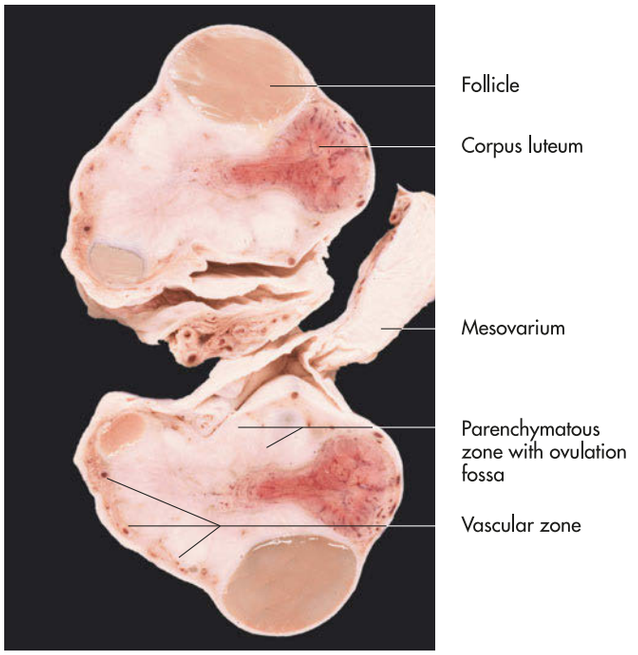


Fig. 12.7 Ovary of a mare (dissected into two halves).

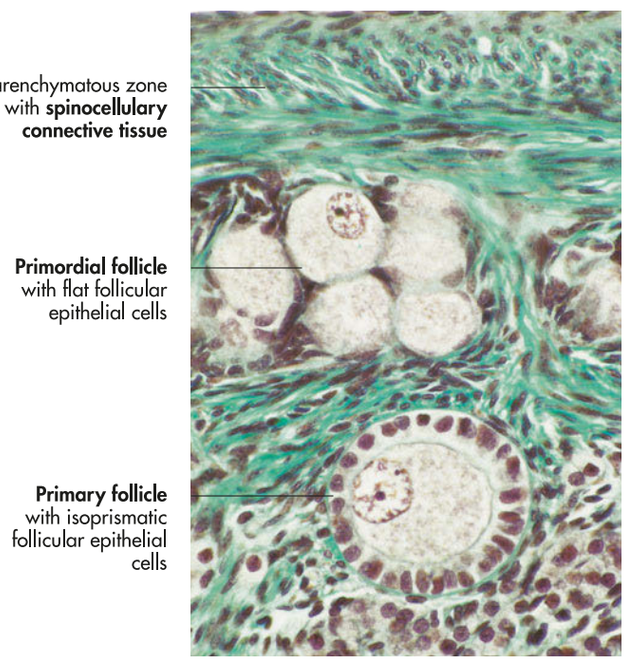


Fig. 12.8 Histological section of the parenchymatous zone of the ovary of a cow.

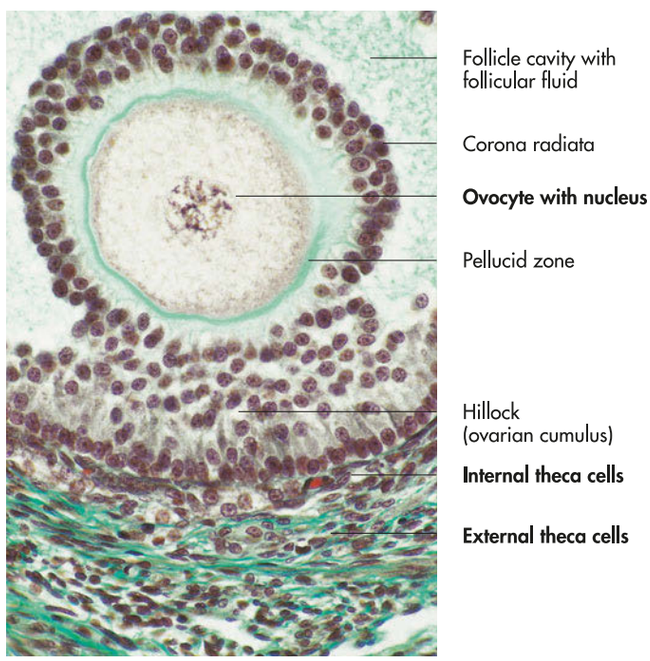


Fig. 12.9 Histological section of a tertiary follicle of a bovine ovary.

gen produced by a Graafian follicle causes the animal to show signs of oestrus behaviour, thus signalling that it is ready to mate. Progesterone prepares and maintains the uterus for **implantation of the fertilised ovum**

In the non-pregnant animal, the uterus produces **prostaglandin** (**$PGF_{2\alpha}$**), which causes the corpus luteum to regress. Prostaglandin $F2_{\alpha}$ is transported in the cow directly from the ovarian vein into the adjacent ovarian artery through the vessel walls (a more detailed description can be found in embryology and reproduction physiology textbooks).

In large animals, **rectal examination** is used to assess the stage of oestrus cycle, which is important information with regards to timing of breeding. In the cow, follicles and corpora lutea may project from any part of the surface and can be relatively easily identified on rectal palpation. In the horse assessment of the ovary is more difficult due to its different structure. While follicles can be identified, corpora lutea cannot be palpated and have to be assessed with the aid of ultrasonography.

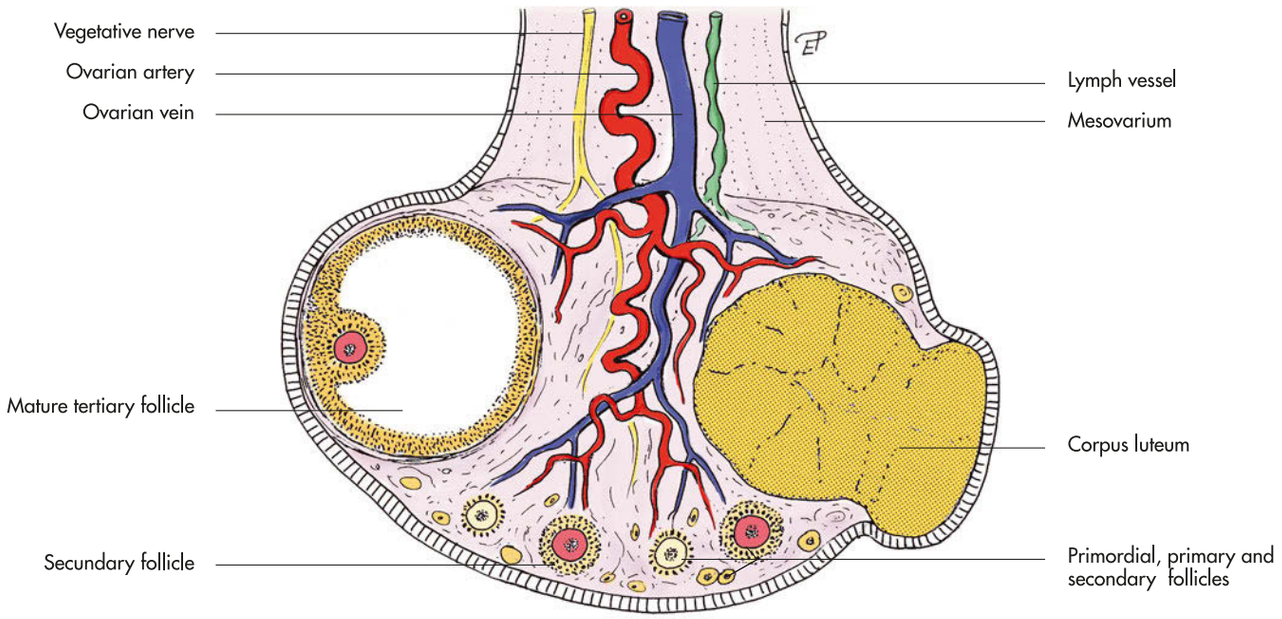


Fig. 12.10 Bovine ovary (schematic).

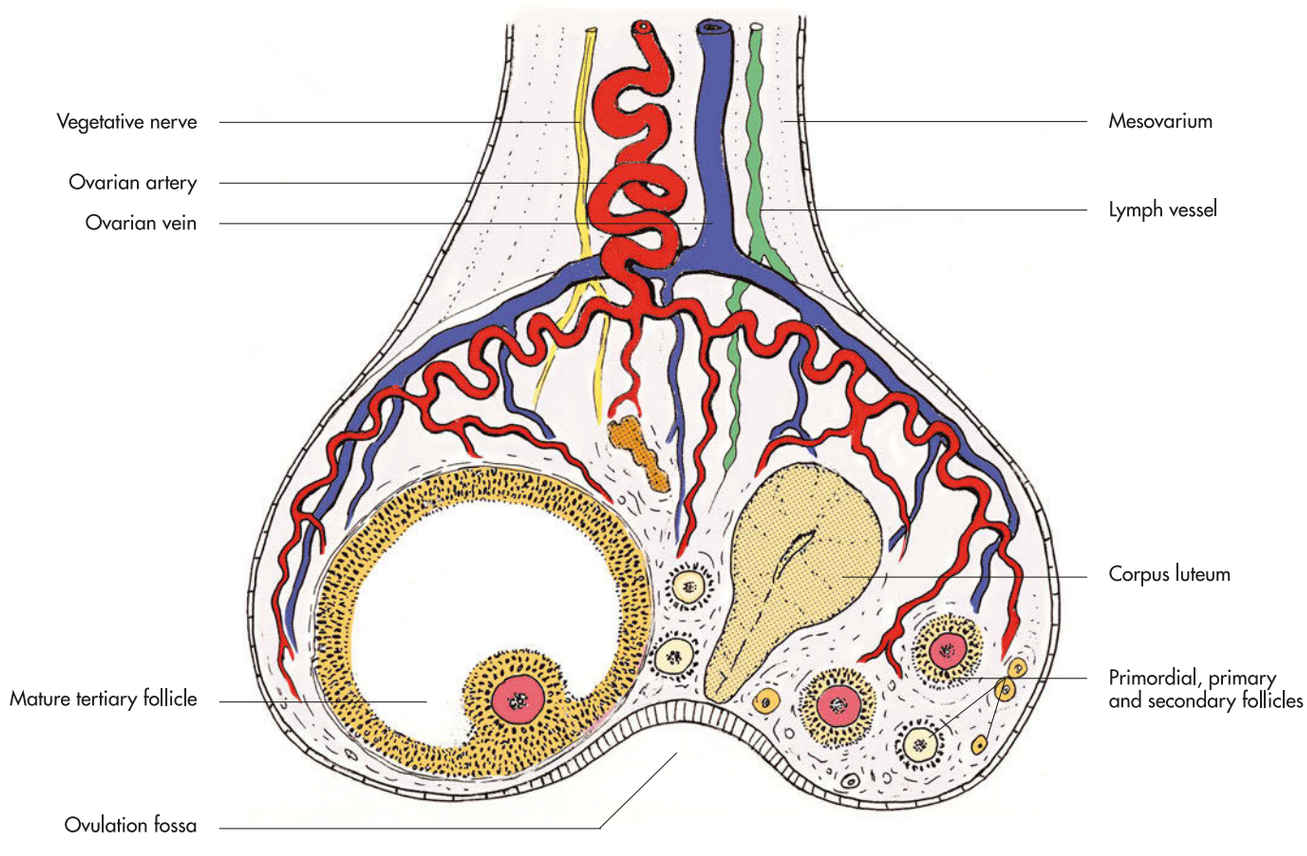


Fig. 12.11 Ovary of a mare (schematic).

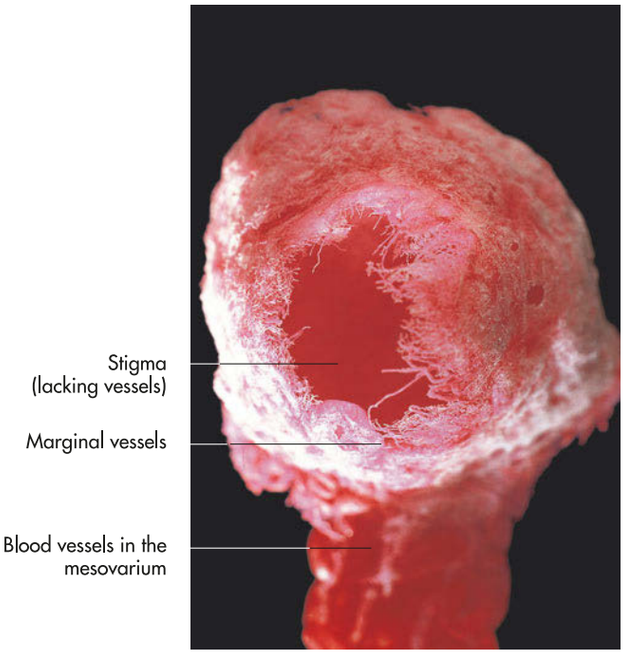


Fig. 12.12 Blood vessels of a bovine ovary prior to ovulation (corrosion cast).

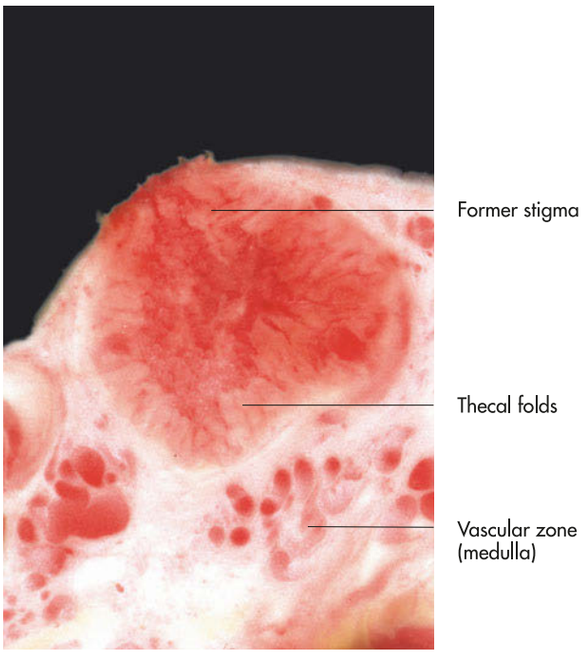


Fig. 12.13 Blood vessels of a bovine ovary after ovulation.

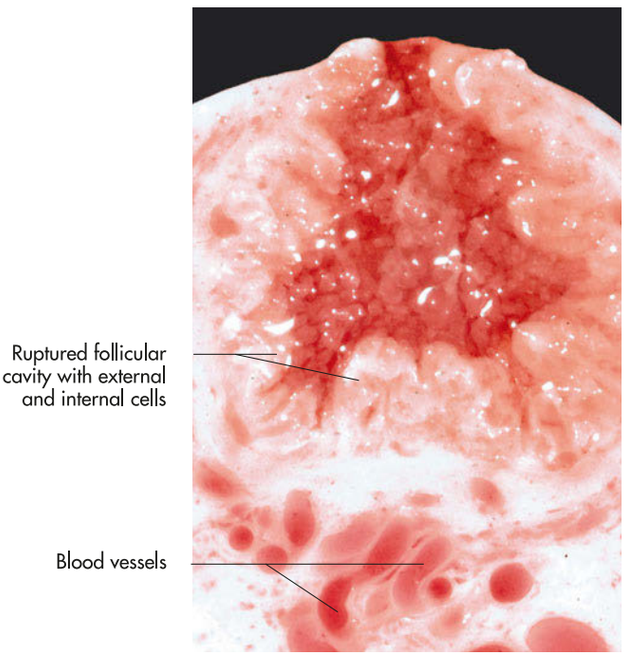


Fig. 12.14 Bovine ovary in a later stage after ovulation (vessels injected).

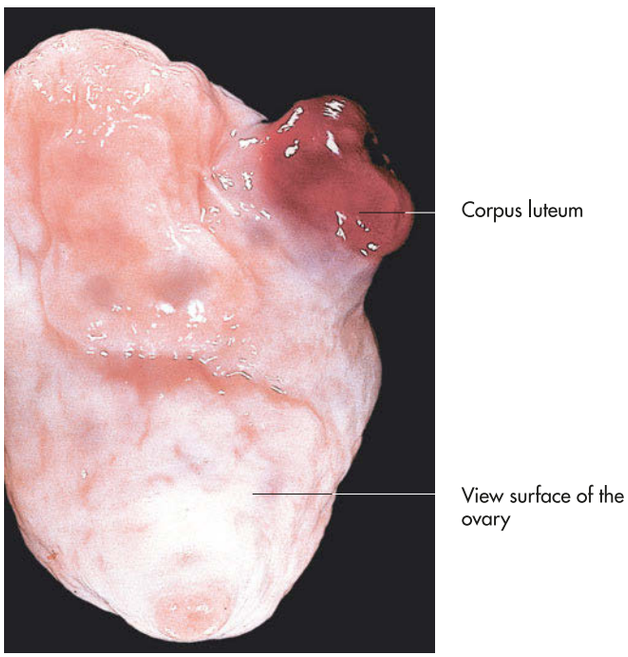


Fig. 12.15 Bovine ovary with corpus luteum (second day after ovulation).

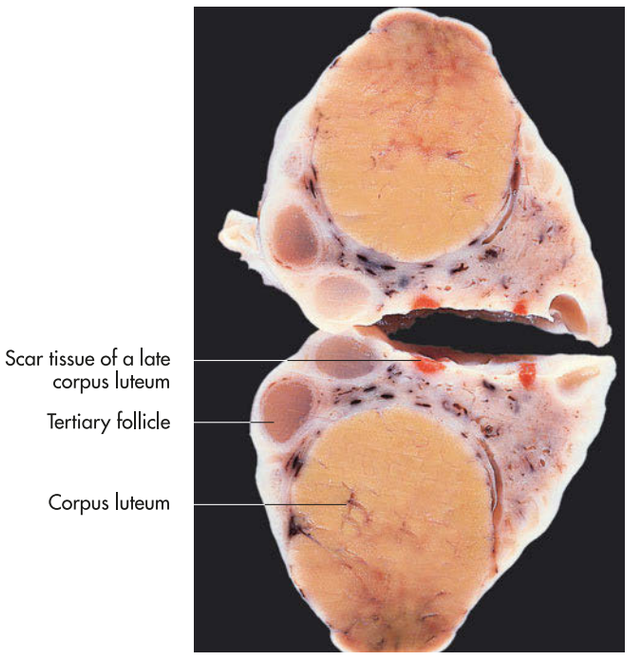


Fig. 12.16 Bovine ovary with mature corpus luteum (dissected in halves).

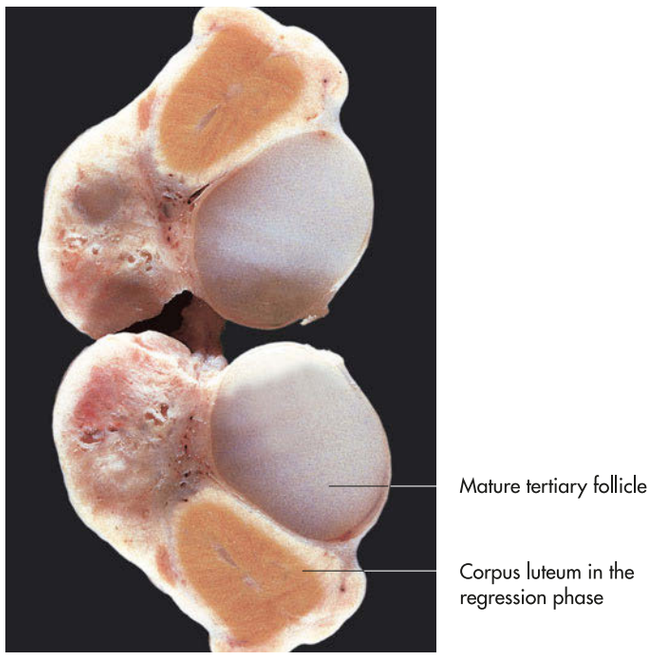


Fig. 12.17 Bovine ovary with regressing corpus luteum (dissected in halves).

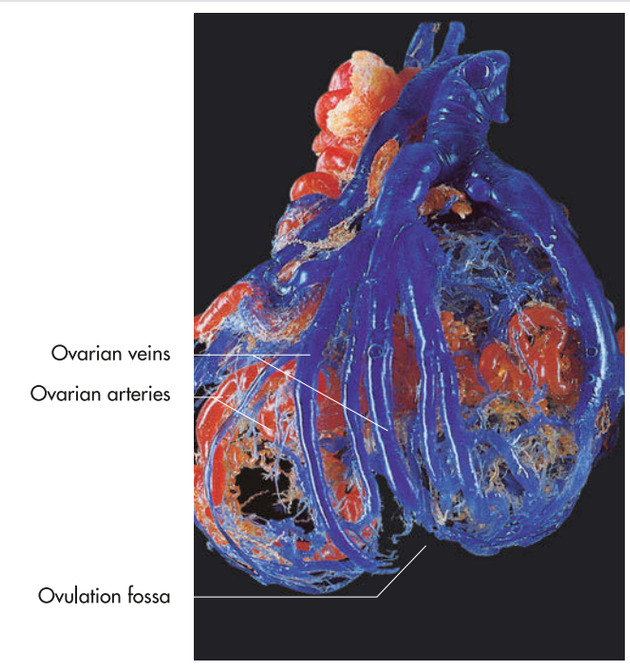


Fig. 12.18 Blood vessels of the ovary of a mare (corrosion cast).

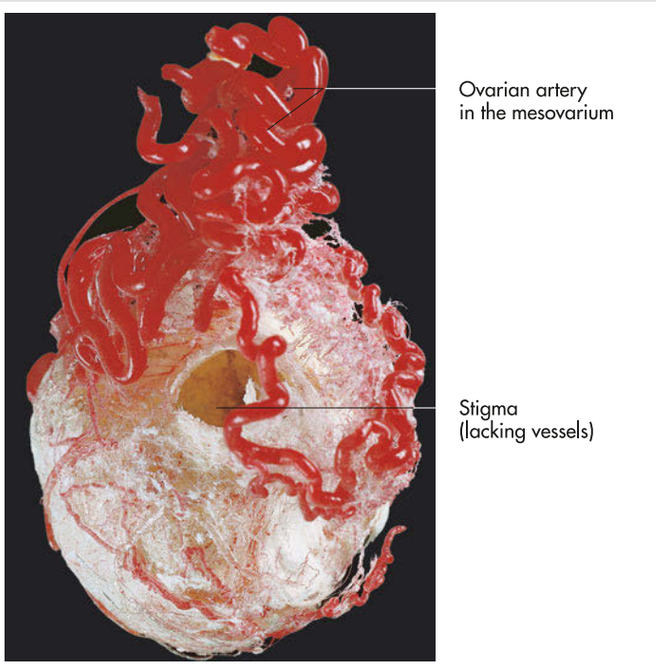


Fig. 12.19 Blood vessels of the ovary of a mare with mature follicle 6 cm in diameter (corrosion cast).

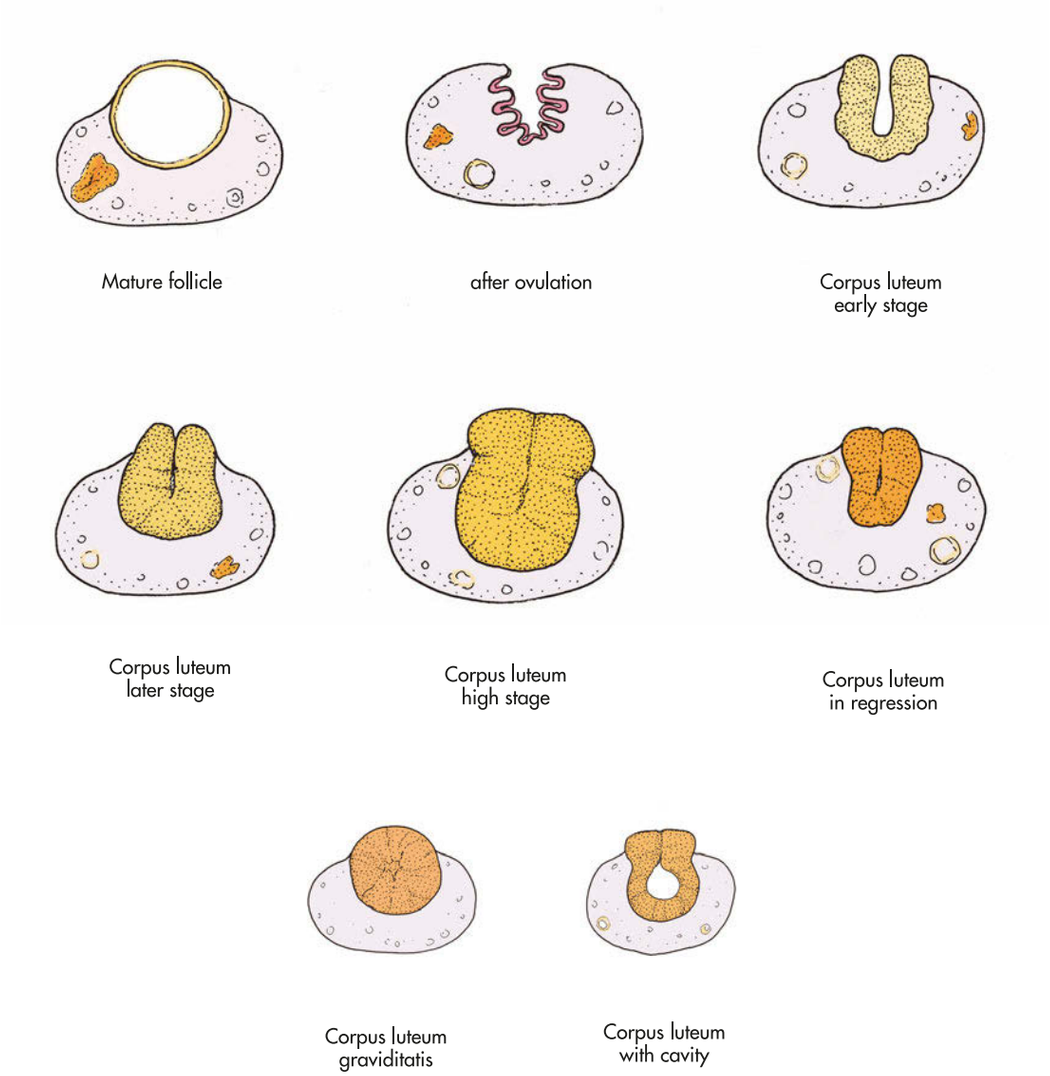


Fig. 12.20 Graafian follicle, after ovulation and cyclic corpora lutea of a cow (schematic).

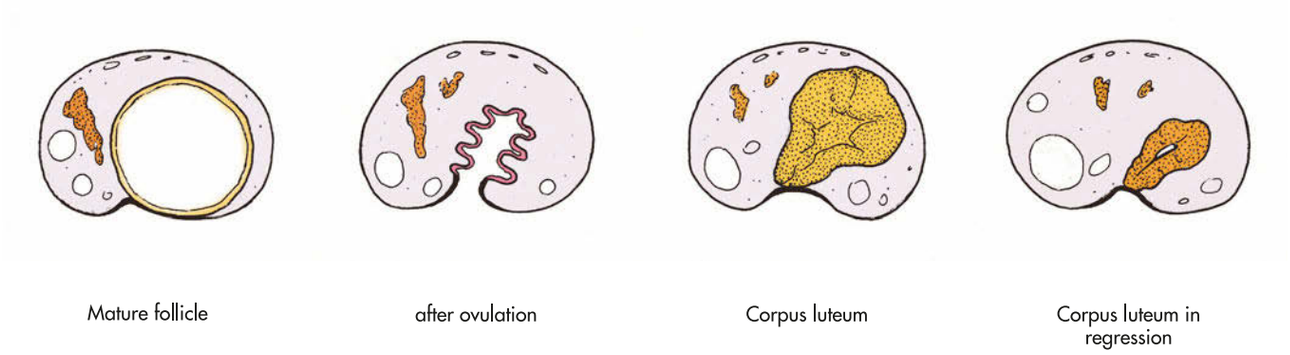


Fig. 12.21 Graafian follicle, after ovulation and cyclic corpora lutea of a mare (schematic).

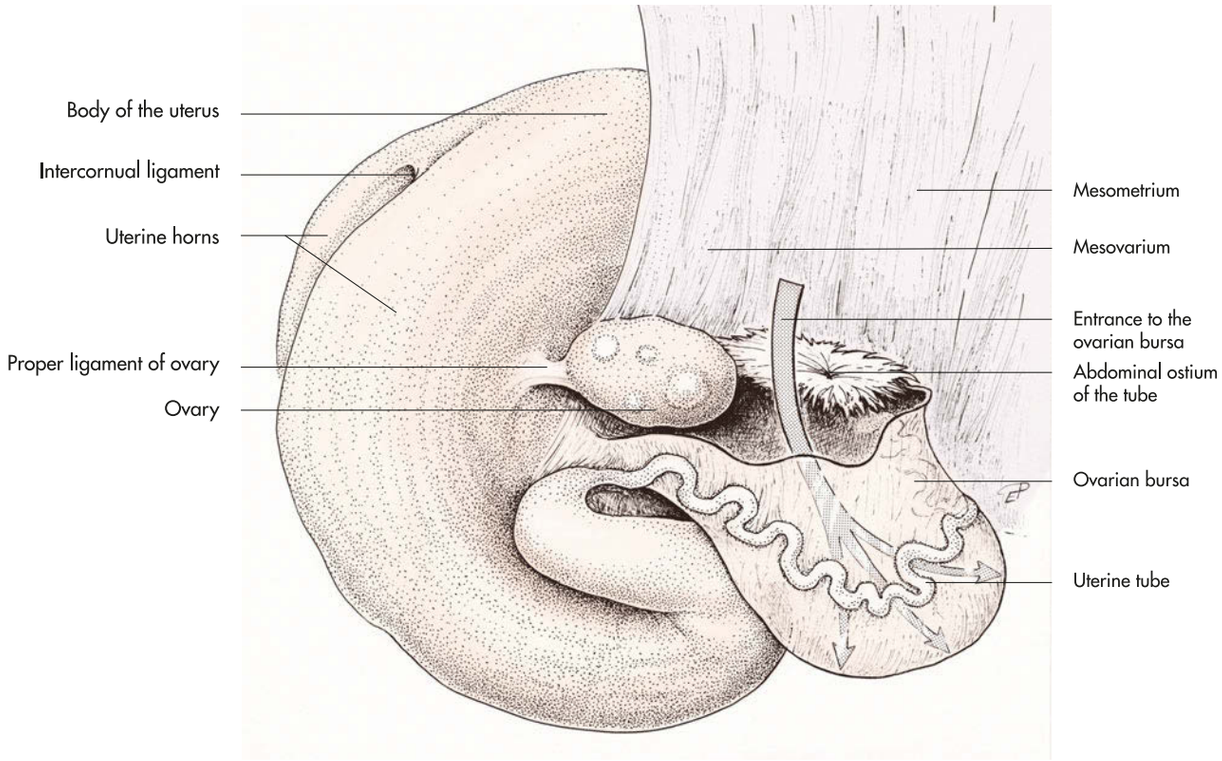


Fig. 12.22 Ovary, uterine tube and ovarian bursa of an cow (schematic).

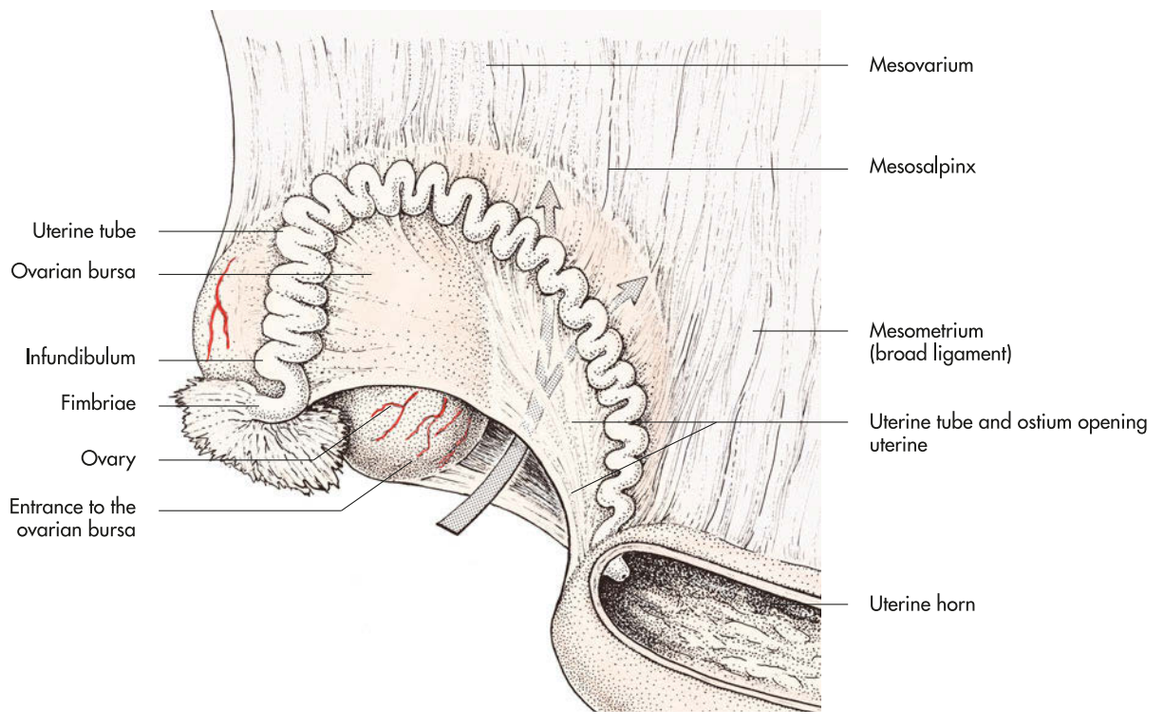


Fig. 12.23 Ovary, uterine tube and ovarian bursa of an mare (schematic).

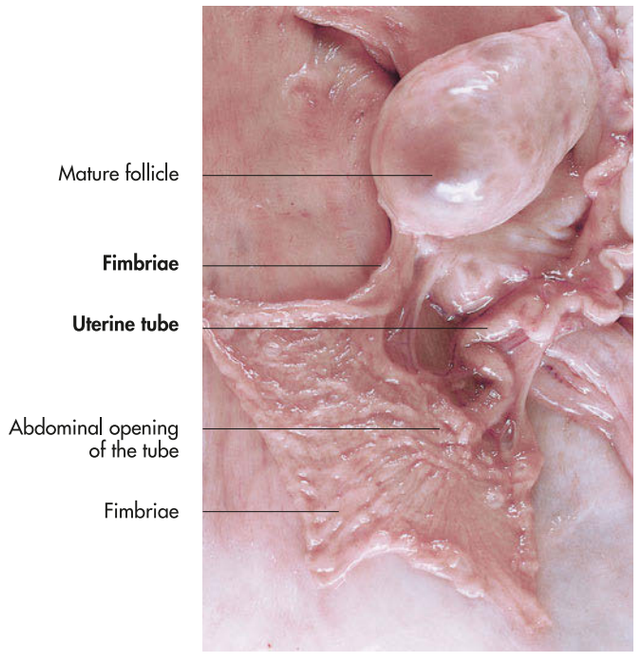


Fig. 12.24 Ovary and uterine tube of a cow.

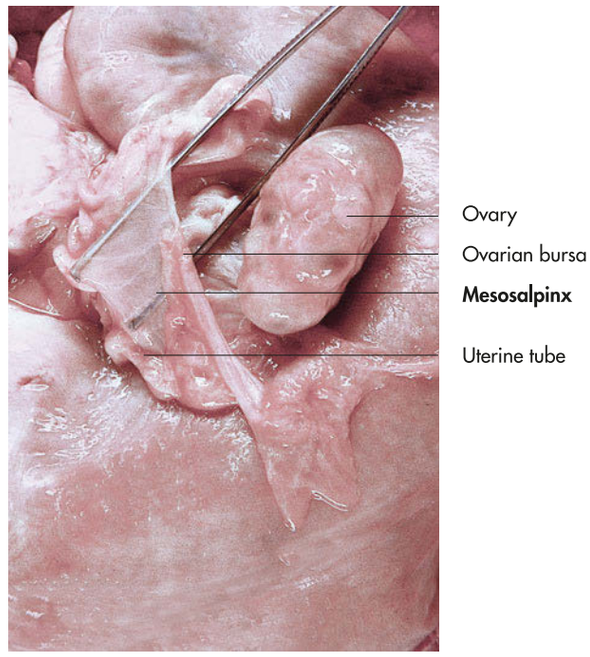


Fig. 12.25 Ovary, uterine tube and ovarian bursa of a cow.

12.2 Uterine tube (tuba uterina)

The **paired uterine tubes** (also termed oviducts or salpinx) receive and transport the ovocytes to the uterus. They also convey the sperm in their ascent. Fertilisation normally occurs within the tubes. Each tube is suspended by the **mesosalpinx** (▶ Fig. 12.23, ▶ Fig. 12.31 and ▶ Fig. 12.32) and connects the peritoneal cavity with the uterine cavity and thus with the external environment. The **ovarian extremity of the uterine tube** which receives the oocyte after ovulation, takes the form of a funnel and is termed the **infundibulum**. The free edges of the infundibulum are bordered by numerous diverging processes, called **fimbria**, which contact and sometimes adhere to the surface of the ovary. The inside of the funnel is marked by folds, which converge to border a small opening in the depths of the funnel, the **abdominal ostium** (▶ Fig. 12.22 and ▶ Fig. 12.24).

The abdominal ostium leads to the **ampulla** (ampulla tubae uterinae), where **fertilisation usually takes place**. The ovocyte remains in the ampulla for a few days before it is transported to the apex of the horn of the uterus through the narrower, more convoluted distal part of the tube, the **isthmus**.

The uterine tube opens into the uterine horn through the **uterine ostium** (ostium uterinum tubae uterinae) and marks the site of the uterotubal junction. The junction is gradual in ruminants and pigs but shows an abrupt junction in the horse and in carnivores, in which the uterine ostium is located on top of a papilla, thus forming a barrier against ascending infections (▶ Fig. 12.23).

12.2.1 Mesovarium, mesosalpinx and ovarian bursa

The ovaries and uterine tubes are suspended within the mesovarium and mesosalpinx, respectively, which are the cranial parts of the **broad ligament** (ligamentum latum uteri), the common suspension of the female genital tract (▶ Fig. 12.1). Blood vessels (▶ Fig. 12.18 and ▶ Fig. 12.19) and nerves reach the organs within this ligament. In the dog, cat and pig, each ovary has two other ligamentous attachments in addition to the mesovarium. The **suspensory ligament of the ovary** (ligamentum suspensorium ovarii) forms the cranial portion of the free border of the broad ligament (▶ Table 12.1). In the cat, this ligament conveys blood vessels, which has to be considered during ovariectomy. The suspensory ligament continues caudally as the **proper ligament of the ovary** (ligamentum ovarii proprium), which attaches to the apex of the uterine horn. The **mesosalpinx** extends beyond the uterine tube; it has a curtain-like free border (▶ Fig. 12.22 and ▶ Fig. 12.27).

The mesovarium, mesosalpinx and the proper ligament of the ovary enclose a small peritoneal cavity, the **ovarian bursa** (bursa ovarica), which surrounds the ovary (▶ Fig. 12.22 and ▶ Fig. 12.23). In the mare, the ovary is too large to be located within the bursa; in ruminants and pigs the ovarian bursa covers the ovary like a cape. In the cat, the bursa surrounds the ovary but has a wide communication with the abdominal cavity. In the dog, the bursa encloses the ovary completely, as well as a variable amount of fat. Communication with the peritoneal cavity is restricted to a narrow slit-like opening (foramen bursae ovaricae).

12.3 Uterus (metra, hystera)

Like the salpinx and the vagina, the uterus (Greek “hystera” or “metra”) develops from the paramesonephric ducts of the embryo). The caudal parts of the ducts fuse to an extent that varies with the species and accounts for the different forms of the uterus in adult animals. In some species, including many rodents, fusion of the ducts is limited to the vagina; thus the uterus consists of paired tubes, which open separately into the vagina (**uterus duplex**). In contrast, in human beings and most primates fusion is much more extensive and only the uterine tubes remain paired (**uterus simplex**). The uterus of the domestic mammals inter-

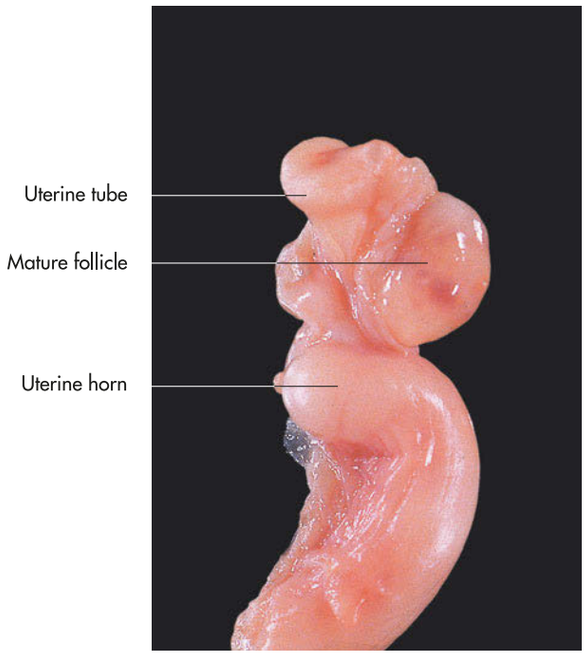


Fig. 12.26 Ovary, uterine tube and uterine horn of a cat.

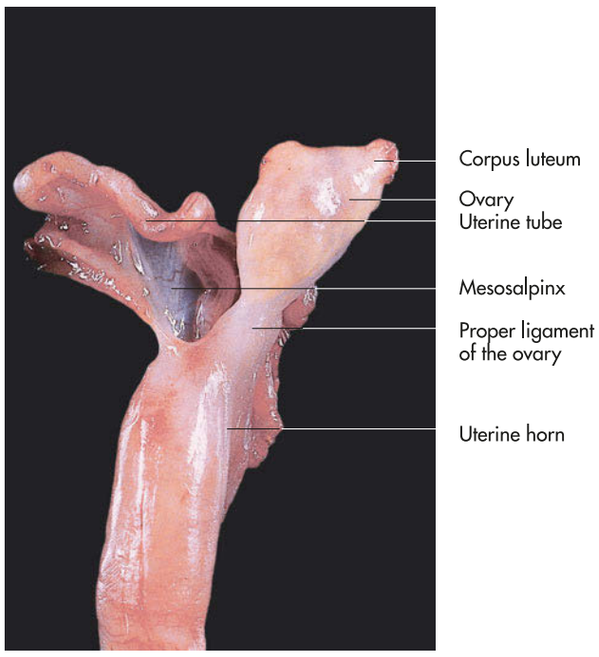


Fig. 12.27 Ovary, uterine tube and uterine horn of a cat.

mediates in form (**uterus bicornis**) and comprises (▶ Fig. 12.1, ▶ Fig. 12.26, ▶ Fig. 12.28, ▶ Fig. 12.29, ▶ Fig. 12.33 and ▶ Fig. 12.42):

- single median cervix (cervix uteri),
- single median body (corpus uteri) and
- paired horns (cornua uteri).

The anatomy of the uterus changes considerably with age and physiological activity. This following description deals with the uterus of the mature, parous, but non-pregnant animal.

In carnivores, the uterus lies mainly **dorsal to the small intestines**. It consists of a short cervix and body from which **two long slender horns** diverge to reach the ovaries just **caudal to the kidneys**. An internal partition, which is not discernible externally, projects into the body of the uterus separating the horns. A similar partition is also present in the sow, in which the septum is limited to the cranial part of the uterine body, and in the cow, in which the septum extends almost as far as the cervix (▶ Fig. 12.1 and ▶ Fig. 12.2).

The uterus of the pig consists of a **long cervix**, a short body and **remarkably long horns**, which resemble loops of small intestine. They are suspended by extensive broad ligaments and both the horns and the ovaries are so mobile that they cannot be assigned exact positions within the abdominal cavity (▶ Fig. 12.3).

In ruminants, each horn is **coiled ventrally on itself** with the first convexity facing dorsocranially (▶ Fig. 12.4). The **tips of the horns** reach **beyond the pecten of the pubis** into the abdominal cavity. Externally, the uterine body appears to be very long, but in fact, most of the so-called body is the caudal part of the horns, which are enclosed in a common serosal and muscular sheet. Where the horns do diverge, the superficial tissues bridge the space between them, forming the **intercornual ligaments** which can be conveniently used to fix the uterus during rectal examination.

The uterus of the mare has a **large body** and **two divergent horns**, which are usually raised towards the roof of the abdomen **above the mass of intestines** (▶ Fig. 12.5). The cervix is comparatively small and can be easily palpated rectally.

The thick-walled **cervix of the uterus** (cervix uteri) can be palpated transrectally and forms a sphincter controlling access to the uterus. The lumen of the cervix is the **cervical canal** (canalis cervicis), which is formed by and often almost occluded by **mucosal folds**. These folds are arranged longitudinally in the mare, cat and dog. In the cow the lumen is obstructed by **circular folds** (plicae circulares); in the pig, these folds form **rows of prominences** (pulvini cervicales), which interdigitate into the lumen of the canal, resulting in its occlusion (▶ Fig. 12.33).

The cervical canal opens cranially into the body of the uterus at the **internal uterine ostium** (ostium uteri internum) and caudally into the vagina at the **external uterine ostium** (ostium uteri externum) (▶ Fig. 12.34, ▶ Fig. 12.36 and ▶ Fig. 12.37). The most caudal part of the cervix (portio vaginalis) usually projects into the vaginal lumen in the cow and mare, where it is surrounded by an anular space (fornix vaginae). In the pig and dog, the cervical canal simply widens to continue into the vagina. In the cat, the external ostium of the uterus opens on a small hillock projecting into the vagina.

The **cervical mucosa** produces a **mucous secretion**, which forms a mucous plug that helps close the cervical canal and which is easily expelled during oestrus and parturition.

12.3.1 Structure of the uterine wall

A section through the wall of the uterus shows it to consist of three layers. These are, from the inside to the outside:

- mucosal layer (endometrium),
- muscular layer (myometrium) and
- serosal layer (perimetrium).

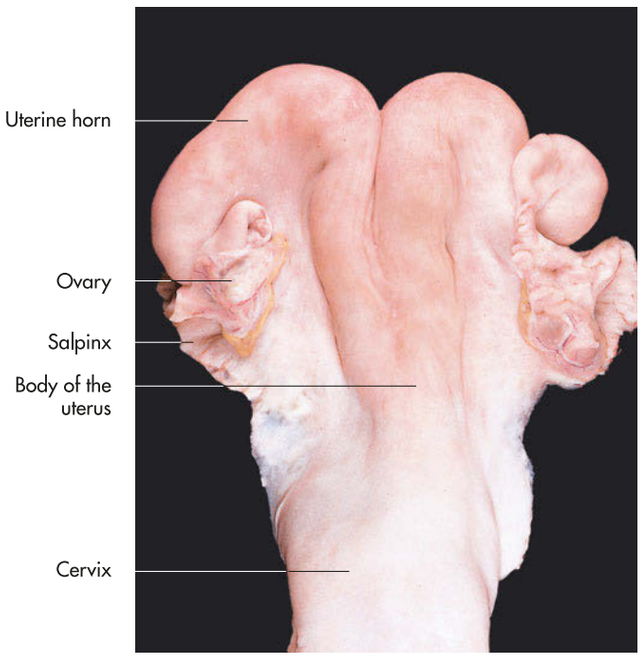


Fig. 12.28 Uterus, ovaries and uterine tubes of a cow. (source: courtesy of Prof. Dr. J. Maierl, Munich)

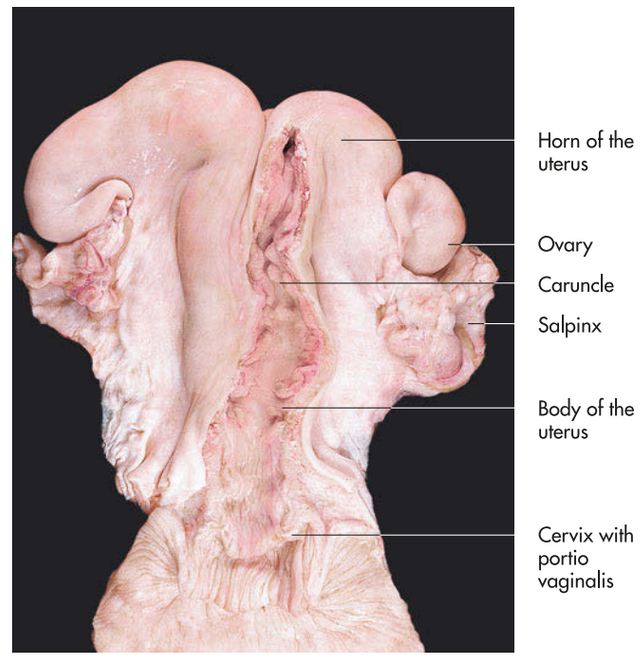


Fig. 12.29 Uterus, ovaries and uterine tubes of a cow (uterus opened). (source: courtesy of Prof. Dr. J. Maierl, Munich)

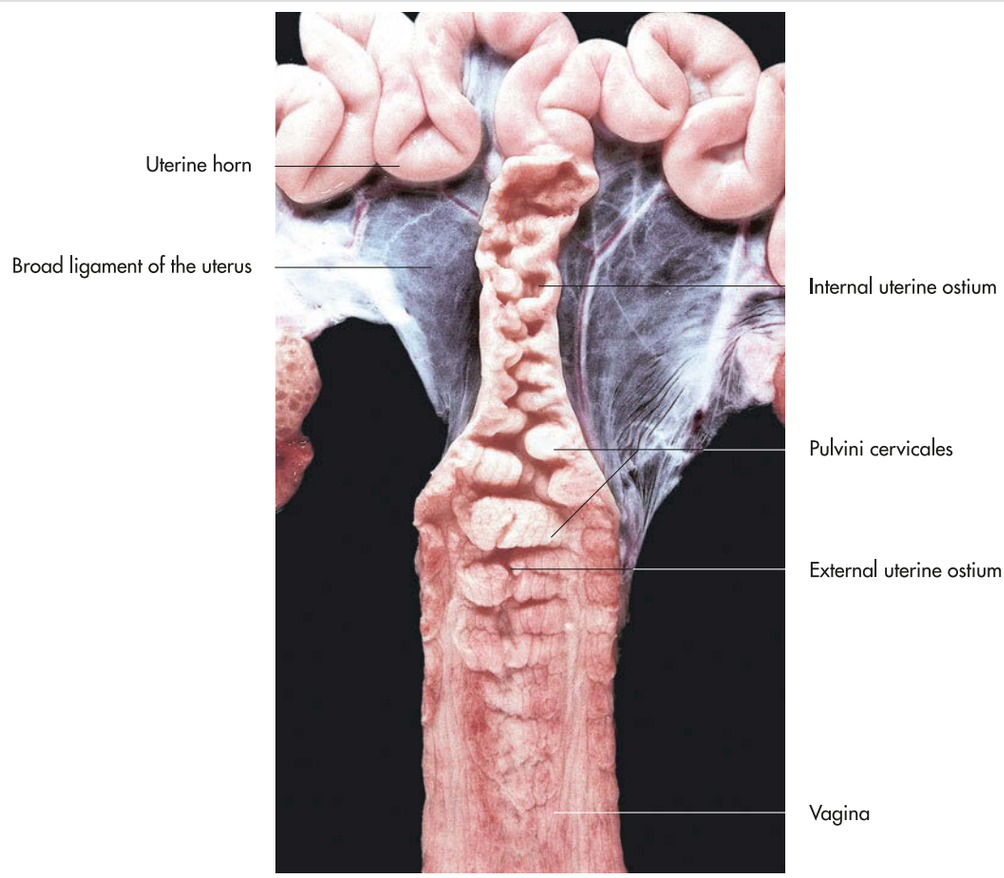


Fig. 12.30 Vagina and uterine cervix of a sow (partially opened in midline). (source: courtesy of Prof. Dr. J. Maierl, Munich)

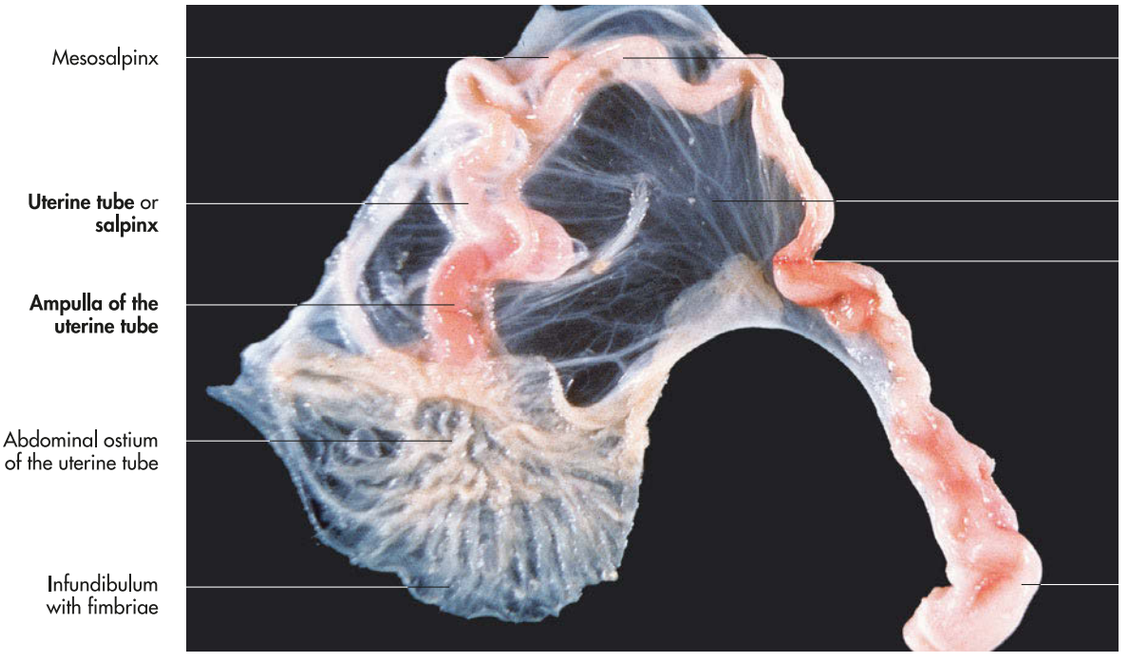


Fig. 12.31 Uterine tube of a cow.

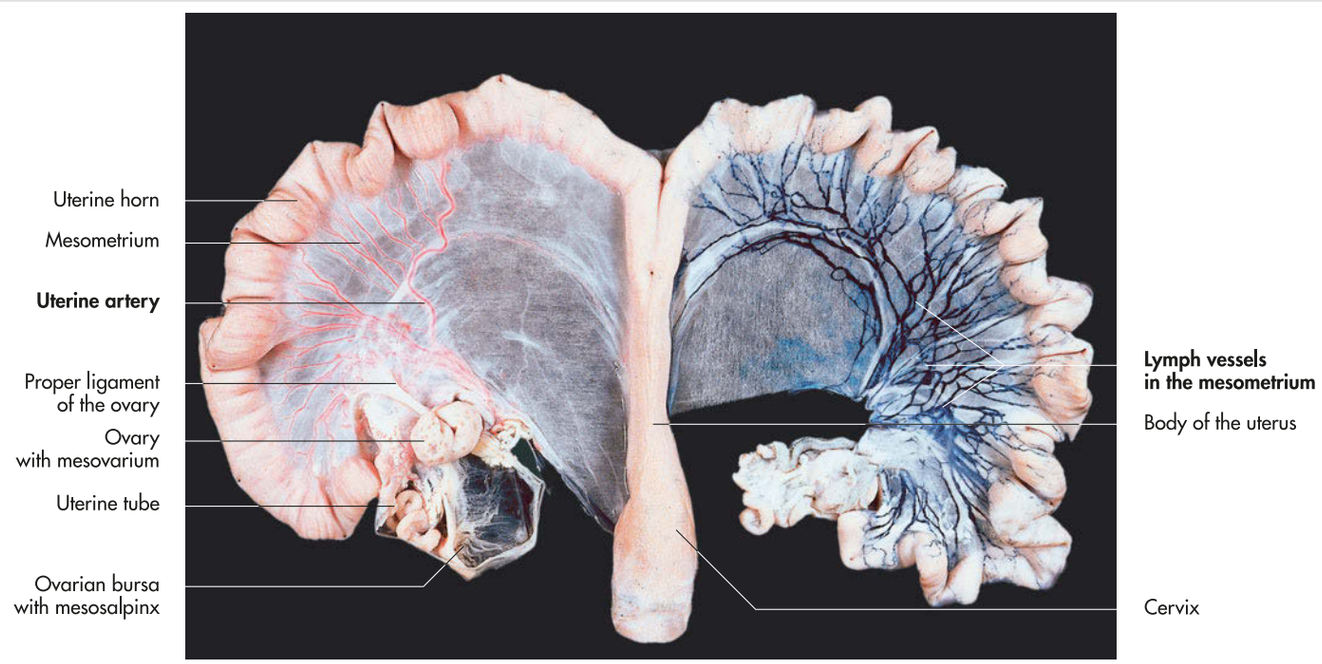


Fig. 12.32 Uterus of a sow after injection of the arteries (on the left, in red) and lymph vessels (on the right, in dark blue). (source: courtesy of Prof. Dr. J. Maierl, Munich)

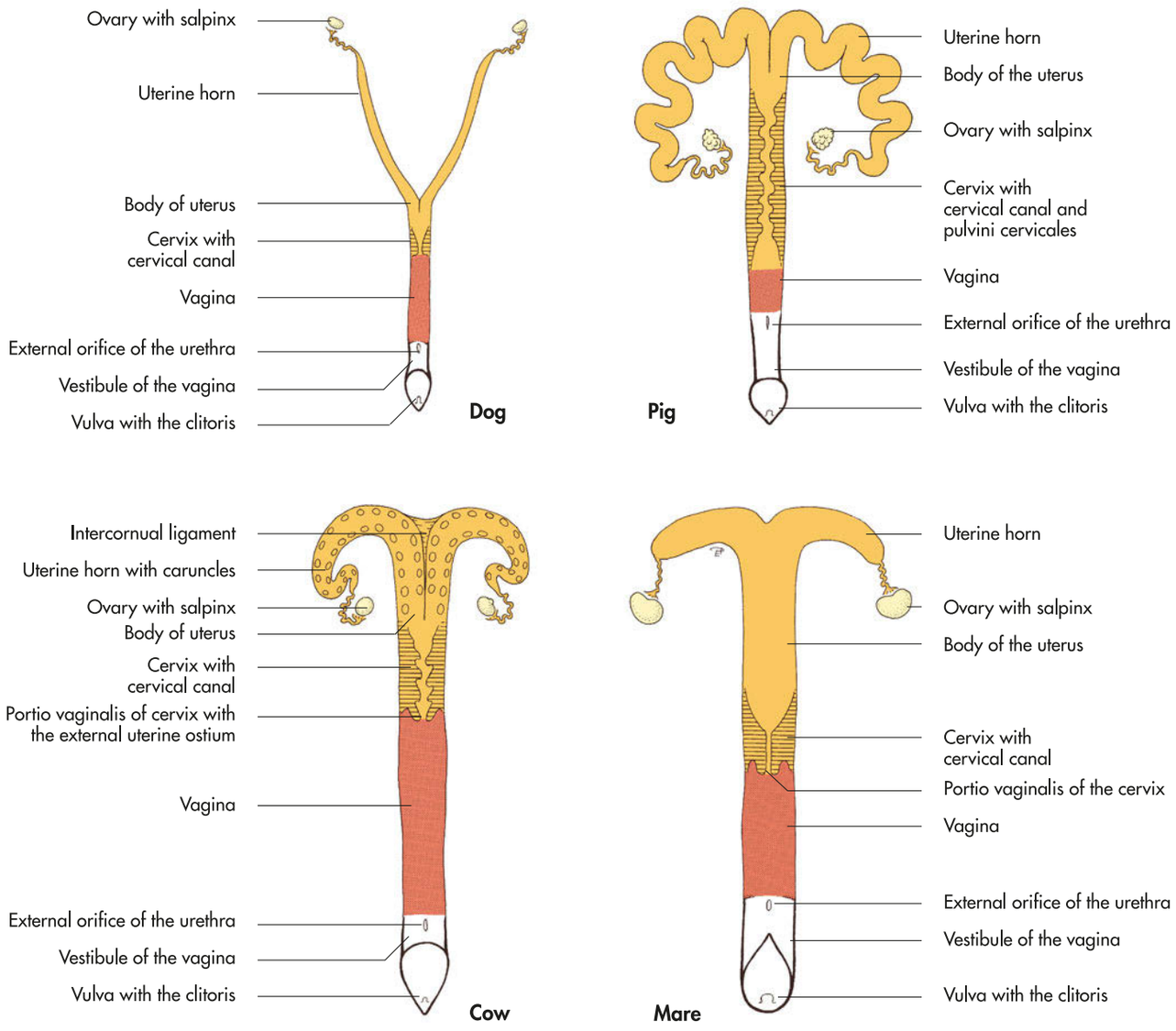


Fig. 12.33 Female genital organs of the domestic mammals (schematic).

The Greek names of the different layers form the derivation of many clinical terms related to the uterus; such derivatives are for example endometritis or pyometra. The **endometrium** lines the lumen of the uterus. Its thickness varies depending on the stage of the oestrus cycle. Numerous tubular glands (glandulae uterinae) open on the surface. In ruminants the surface is marked by numerous permanent elevations (80–120 in the cow), the **uterine caruncles**, the attachment sites of the embryonic membranes (**cotyledons**) during pregnancy. While they are low, smooth-surfaced elevations in the non-pregnant cow, they become converted into large, sessile swellings with a pitted surface in the pregnant state. Each uterine caruncle and its foetal counterpart, the cotyledon, constitutes a single unit known as the placentome. Underlying the endometrium is a two-layered muscular layer, the **myometrium**. The myometrium consists of an **external longitudinal** and a thicker **internal circular layer** separated by a highly vascular stratum of connective tissue (▶ Fig. 12.43).

The uterus is covered by a serous membrane (**perimetrium**) which is continuous with the broad ligament. Numerous blood vessels and nerve fibres are located at the **parametrium**, the site where the double layer of the broad ligament separates to enclose the uterus. The tissues of the uterine coats, especially the external muscle layer, extend into the ligaments at the parametrium (▶ Fig. 12.43).

12.4 Vagina

The vagina constitutes the cranial part of the female copulatory organ. It extends from the **external ostium of the uterus** to the **entrance of the urethra** (ostium urethrae externum) (▶ Fig. 12.22, ▶ Fig. 12.25, ▶ Fig. 12.33 and ▶ Fig. 12.35). Thus, it is part of only the reproductive tract. A transverse fold cranial to the opening of the urethra represents the remains of the hymen present in human beings. Although variable, this fold is generally

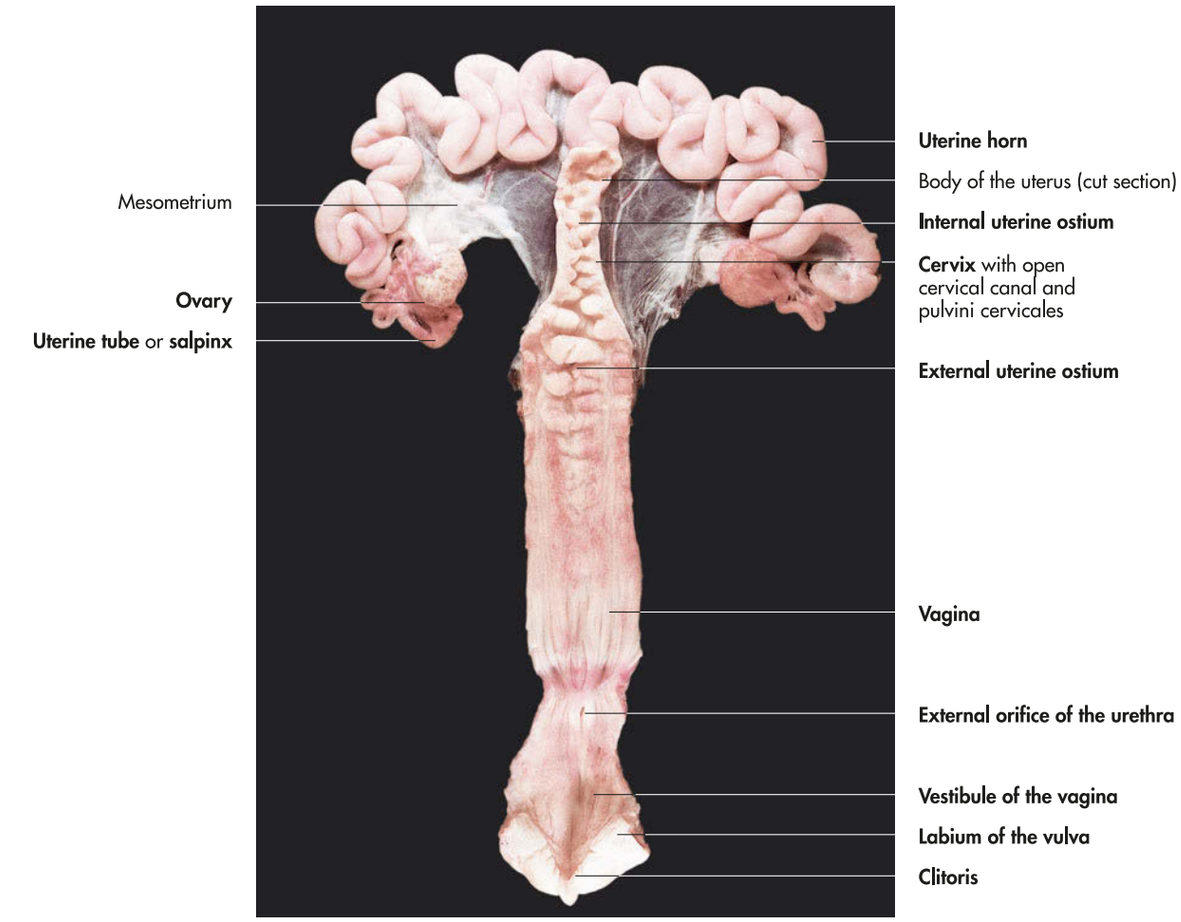


Fig. 12.34 Genital organs of a cow (dorsal apect, partially opened in midline). (source: courtesy of Prof. Dr. J. Maierl, Munich)

more prominent in the horse and pig than in the other domestic species.

The relatively long and thin-walled vagina is located in a median position within the pelvic cavity between the rectum dorsally and the bladder ventrally. It is mostly **retroperitoneal**, although its cranial parts are covered by peritoneum. Incision of the dorsal wall of this part of the vagina provides a relatively convenient means of access to the peritoneal cavity of large animals. This approach can be used for removal of the ovaries (**ovariectomy**) in the mare. A ventral incision is not possible due to the presence of an extensive plexus of veins.

In the cow and the mare, the protruding cervix restricts the lumen of the cranial part of the vagina to a ring-like space, known as the fornix. In the dog, the vaginal epithelium responds to changes in hormonal levels in a more pronounced way than in the other domestic species, and smears taken from the vagina provide evidence of the stage within the cycle.

12.4.1 Vestibule of the vagina (vestibulum vaginae)

The vestibule constitutes the caudal part of the **copulatory organ**. It extends from the external urethral opening to the external vulva and combines **reproductive** and **urinary functions** (▶ Fig. 12.33 and ▶ Fig. 12.34).

In the cow and sow, the urethra forms a ventral evagination, the suburethral diverticulum, which opens together with the urethra into the vagina. This arrangement can complicate catheterisation of the urinary bladder. In the dog, the urethra opens on a small elevation flanked by two grooves, which should not be mistaken for the fossa of the clitoris during catheterisation. In the cow, the openings of the vestigial mesonephric ducts may be visible on each side of the external urethral opening.

The **vestibule** is shorter than the vagina and lies mostly behind the ischial arch, which permits it to slope ventrally to its opening at the vulva. The resulting inflection of the axis of the genital passage must be taken into consideration when introducing a vaginal speculum or other instruments.

The wall of the vestibule contains **vestibular glands**, the secretion of which keeps the mucosa of the vestibule moist and facilitates coitus and parturition. At oestrus, the odour of the secretion has a sexually stimulating effect upon the male animal. In the bitch the glands are small, but numerous and the duct openings are arranged in linear series. Some **minor vestibular glands** (glandulae vestibulares minores) are also present in the pig, sheep, cow and mare. In the cow and ewe a **large glandular mass**, which drains by a single duct, is present on each side of the vestibule.

Darker patches of the lateral walls betray the position of the **vestibular bulbs**, a concentration of veins forming erectile tissue, regarded as the homologue of the bulb of the penis.

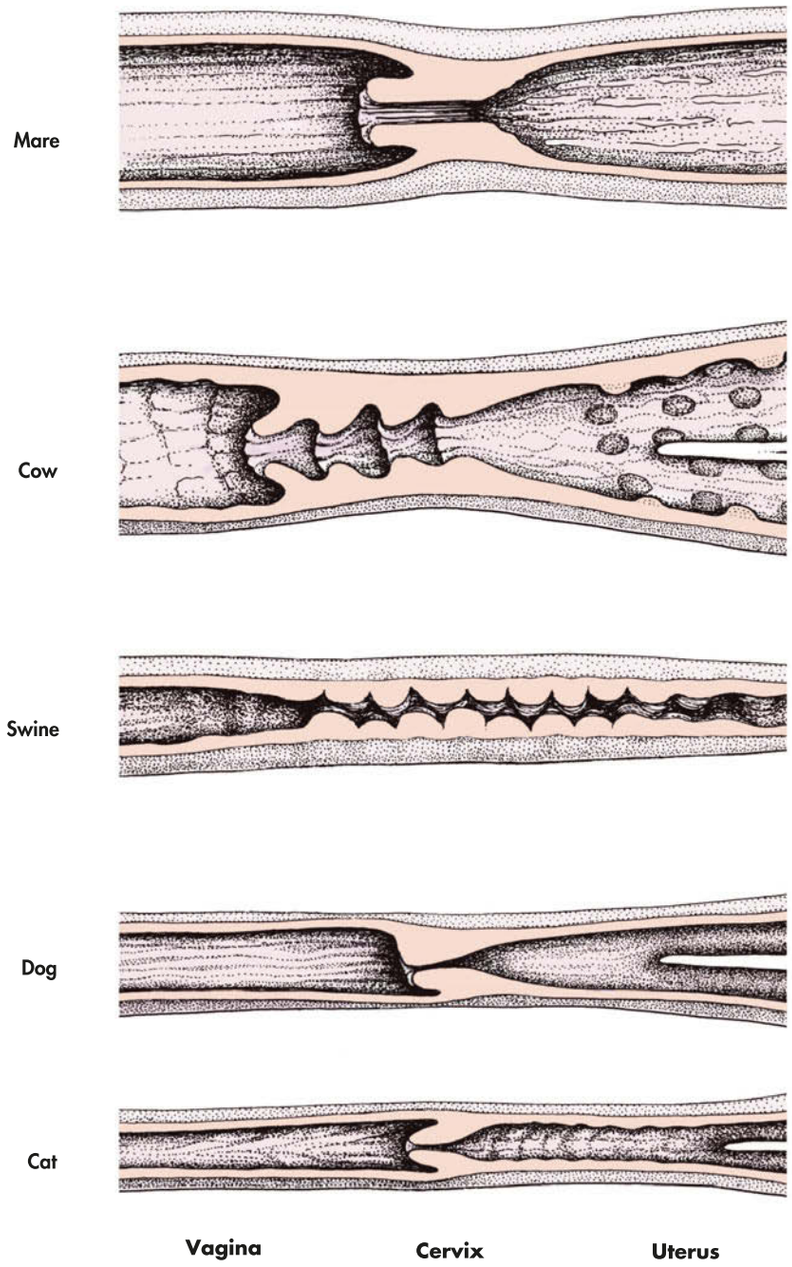


Fig. 12.35 Uterine cervix of different domestic animals with and without pulvini (schematic).

12.5 Vulva

The vulva is formed by **two labia** that meet at dorsal and ventral commissures surrounding the **vertical vulvar** opening. The dorsal commissure is rounded and the ventral one pointed, except in the mare, in which this pattern is reversed. The **clitoris**, the female homologue of the penis, lies within the ventral commissure (▶ Fig. 12.38, ▶ Fig. 12.39, ▶ Fig. 12.40 and ▶ Fig. 12.41).

Analogous with the penis, the clitoris can be divided into two parts, a **body** (corpus) and a **glans** (glans clitoridis). The clitoris lies within a **fossa** (fossa clitoridis) largely covered by a mucosal fold, the female equivalent of the prepuce. It becomes very prominent in the mare during oestrus, when exposed by so called "winking" movements of the labia. In the mare several **clitoral sinuses** (sinus clitoridis) invade the glans, which may harbour the organisms responsible for contagious equine metritis (CEM) (▶ Fig. 12.39).

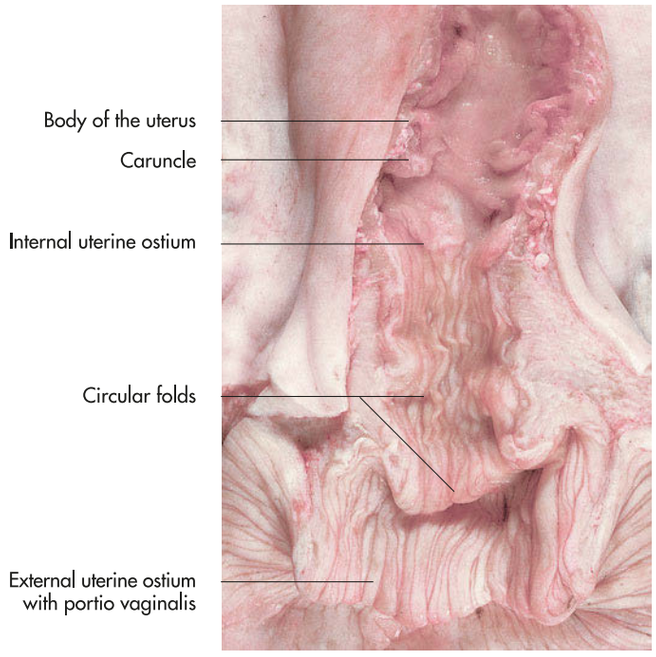


Fig. 12.36 Uterine cervix of a cow (opened).

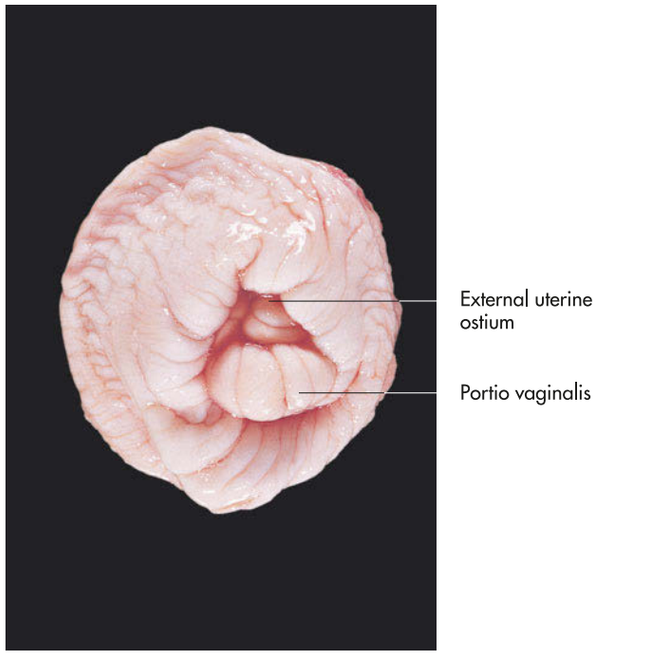


Fig. 12.37 Uterine cervix of a cow.

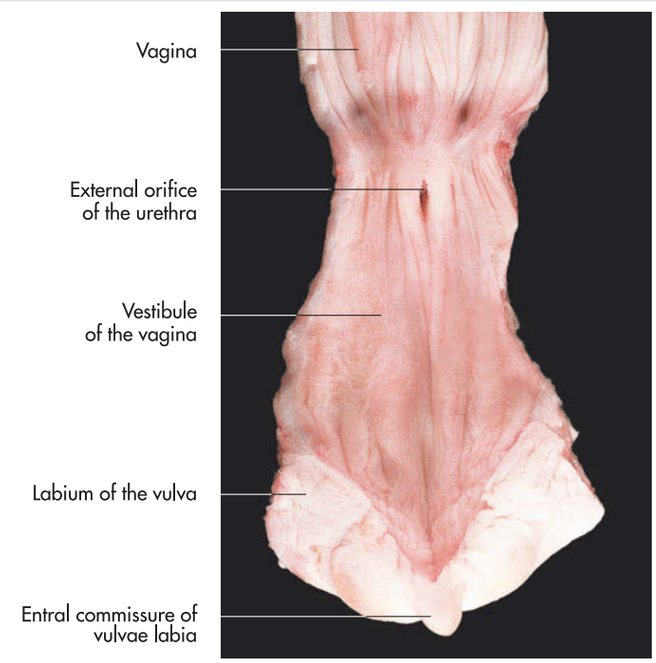


Fig. 12.38 Vagina and vulva of a sow (opened midline). (source: courtesy of Prof. Dr. J. Maierl, Munich)

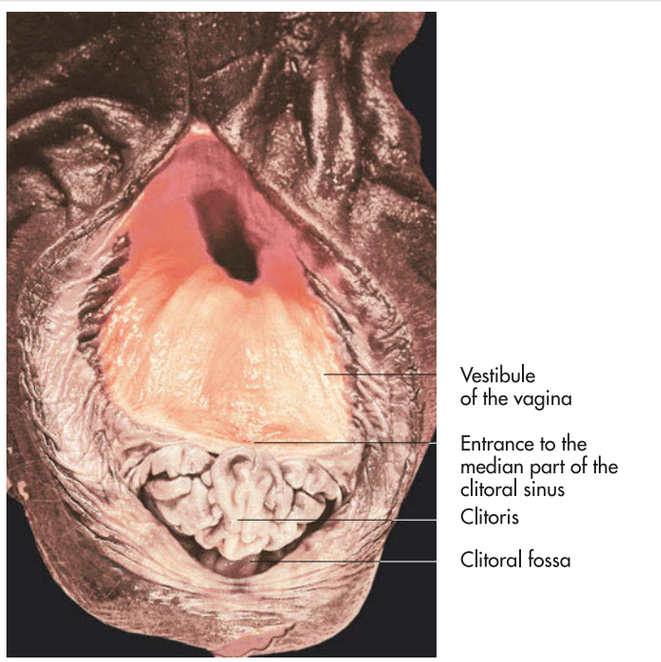


Fig. 12.39 Vulva of a mare.

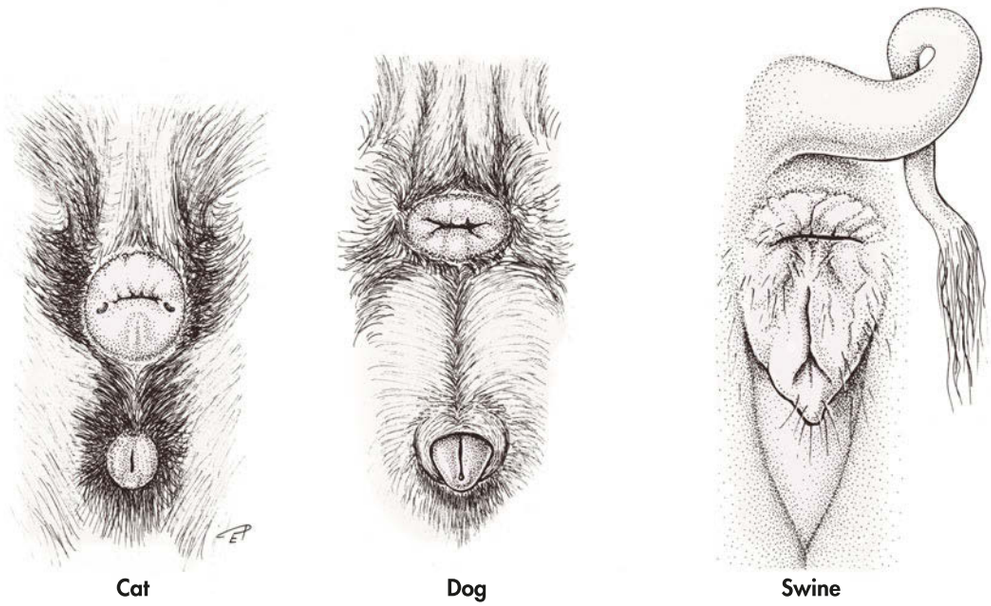


Fig. 12.40 Anus and external female genital organs (schematic).

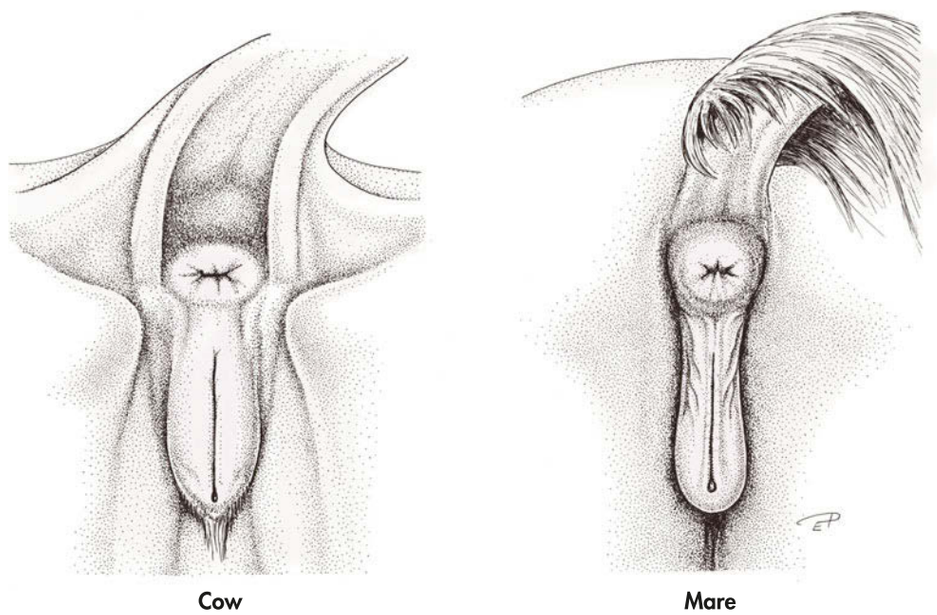


Fig. 12.41 Anus and external female genital organs (schematic).

12.6 Ligaments (adnexa)

The principal attachment of the female genital organs is provided by the paired double folds of peritoneum, the left and right **broad ligaments of the uterus** (ligamenta lata uteri) (▶ Fig. 12.1, ▶ Fig. 12.22, ▶ Fig. 12.23, ▶ Fig. 12.30 and ▶ Fig. 12.34). The broad ligaments are bilateral sheets that suspend the ovaries, uterine tubes and the uterus from the abdominal roof and the pelvic walls. Based upon the organ it suspends, the broad ligament can be divided into three parts, the mesovarium, the mesosalpinx and the mesometrium. Unlike most peritoneal folds, the serosal membranes of the broad ligament are separated by considerable amounts of tissue, mainly smooth muscle from the longitudinal layer of the myometrium. This arrangement enables the broad ligaments to play an active role in the support of the uterus, which is of particular importance in large animals.

The **mesovarium** (▶ Fig. 12.1) is the cranial part of the broad ligament that attaches the ovary to the dorsolateral region of the abdominal wall. The mesovarium contains the ovarian artery and vein. The mesosalpinx extends laterally from the mesovarium, thus dividing the mesovarium in a proximal and a distal part. The proximal mesovarium extends from the body wall to the mesosalpinx, while the distal mesovarium extends from the mesosalpinx to the ovary (▶ Fig. 12.1, ▶ Fig. 12.22 and ▶ Fig. 12.23).

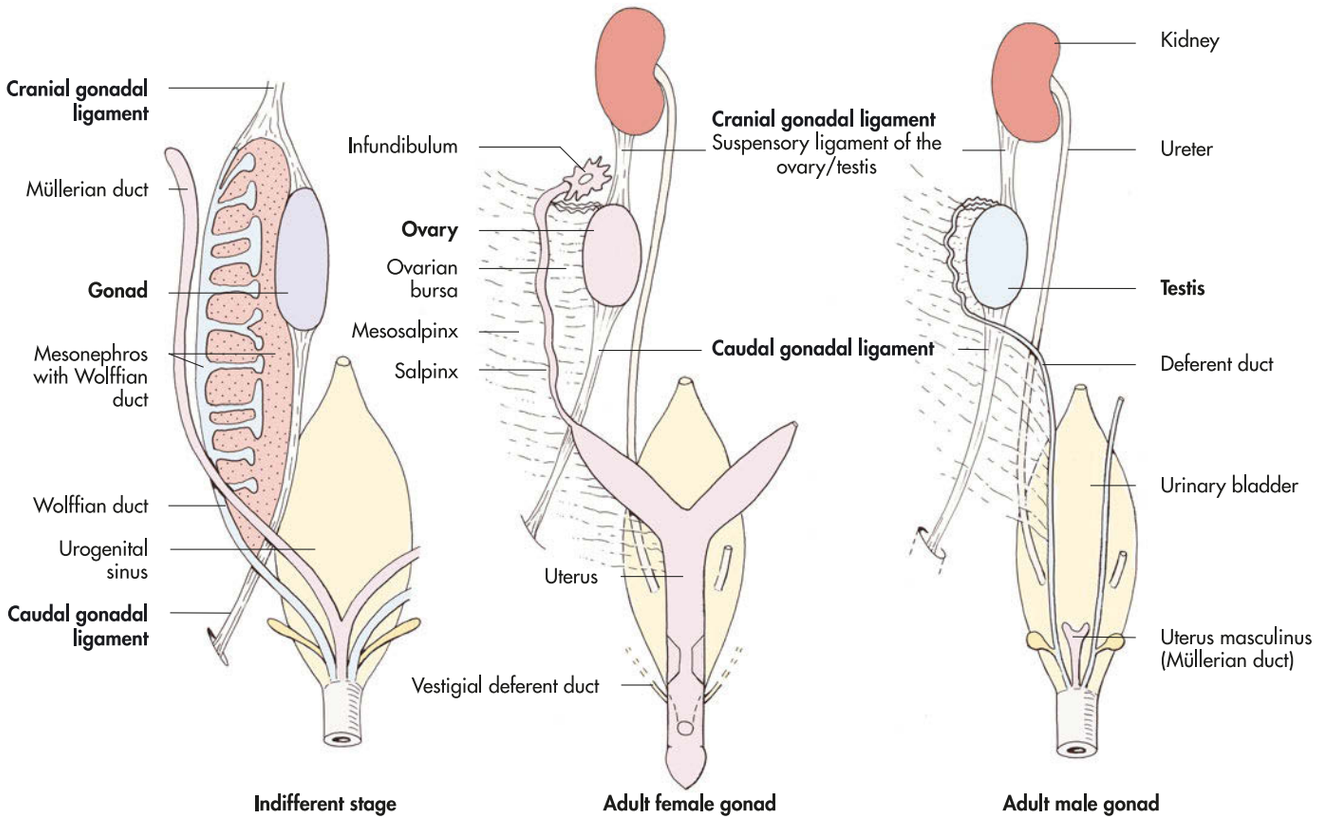


Fig. 12.42 Comparison of analogous genital organs during foetal development and adult female and male stages (schematic); see also ▶ Table 12.1.

12

The mesosalpinx and mesovarium enclose a pouch, the **ovarian bursa** (bursa ovarica), into which the ovary projects (▶ Fig. 12.22, ▶ Fig. 12.23 and ▶ Fig. 12.25). The ovarian bursa is very variable in size and is unable to hold the ovary in the mare, but encloses the whole ovary in carnivores.

The largest part of the broad ligament is the **mesometrium** (▶ Fig. 12.22 and ▶ Fig. 12.23), which attaches to the uterus and the cranial part of the vagina. The two serosal membranes of the mesometrium are widely separated where they attach to the cervix and the vagina, therefore their lateral surfaces are retroserosal. At the base of the uterine horns, the serous membrane passes from one horn to the other, thus bridging the space between them and forming the intercornual ligament. In the cow, there are dorsal and ventral intercornual ligaments that form a small pocket, open cranially, which facilitates manual fixation of the uterus during rectal palpation.

In addition to the ligamentous attachments described, the female genital tract has other ligaments, the **suspensory ligament of the ovary** (▶ Fig. 12.1 and ▶ Fig. 12.2), the **proper ligament of the ovary** and the **round ligament of the uterus**.

The **suspensory ligament of the ovary** (ligamentum suspensorium ovarii) forms the **cranial boundary of the broad ligament**, which extends between the ovary and the last ribs. The suspensory ligament is continued after the ovary with the caudal **proper ligament of the ovary** (ligamentum ovarii proprium), which in turn attaches to the cranial end of the uterine horn. There it is continuous with the round ligament of the uterus (ligamentum teres uteri), a fibrous-muscular cord, which extends caudally toward the inguinal canal within the free margin of a fold of peritoneum that detaches from the lateral aspect of the mesometrium.

In the dog the round ligament does not end at the inner inguinal ring, but passes through the **inguinal canal** (canalis inguinalis) to be enclosed by the **vaginal process** (processus vaginalis peritonei) before it ends near the vulva. The bitch is unique amongst the domestic mammals in possessing a vaginal process. This predisposes them to inguinal hernias, a condition which is restricted to the male of other species. In older bitches a considerable amount of fat is deposited within the vaginal process; this renders it easily palpable, but should not be mistaken for a pathological mass.

The **suspensory system** and **ligamentous attachments** of the genital tract are listed in ▶ Table 12.1, comparing the homologous structures of male and female animals.

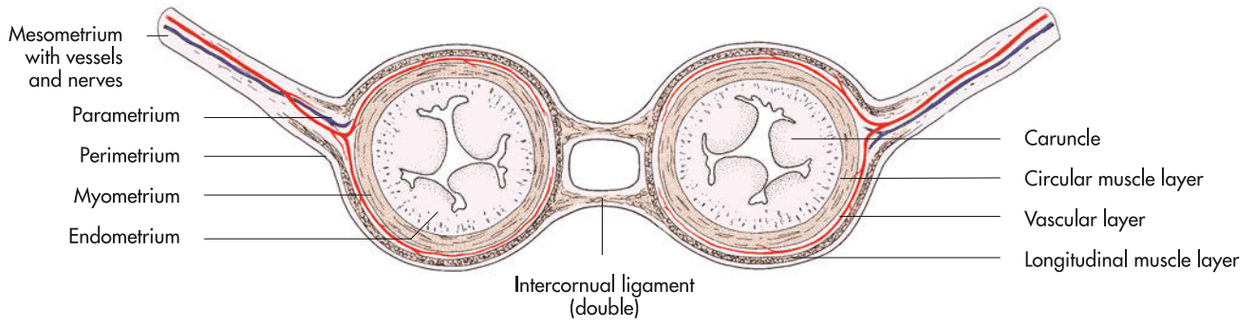


Fig. 12.43 Uterine horns of a cow, dissected at the level of the intercornal ligament (schematic).

Table 12.1 Comparison of analogous mesentery, folds of peritoneum and ligaments of the female ovary and male testis.

Mesentery		Ligaments	
Female	**Male**	**Female**	**Male**
Proximal mesovarium	Proximal mesorchium	Cranial ligament of the ovary (suspensory ligament of the ovary)	Cranial ligament of the testis (suspensory ligament of the testis)
Distal mesovarium	Distal mesorchium	Caudal ligament of the ovary (inguinal ligament of the ovary)	Caudal ligament of the testis (inguinal ligament of the testis)
Mesosalpinx	Mesepididymidis	Proper ligament of the ovary	Proper ligament of the testis
Ovarian bursa	Testicular bursa	Round ligament of the uterus	Ligament of the tail of the epididymis

12.7 Muscles of the female genital organs

The **muscles** and **fasciae** associated with the female reproductive tract constitute parts of the **pelvic outlet**: a musculofascial partition, which is divided into the **pelvic diaphragm** dorsally, and which closes the pelvic outlet around the anus, and a ventral part, the **urogenital diaphragm** that closes the pelvic outlet around the vestibule. The **muscles of the vestibule** and the **vulva** comprise the following striated muscles: the **constrictor of the vestibule**, the **constrictor of the vulva** and the **ischiocavernous muscle**. The region between the ventral aspect of the root of the tail and the vulva (or the scrotum) is termed the perineal region. The muscles and fascia, which interlace between the vulva and the anus, are referred to as the perineal body. However in practice the perineal body is often referred to as the **"perineum"**. The perineal region may become lacerated during complicated parturition.

12.8 Blood supply, lymphatic drainage and innervation

Blood supply to the female genital organs is provided by **four paired arteries** (▶ Fig. 12.44):

- ovarian artery (a. ovarica),
- uterine artery (a. uterina),
- vaginal artery (a. vaginalis) and
- internal pudendal artery (a. pudenda interna).

After dividing from the aorta, the **ovarian artery** follows a convoluted course to the ovary. It supplies the **ovary** (ramus ovaricus) and detaches branches to the uterine tube and to the tip of the **uterine horn** (ramus uterinus). The uterine branch anastomoses with the uterine artery within the broad ligament.

The rest of the female genital tract is supplied by the uterine and vaginal arteries, which are branches of the internal iliac artery, and by the continuation of the vaginal arteries, the internal pudendal artery. The uterine artery passes to the uterus within the broad ligament. It detaches a series of branches to the body and horn of the uterus, the most cranial of which anastomose with the uterine branch of the ovarian artery; the most caudal anastomose with the vaginal artery.

In the dog and cat, the uterine artery is a branch of the **vaginal artery**. The major blood supply to the uterus is provided by the uterine branch of the ovarian artery. In the cat, the ovarian artery detaches an additional branch, which runs cranially and anastomoses with the artery of the adrenal gland. In the cow the uterine artery can be palpated rectally against the shaft of the ilium, a characteristic vibration (fremitus or thrill) may be felt from the fifth month of gestation onwards. In the mare the uterine artery is a branch of the external iliac artery. The caudal parts of the female genital tract are supplied by branches of the internal pudendal and vaginal arteries; the pattern of branching varies in different animals.

The **veins** are generally satellites to the arteries, but do not correspond to each other in relative importance. The **ovarian vein** (v. ovarica) is much larger and the **uterine vein** (v. uterina) much smaller than their accompanying arteries. The ovarian vein drains

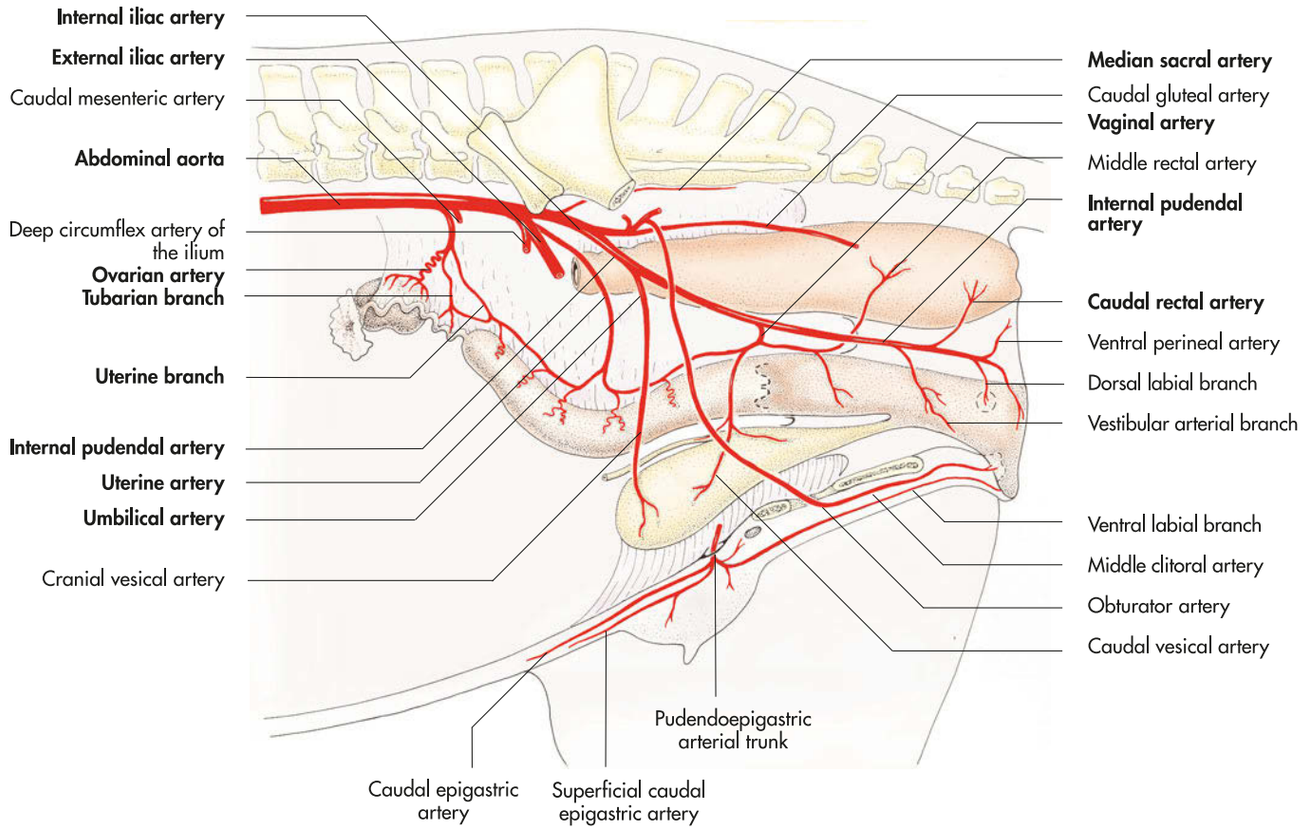


Fig. 12.44 Blood vessels of the genital organs of the mare (schematic, paramedian section).

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most of the uterus and runs together with the ovarian vein in a common soft tissue sheath. The adjacent vessel walls in the cow are considerably thinner than the others and facilitate transmural transportation of prostaglandin $F2_{\alpha}$ from the vein into the artery. Prostaglandin $F2_{\alpha}$ is produced in the non-pregnant uterus and causes regression of the corpus luteum (luteolysis). The **vaginal vein** (v. vaginalis) vascularises an extensive plexus in the walls of the vagina and vestibule.

The **lymphatics** of the female genital tract drain primarily into the **medial iliac lymph nodes** and to the **lumbar aortic lymph nodes**. In the mare, an **uterine lymph node** may be present in the broad ligament.

Innervation of the female genital organs is provided by the **autonomic nervous system**. The ovaries receive sympathetic fibres from the intermesenteric and the caudal mesenteric plexus and parasympathetic fibres from the vagus. The rest of the female genital tract receives parasympathetic and sympathetic innervation via the **pelvic plexus** (plexus pelvinus).

Clinical terminology

Examples of clinical terms derived from anatomical terms: ovariectomy, hysterectomy, ovariohysterectomy, salpingitis, metritis, endometritis, myometritis, perimetritis, parametritis, pyometra, vaginitis, and many more.

13 Organs of the cardiovascular system (systema cardiovasculare)

H. E. König, J. Ruberte and H.-G. Liebich

The cardiovascular system comprises the heart, the blood vessels and the lymphatic vessels. The heart constitutes the muscular pump of the cardiovascular system. The blood vessels, consisting of the arteries, capillaries and veins form a continuous system in which the blood circulates through the body.

Blood delivers **oxygen** and **other molecules** necessary for the normal **cell metabolism**, to the tissues and in turn, transports cell products from the tissues to the liver, the kidneys and the lung for the **metabolism** and **excretion**. The blood vessels and the chambers of the heart form a single cavity, through which the blood circulates continuously, due to the pumping action of the heart. In the domestic mammals other than the cat, blood volume is about 6–8% of the animals bodyweight, while in the cat, it represents only 4% of bodyweight.

Circulation time, the time it takes for a blood cell to be transported from one jugular vein around the body, largely depends on the size of the animal, but also on individual factors mediated by the neuroendocrine system. In large animals, it takes approximately 30 seconds and only seven seconds in the cat.

The **blood vessels** include the **arteries** which transport blood away from the heart, whilst **veins** return blood to the heart. When the arteries branch and divide, they form **arterioles**, with a smaller diameter, which lead into the **capillaries**, which have the smallest diameter, and allow passage of cells and nutrients into the tissues. Capillaries empty into **venules**, which in turn become the veins, and return blood to the heart.

The **blood vessels** are arranged as **two circuits of blood flow**, following a figure of eight pattern with the heart in the centre. The **larger**, **systemic circulation** conveys **oxygenated blood** from the heart to all the organs of the body and transports **deoxygenated blood** back to the heart. The **smaller**, **pulmonary circulation** conveys **deoxygenated** blood from the heart to the exchange tissue of the lungs, where it is **oxygenated** before it is returned to the heart.

Although blood is circulated throughout the animals life, it is useful to consider the path of an individual erythrocyte to facilitate an understanding of flow. Starting with the **left atrium**, oxygenated blood passes both passively and by atrial contraction into the **left ventricle**. The muscular contraction of the left ventricle discharges blood into the **aorta**. From the aorta arise arteries that branch into **arterioles** and finally run into the **capillary** beds of the different organs through which the blood circulates.

From the **capillary beds** the deoxygenated blood is collected by **smaller venules** which become **veins** and eventually **major veins** (**cranial** and **caudal vena cava**) which empty the blood into the **right atrium** of the heart. The veins of the pelvic limbs and the caudal part of the trunk discharge into the **caudal vena cava**, the veins of the head, thoracic limbs and the cranial half of the trunk are collected by the **cranial vena cava**. Venous blood from the **unpaired organs** within the abdomen passes through the **portal vein**, and liver, before reaching the **right atrium** with the **caudal vena cava**.

From the **right atrium** the blood passes into the **right ventricle** (passively and by atrial contraction) and from there into the **pulmonary trunk** and the **pulmonary arteries** which convey the deoxygenated blood to the pulmonary alveoli, where gaseous exchange takes place. The **pulmonary veins** transport the oxygenated blood back to the left atrium. For more detailed descriptions see Chapter 1 “Introduction and general anatomy” (p. 21).

Lymph vessels form a **drainage system**, which returns an important fraction of the tissue fluid from the interstitium to the circulating blood. Lymphatic drainage starts with the **blind-ending lymphatic capillaries** which form extensive plexuses, spreading through most tissues. These capillaries collect interstitial fluid, including large molecules, such as proteins, which are unable to enter the less permeable blood vessels. Larger lymphatic vessels take origin from these plexus and finally converge upon a few **large trunks** which empty into the **major veins** within the thorax. The second component of the lymphatic system comprises a variety of widely scattered aggregations of **lymphoid tissue** through which the lymph passes. The lymphatic system is described in depth in Chapter 14 “Immune system and lymphatic organs (organa lymphopoetica)”.

13.1 Heart (cor)

The heart is the **central organ** of the cardiovascular system. It is mainly composed of **heart muscle** (myocardium), which forms a sac, divided into **four chambers**: **right atrium**, **left atrium**, **right ventricle**, **left ventricle**. The heart is enclosed within the **pericardium** forming part of the mediastinum, the partition that separates the two pleural cavities.

13.1.1 Pericardium

The pericardium, or **heart sac**, is the fibroserous covering of the heart. It is essentially a deeply invaginated sac, with its lumen, the **pericardial cavity** (cavum pericardii), being reduced to a capillary cleft. This cleft contains a small amount of **serous fluid** (liquor pericardii) which facilitates movement of the heart against the pericardium.

The pericardium can be divided into a central **fibrous** and an outer and inner **serous part**. The pericardium can be further subdivided into:

- pleura of pericardium (pleura pericardiaca),
- fibrous pericardium (pericardium fibrosum) and
- serosa of pericardium (pericardium serosum)

The **visceral layer of the pericardium** is firmly attached to the heart wall, forming the **epicardium**. It covers the myocardium, the coronary vessels and fat on the surface of the heart. The visceral and parietal layers of the pericardium are continuous with each other, forming a complicated reflection that passes over the atria and the roots of the great vessels. The roots of the large blood vessels are also enclosed in epicardium, as part of the peri-

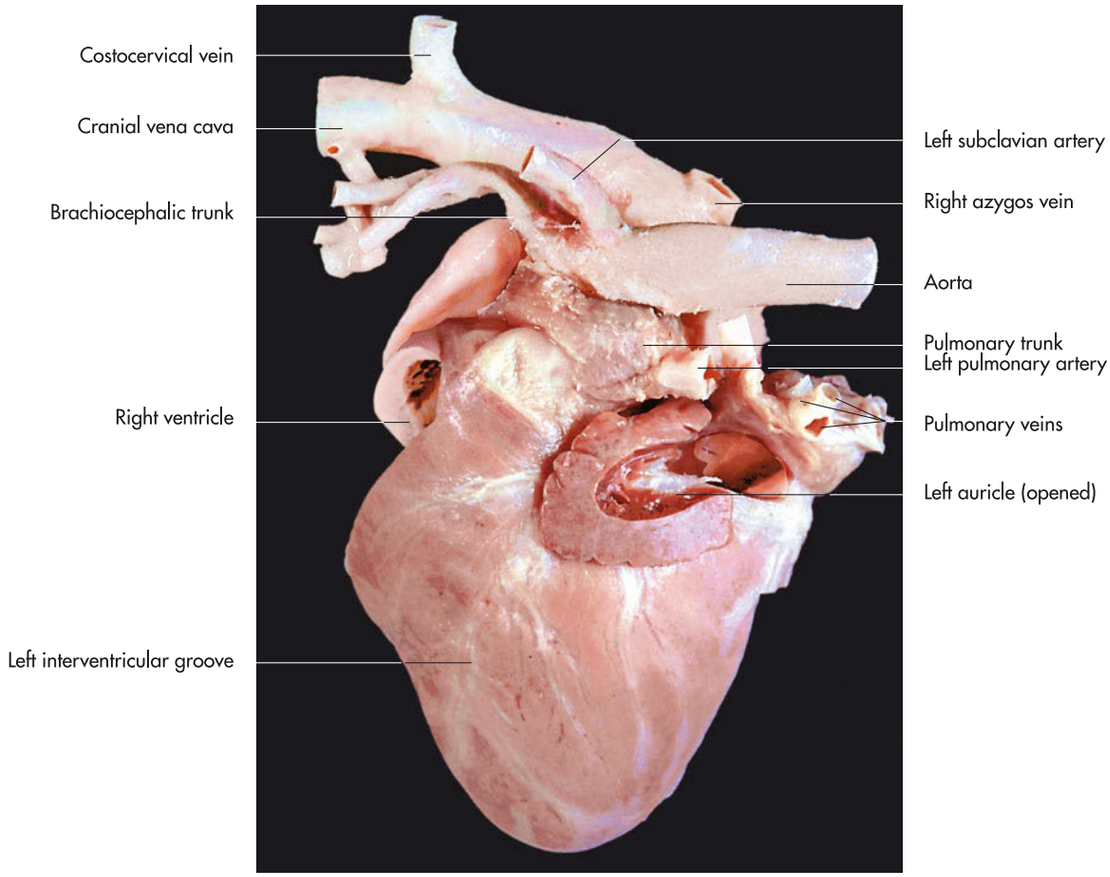


Fig. 13.1 Heart of a dog (auricular surface); preparation H. Dier, Vienna.

cardial cavity curves transversely across the base of the heart. This is the **transverse sinus of the pericardium** (sinus transversus pericardii), a U-shaped cleft between the right and left sides of the pericardial cavity.

The **oblique sinus of the pericardium** (sinus obliquus pericardii) is an invagination formed by the reflection of the two layers of the serous pericardium between the large veins.

The **parietal layer of the serous pericardium** is firmly fused to the fibrous pericardium, which is composed of interlacing collagenous fibres. The base of the **fibrous pericardium** is continuous with the great arteries and veins that leave and enter the heart, uniting with the adventitia of these vessels. Ventrally it continues into the following ligaments:

- sternopericardiac ligament (ligamentum sternopericardiacum) and
- phrenopericardiac ligament (ligamentum phrenicopericardiacum).

The **sternopericardiac ligament** attaches the fibrous pericardium to the sternum. The **phrenopericardiac ligament** is present only in the dog; it joins the fibrous pericardium to the diaphragm. The greater part of the outside of the fibrous pericardium is covered by the mediastinal pleura, which is described in detail in Chapter 7 "Body cavities" (p. 751). The phrenic nerve passes between the mediastinal pleura and the pericardium.

The pericardium is only able to accommodate a small degree of distension during the rhythmic pulsation of the cardiac cycle. Rapid accumulation of fluid within the pericardial cavity exerts pressure on the heart and impairs cardiac function (cardiac tamponade). Long-term changes either in heart size, seen with training and disease, or a slow build-up of effusion in the pericardial cavity, are better tolerated and may result in an enlargement of the pericardium.

Inflammation of the pericardium results in an increase in pericardial fluid and thickness of the sac. In these cases, the pericardial fluid can be visualised ultrasonographically as an anechoic region.

13.1.2 Position and size of the heart

The heart is located **within the mediastinum** with the larger part (60%) lying to the **left of the median plane**. It extends between the third and sixth (seventh in the cat and dog) ribs. The heart base is roughly located on a horizontal plane drawn through the middle of the thorax. Most of the surface of the heart is covered **by the lung**, although the heart can easily be heard on auscultation and felt through the thoracic wall (apex beat). The **cardiac notch** of the lungs allows the heart to come in closer contact with the **lateral thoracic wall**, separated only by the pericardium, the mediastinum and the pleura. In juvenile individuals its cranial aspect is adjacent to the thymus. Caudally the heart extends as far as the **diaphragm**. Variations in position and size occur among species, breeds and individuals, according to age, condition and the presence of disease. As a rough guide, the heart provides about 0.75% of the body weight. On radiographs the size of the heart can be compared to intercostal spaces or vertebral length,

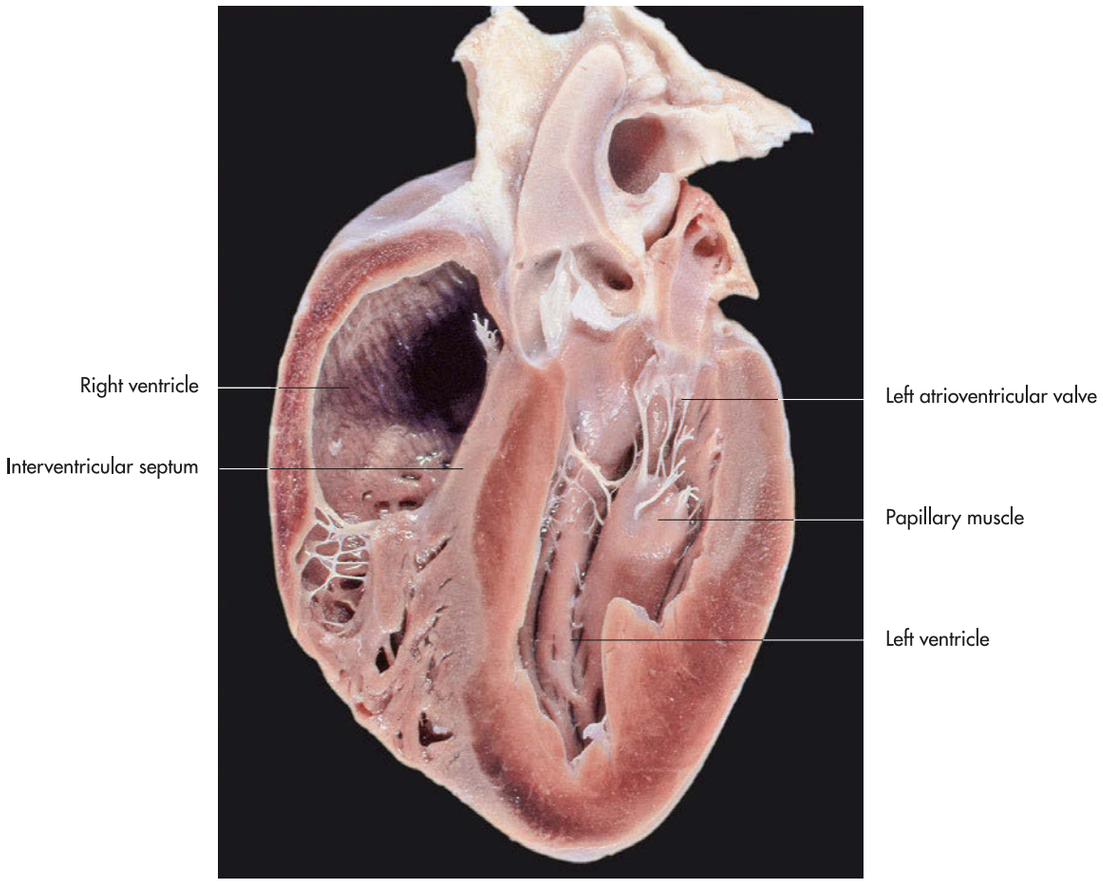


Fig. 13.2 Heart of a dog (longitudinal section); preparation H. Dier, Vienna.

and several systems have been developed for documenting cardiac size.

13.1.3 Shape and surface topography of the heart

The heart resembles a cone with its **base** (basis cordis) lying dorsal and the **apex** (apex cordis) ventral, close to the sternum. In the dog and cat the longitudinal axis of the heart is tilted in varying degrees (about 45° in the dog), so that the base faces craniodorsally and the apex caudoventrally. Though generally conical, the heart is laterally compressed, especially towards the apex, conforming with the thorax.

The base of the heart is the **hilus of the organ**, through which the great veins enter and the great arteries leave. The heart has a **right** (facies atrialis) and a **left** (facies auricularis) **lateral surface**, which meet cranially in the **right ventricular border** (margo cranialis dexter) and caudally in the **left ventricular border** (margo ventricularis sinister).

The **auricles of the atria** (auricula cordis, atrial appendages) are visible on the left side, surrounding the root of the aorta and the pulmonary trunk, while the main parts of the atria and the large veins are located on the right side.

The divisions of the internal structure of the heart are visible as grooves on the surface of the heart. The right or atrial surface of the heart is marked by the **right interventricular groove** (sulcus interventricularis dexter seu subsinuosus), which extends from the coronary groove to the apex of the heart (▶ Fig. 13.3 and ▶ Fig. 13.4). The **left interventricular groove** (sulcus interventricularis sinister seu paraconalis) runs over the left surface of the heart from the coronary groove to the distal third of the cranial margin (▶ Fig. 13.1). The **coronary groove** (sulcus coronarius) marks the separation of the atria and ventricles. It contains large amounts of fat, which surrounds the coronary blood vessels.

The coronary groove also marks the separation of the thinner muscle of the atria from the much thicker muscle of the ventricle by a **fibrous (or cardiac) skeleton**. The cardiac skeleton is formed by the rings that encircle the four **heart orifices** (anuli fibrosi). The skeleton contains islands of fibrocartilage in which nodules of bones (ossa cordis) may develop.

Although these bones occur most commonly in cattle, they are not confined to this species and may be found in other domestic mammals. The fibrous skeleton is perforated close to the entrance of the coronary sinus to allow passage to the atrioventricular bundle, the special neuromuscular tissue which conducts the impulse, necessary for the organised contraction of the heart.

13.1.4 Compartments of the heart

The heart is divided internally by a longitudinal **interventricular septum** (septum interventriculare) into **left** and **right sides** (▶ Fig. 13.2, ▶ Fig. 13.5, ▶ Fig. 13.6 and ▶ Fig. 13.12). These in turn are incompletely divided by a transverse septum into the blood-receiving **atria** (atrium cordis) and the blood-pumping **ventricles** (ventriculus cordis) (▶ Fig. 13.1).

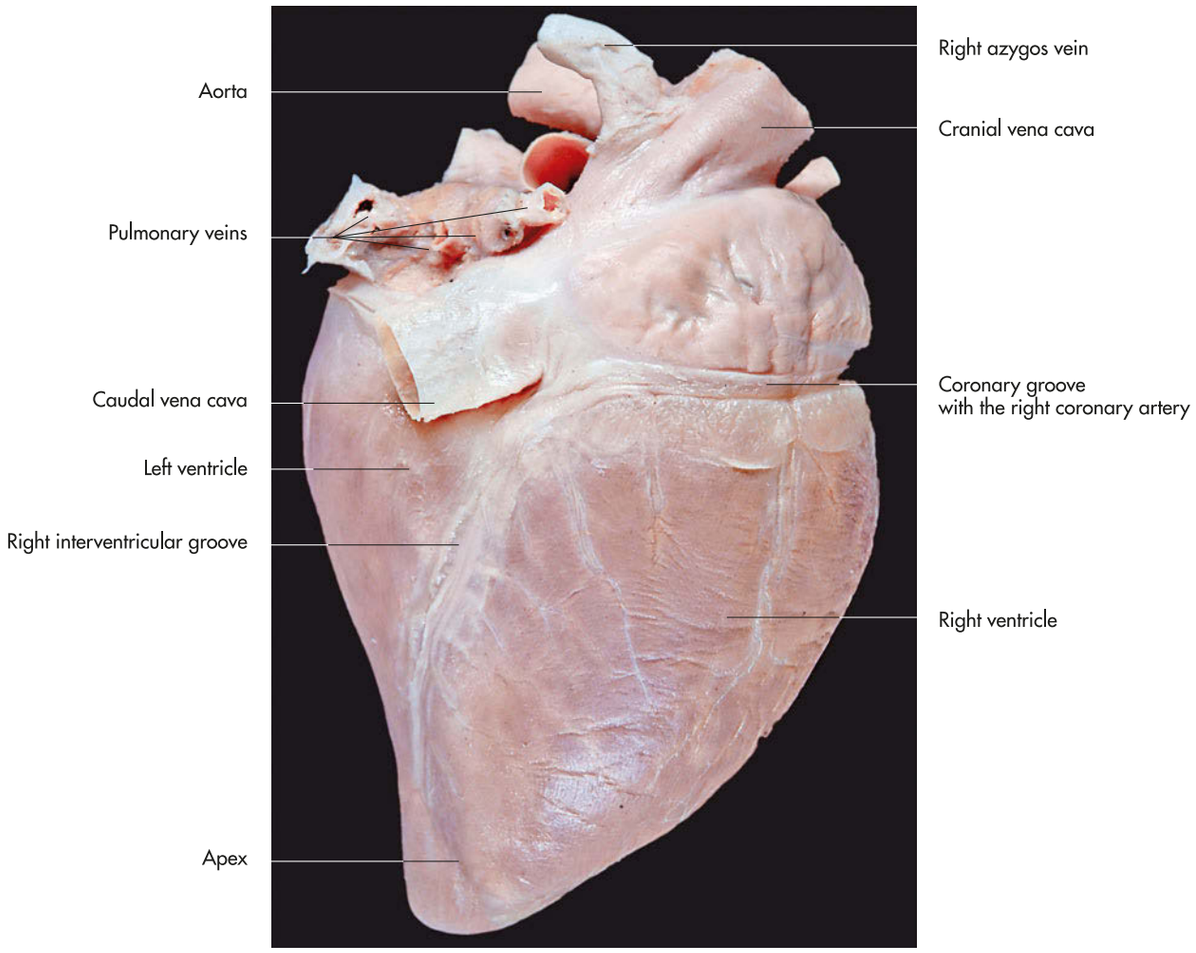


Fig. 13.3 Heart of a horse (artrial surface); preparation H. Dier, Vienna.

Atria of the heart (atria cordis)

Right atrium (atrium dextrum)

The right atrium forms the right, dorsocranial part of the base of the heart. It receives the blood from the **cranial** and **caudal** vena cava and the **coronary sinus** (sinus coronarius), which collects the venous blood from most of the heart itself. It is divided into a main part, the **sinus of the venae cavae** (sinus venarum cavarum), and a blind-ending part, the **right auricle** (auricula dextra). It is separated from the left atrium by the **interatrial septum** (▶ Fig. 13.12).

The **intervenous tubercle** (tuberculum intervenosum), a transverse ridge of tissue between the openings of the two vena cavae, protrudes into the interior of the right atrium and directs the inflow of blood through the **atrioventricular opening** (ostium atrioventriculare dextrum). Just caudal to this tubercle, on the interatrial septum, is a depressed area, the oval fossa, which is the remnant of the foramen ovale of foetal development. The internal surface of the wall of the right auricle is strengthened by interlacing **muscular bands** (musculi pectinati) forming irregular ridges on the surface.

Left atrium (atrium sinistrum)

The left atrium forms the left, dorsocaudal part of the **base of the heart**. It receives the oxygenated blood from the pulmonary veins. It is similar to the right atrium in shape and structure (▶ Fig. 13.5 and ▶ Fig. 13.6). It opens into the left ventricle by the left atrioventricular opening. Several openings mark the entrance of the pulmonary veins into the left atrium.

Ventricles of the heart (ventriculi cordis)

The ventricles constitute the **majority of the mass** of the heart. They are separated from the atria by a transverse, incomplete septum, which is indicated on the surface by the coronary groove (▶ Fig. 13.1).

Right ventricle (ventriculus dexter)

The right ventricle is crescentshaped in cross section and moulded on the surface of the cone-shaped left ventricle. It does not extend as far the apex of the heart, which is usually formed by the left ventricle alone (▶ Fig. 13.5). The right ventricle receives the **deoxygenated blood** from the **right atrium** and pumps it through the **conus arteriosus** into the **pulmonary trunk** (truncus pulmonalis), which conveys the blood to the **lung**.

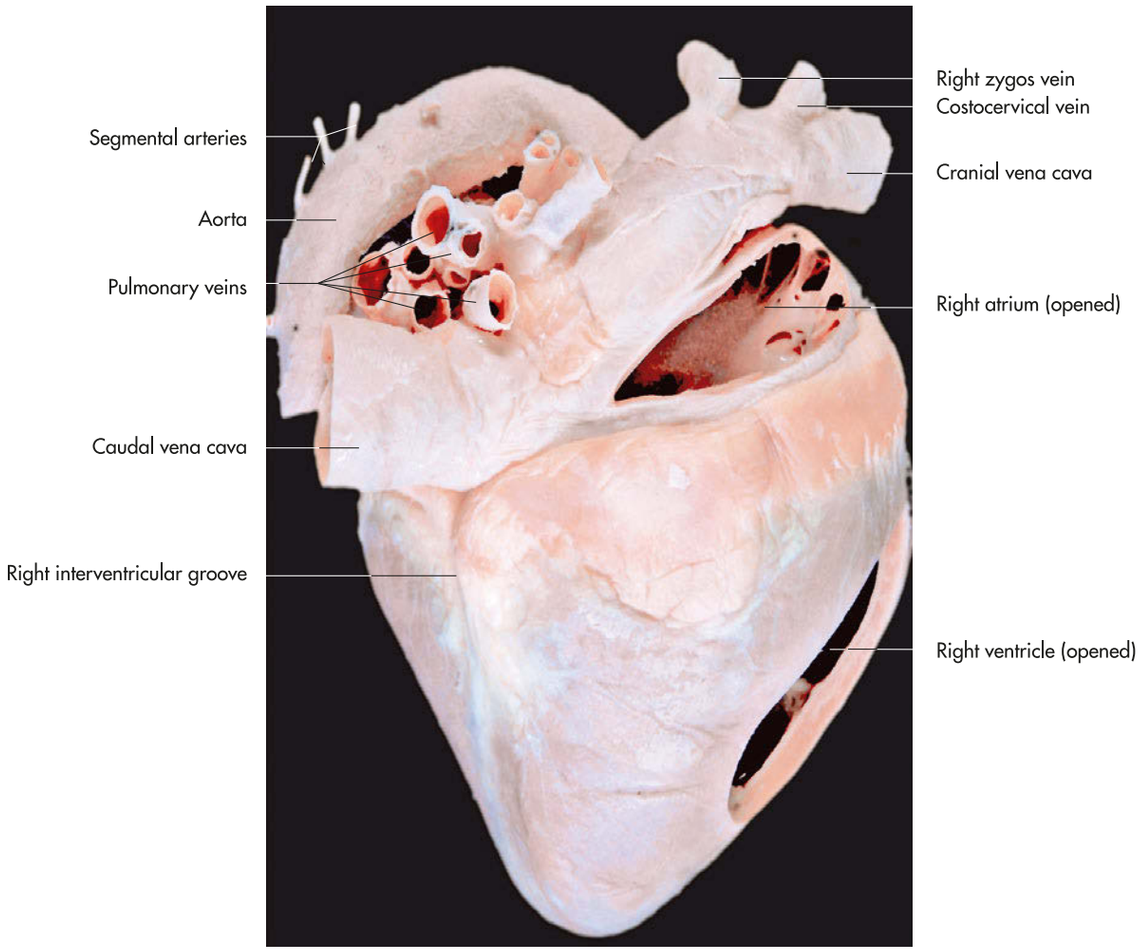


Fig. 13.4 Heart of a horse (atrial face); preparation H. Dier, Vienna.

The **conus arteriosus** is the funnel-shaped part of the right ventricle, which is separated from the main chamber by the **supraventricular crest** (crista supraventricularis) and is embraced by the right auricle externally. The supraventricular crest is a blunt, obliquely positioned ridge of muscle that projects ventrally between the origin of the conus arteriosus and the atrioventricular opening.

Located in the **right atrioventricular** opening is the **right atrioventricular** or **tricuspid valve** (valva atrioventricularis dextra seu tricuspidalis) (▶ Fig. 13.5). It is composed of three cusps that attach peripherally to the fibrous rings of the **cardiac skeleton** encircling the atrioventricular opening. The cusps are fused at their attachment but part toward the centre of the opening. Each cusp is enforced by fibrous strands, the **chordae tendineae**.

The chordae tendineae arise from cone-shaped muscular projections, the **papillary muscles** (mm. papillares), and extend to the free border and adjacent ventricular surface of the tricuspid valve. There are generally **three of these muscles** projecting from the ventricular walls and the interventricular septum into the interior of the chamber, with the largest (m. papillaris magnus) on the right ventricular free wall.

The **chordae tendineae** are so arranged that they connect each muscle to two cusps and each cusp to two muscles. This arrangement prevents the valve from prolapsing into the atrium when the ventricles contract. The tricuspid valve is the **intake valve** to the **right ventricle** and prevents blood from returning from the ventricle to the right atrium during the **systolic phase of the cardiac cycle**.

During **diastole** blood is prevented from flowing back from the pulmonary trunk into the right ventricle by the **pulmonary valve** (valva trunci pulmonalis) (▶ Fig. 13.7). The pulmonary valve is located at the root of the pulmonary trunk and consists of **three semilunar cusps** (valvulae semilunares) that are deeply hollowed on the arterial side. The free ends of the **semilunar cusps** are thickened with a **nodule in the middle** (nodulus valvulae semilunaris), which accelerates closure of the valve.

The lumen of the right ventricle is crossed by a branched or single muscular band (**trabecula septomarginalis**) that passes from the interventricular septum to the outer wall (▶ Fig. 13.5). The ventral part of the right ventricle is marked by numerous myocardial ridges (**trabeculae carneae**) that project mainly from the outer wall. They are thought to reduce blood turbulence.

Left ventricle (ventriculus sinister)

The left ventricle is conical in shape with its apex forming the apex of the heart (▶ Fig. 13.5). It receives the **oxygenated blood** from the **lungs** by way of the pulmonary veins and the left atrium and pumps blood around the **majority of the body**, via the **aorta**. The walls of the left ventricle are thicker than the ones of the right; however the volume of both ventricles is the same. In the

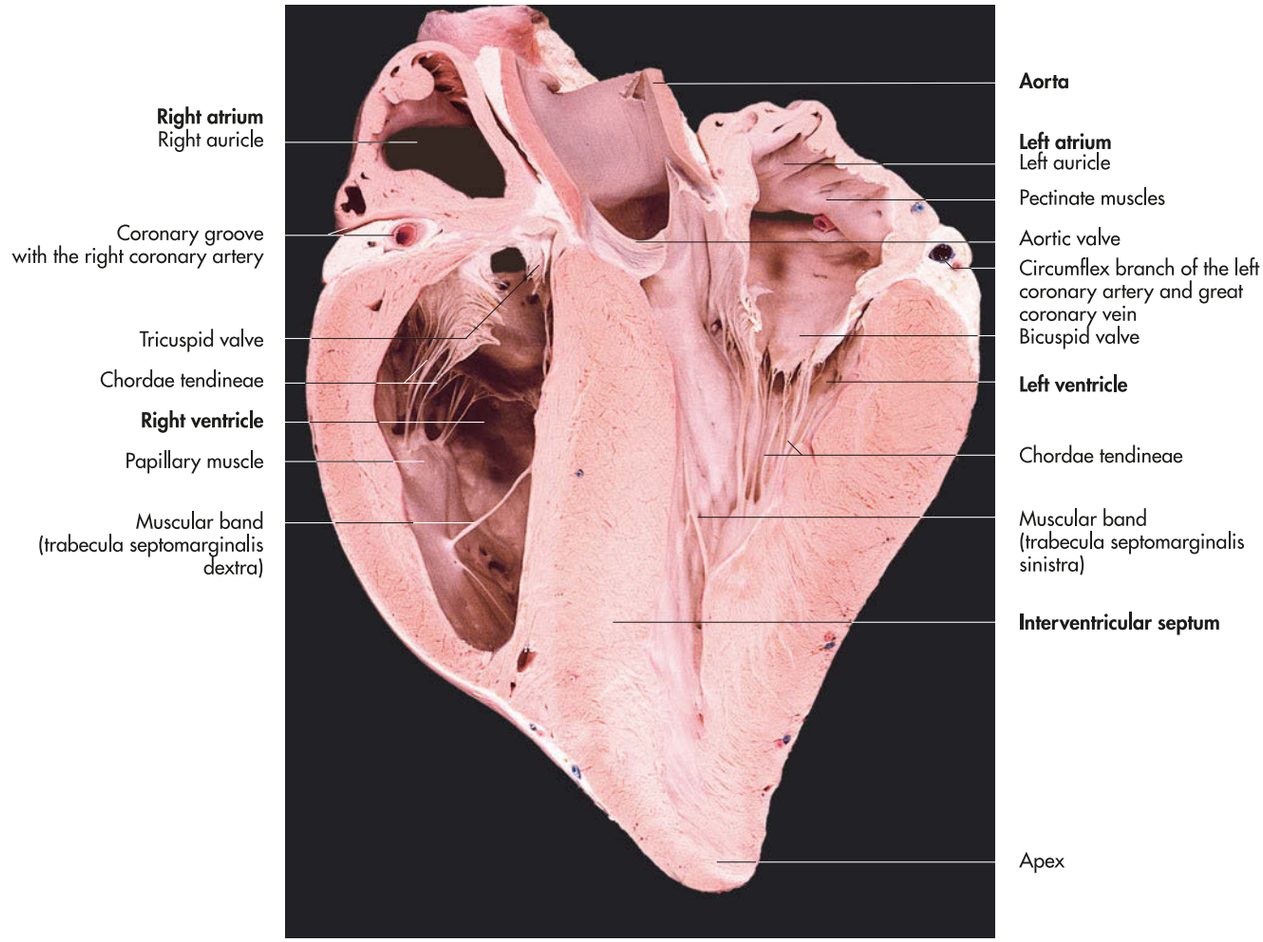


Fig. 13.5 Interior of the heart of a horse (longitudinal section). (source: courtesy of Prof. Dr. J. Maierl, Munich)

cat, there are two muscular bands crossing the interior of the ventricle from the outer wall to the **interventricular septum** (trabeculae septomarginales).

The **left atrioventricular opening** (ostium atrioventriculare sinistrum) is occupied by the **left atrioventricular valve** (valva atrioventricularis sinistra), also known as the **mitral valve** (▶ Fig. 13.7). Its structure is similar to the right atrioventricular valve in form but consists of two cusps. Correspondingly there are only two papillary muscles in the left ventricle.

The **aortic orifice** (ostium aortae) is the opening from the left ventricle into the ascending aorta. It is closed by the **aortic valve** (valva aortae) during **diastole**. The aortic valve is similar to the pulmonary valve, but the nodular thickenings in the free margins of the aortic cusps are generally more conspicuous. Peripheral to each of the semilunar cusps of the aortic valve, the wall of the aorta is dilated to form the three **aortic sinuses** (sinus aortae). The widening of the base of the ascending aorta formed by the aortic sinuses, is the **aortic bulb** (bulbus aortae). The right and left coronary arteries leave the right and left aortic sinuses.

13.1.5 Structure of the cardiac wall

The wall of the heart consists of **three layers** (▶ Fig. 13.6):
- endocardium,
- myocardium and
- epicardium.

The **endocardium** is a thin, smooth layer that lines the cardiac chambers, covers the atrial auricles and is continuous with the lining of the blood vessels. The **epicardium** is part of the pericardium and described earlier in this chapter.

The **myocardium**, or **heart muscle** makes up the majority of the cardiac wall. It consists of **modified striated muscle** fibres, which are characterised by central nuclei. They form end-to-end anastomoses with each other, resulting in an interlacing pattern with lighter **stripes** (disci intercalares) marking the junction between cells.

In contrast to conventional striated muscle, cardiac myocytes do not fatigue and are regulated by the **autonomic nervous system**. The myocardium of the atria is thin and generally arranged in arches, and forms loops around the vena cavae and pulmonary veins as they empty into the atria. The atrial musculature is attached to the fibrous base of the heart.

The **musculature of the ventricles**, like that of other hollow organs, is divided into deep longitudinal, middle circular and superficial longitudinal layers. All muscle fibres originate and insert on the fibrous base of the heart. The muscle bundles of the superficial layer run toward the apex, with a clockwise twist.

At the **apex of the heart** they turn around and pass towards the base in such a manner that they are perpendicular to the descending superficial fibres. Some of the superficial fibres passing toward the base, end at the papillary muscles. Some fibres pene-

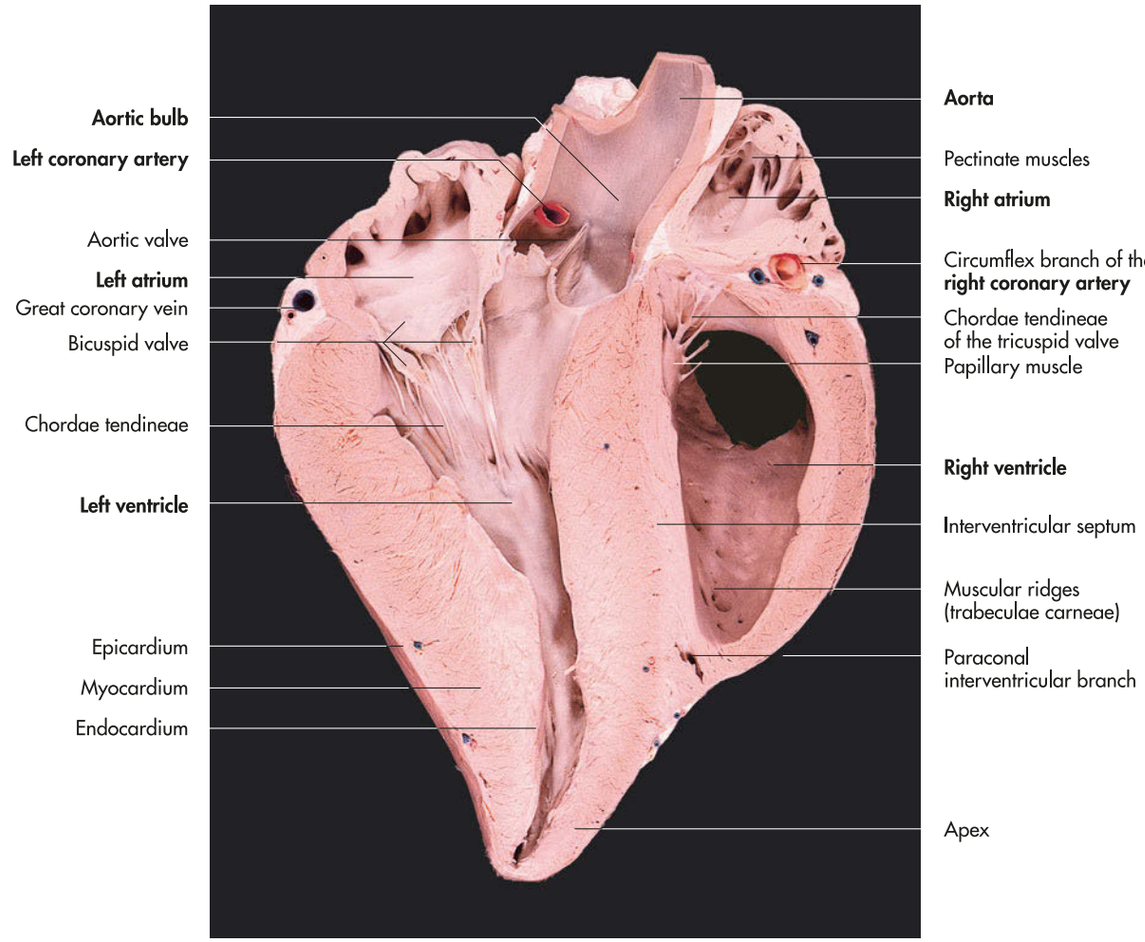


Fig. 13.6 Interior of the heart of a horse (longitudinal section). (source: courtesy of Prof. Dr. J. Maierl, Munich)

trate and join with fibres of the middle layer. The middle layer constitutes the majority of the bulk of the ventricular walls. They are spiral or circular muscles that interdigitate between the two chambers.

The thickness and structure of the cardiac walls mirror the load to which each specific part of the heart is subjected. The walls of the atria, as blood receiving compartments with little contractile function, are thin. The walls of the ventricles, the main pumping chamber, are thick with the wall of the right ventricle (**pulmonary circulation**) being thinner than that of the left (**systemic circulation**). The heart muscle can **hypertrophy** and/or **dilate** following a variety of disease states, including valvular stenosis or insufficiency and in dilated cardiomyopathy. Ventricular enlargement can be visualised radiographically or ultrasonographically.

13.1.6 Blood supply

The heart is well vascularised, receiving about 5% of the output of the left ventricle in man and even a higher percentage in animals, depending on the animal's condition. Blood supply to the heart is provided by the **coronary arteries** and their branches. They originate from two of the three sinuses above the semilunar valves at the root of the aorta (▶ Fig. 13.5, ▶ Fig. 13.6, ▶ Fig. 13.8, ▶ Fig. 13.9 and ▶ Fig. 13.10). There are the:

- left coronary artery (a. coronaria sinistra) and
- right coronary artery (a. coronaria dextra).

The **left coronary artery** (▶ Fig. 13.8 and ▶ Fig. 13.10) is usually larger and arises from the left sinus of the **aortic bulb**. It passes between the left auricle and the pulmonary trunk to the coronary groove, where it divides into the **interventricular paraconal branch** (ramus interventricularis paraconalis) and the **circumflex branch** (ramus circumflexus). The interventricular paraconal branch follows the like-named groove toward the apex of the heart and supplies the walls of the left ventricle and most of the septum. The circumflex branch continues in the coronary groove toward the caudal aspect of the heart, where it terminates close to the right interventricular groove (horse and pig) or continues into the apex of the heart (carnivores and ruminants).

The **right coronary artery** (▶ Fig. 13.8) arises from the right sinus of the aortic bulb and passes between the right auricle and the pulmonary trunk to the coronary groove. It continues around the cranial aspect of the base of the heart and either tapers toward the origin of the right interventricular groove (carnivores and ruminants) or turns into this groove. It extends to the apex of the heart in those species where the left coronary artery does not supply this area (horse and pig).

There is a **great deal of variation** in the pattern of coronary arteries in individuals, which is not clinically important in veterinary medicine. In contrast, this is of great clinical importance in human medicine with regards to infarct surgery.

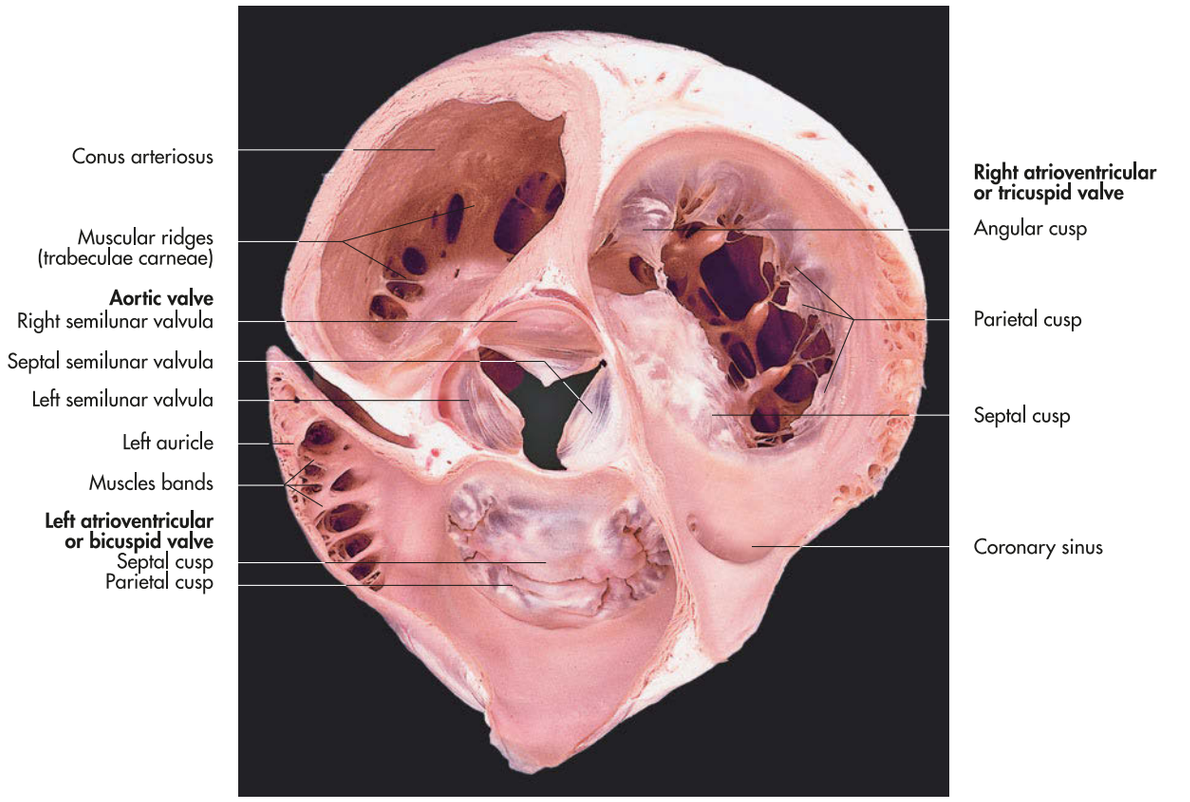


Fig. 13.7 Interior of the heart of a horse (transverse section through the atrias). (source: courtesy of Prof. Dr. J. Maierl, Munich)

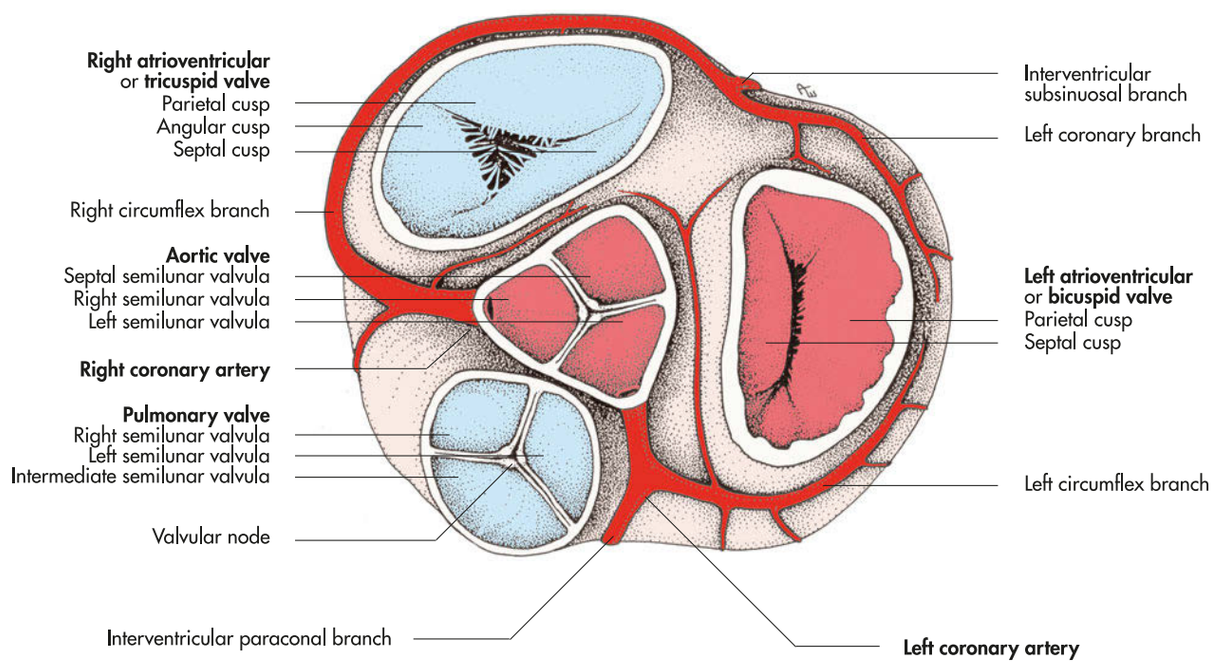


Fig. 13.8 Interior of the heart of the horse (schematic, transverse section through the atrias).

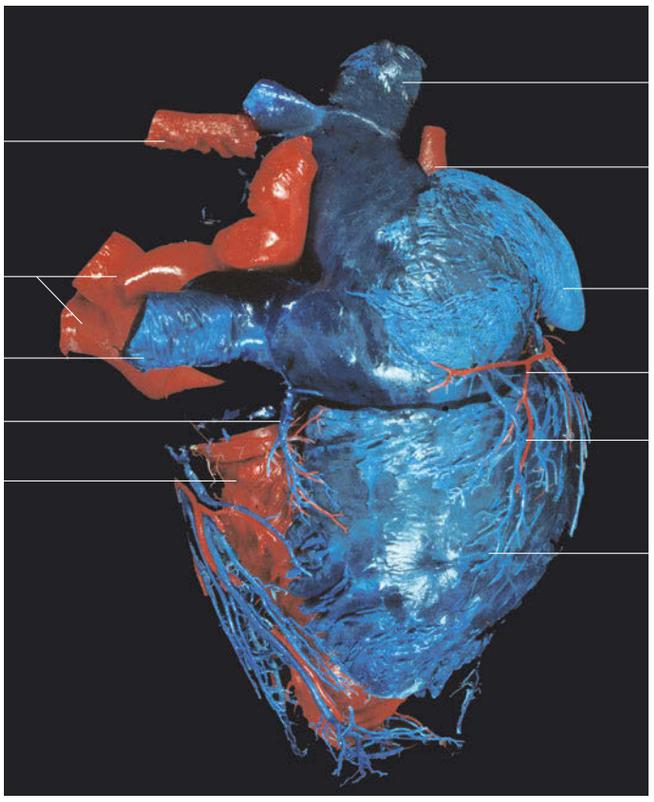


Fig. 13.9 Cardiac vessels of the heart of a dog (corrosion cast, right aspect). (source: courtesy of H. Dier, Vienna)

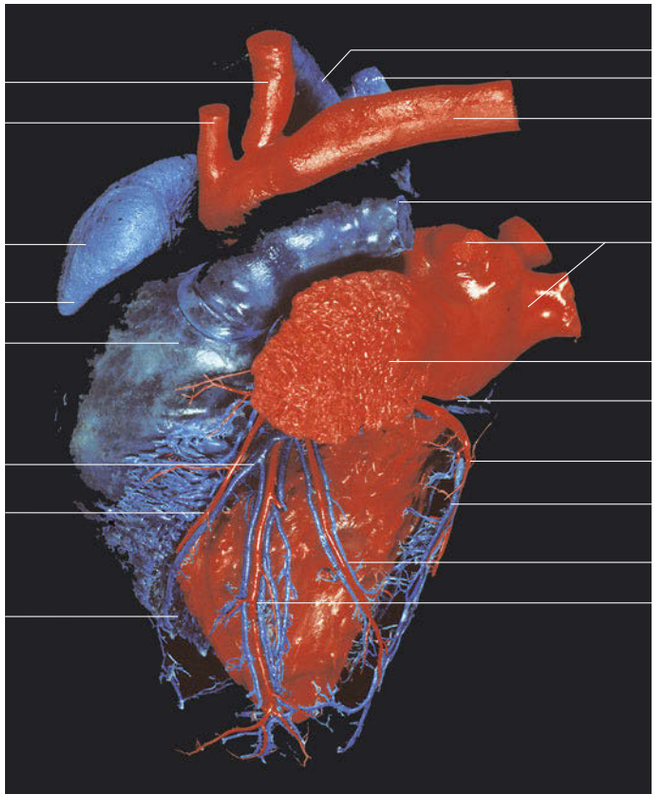


Fig. 13.10 Cardiac vessels of the heart of a dog (corrosion cast, left aspect). (source: courtesy of H. Dier, Vienna)

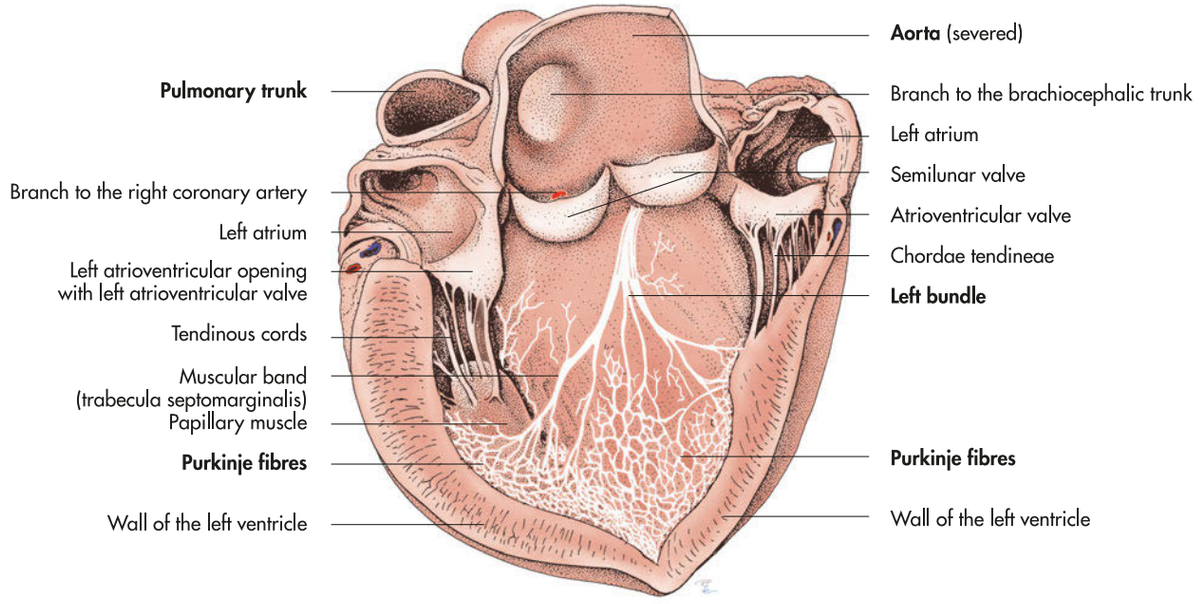


Fig. 13.11 Conducting system of the left atrium and ventricle (schematic).

The coronary arteries are so-called end arteries in that they do not form anastomoses. Thus vascular occlusion of one branch cannot be tolerated and leads to local infarction of the cardiac muscle. The clinical phenomenon of acute myocardial infarctions, which is the most common cause of death in the western world, does not occur in any of the veterinary species.

Most of the coronary veins drain into the **great coronary vein** (v. cordis magna), which runs in parallel with the left coronary artery (▶ Fig. 13.7). It returns to the right atrium by a short, wide trunk, the coronary sinus. Shortly before it opens into the coronary sinus it is joined by the **middle coronary vein** (v. cordis media), which ascends in the right interventricular groove. Many of the **smaller veins** (vv. cordis minimae) open into the cavities of the heart directly.

13.1.7 Conducting system of the heart

The conducting system of the heart consists of **modified myocytes**. Compared to the normal myocytes, these cells are greater in diameter, they contain more intracellular fluid and have a higher glycogen content, but fewer fibrils. The most characteristic feature of the conducting tissue is its capacity for spontaneous electrical activity, which spreads to the adjacent muscle, resulting in depolarisation and contraction. This guarantees cardiac autonomy essential for the inherent rhythm of the heart, although it is influenced by the autonomic nervous system. The conducting system consists of the following parts (▶ Fig. 13.11 and ▶ Fig. 13.12):

- sinoatrial node (nodus sinuatrialis),
- atrioventricular node (nodus atrioventricularis),
- atrioventricular bundle or Bundle of His (fasciculus atrioventricularis) with:
  - right bundles (crura dextra) and
  - left bundles (crura sinistra);
- subendocardial branches or Purkinje fibres (rami subendocardiales).

Although all parts of the conducting system are capable of spontaneous activity, the **sinoatrial node** is **autonomous** by virtue of having the highest resting rate of **depolarisation**. As such, it initiates the cardiac cycle acting as the primary pacemaker, overriding other pacemaker activity. This ensures coordinated contraction, which is essential for efficient pumping. Only if the sinoatrial node dysfunctions, do other parts of the system take over the role of dominant pacemaker; sequentially, this function is taken over by the **atrioventricular node**, or the **Purkinje fibres**.

The **sinoatrial node** is located below the **endocardium** of the **right atrial wall** ventral to the opening of the cranial vena cava. Although it does not form a conspicuous structure, visible to the naked eye, it is richly innervated by both the sympathetic and parasympathetic nervous systems. From the sinuatrial node the wave of excitement spreads to the surrounding muscle and reaches the **atrioventricular node**, which is located in the **interatrial septum** close to the opening of the coronary sinus (▶ Fig. 13.12).

This node is also richly innervated and gives origin to the **atrioventricular bundle** (truncus fasciculi atrioventricularis), which penetrates the cardiac skeleton before dividing into **right** (crus dexter) and **left bundles** (crus sinister) (▶ Fig. 13.12). These branches lie closely under the endocardium of the interventricular septum. The right branch crosses the cavity of the right ven-

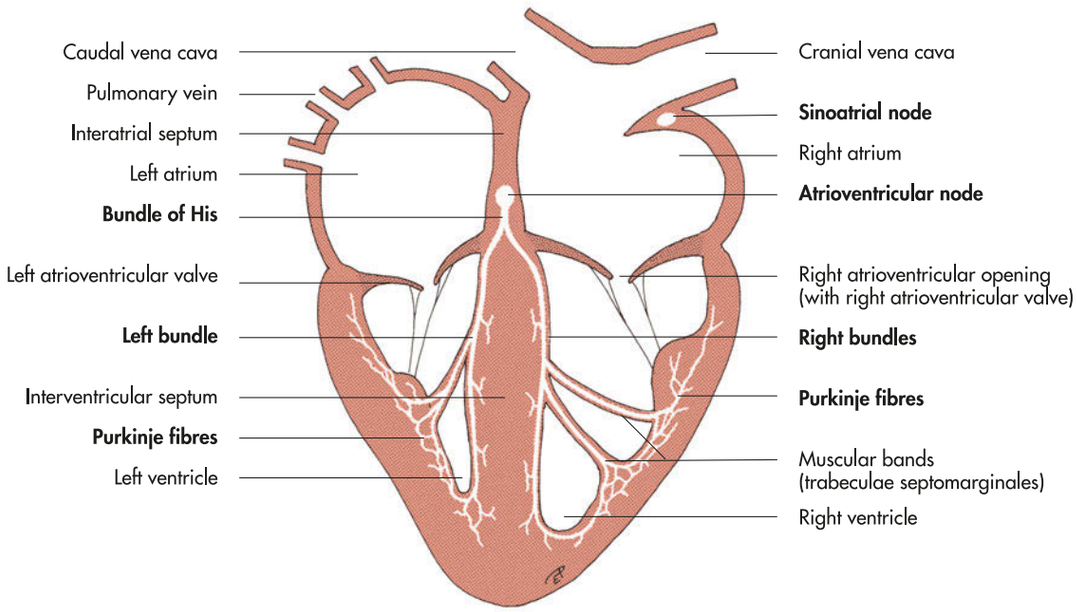


Fig. 13.12 Conducting system of the right and left ventricle (schematic).

tricle in the septomarginal trabecula of this chamber. It ends in the outer ventricular wall of the right ventricle. The left branch is more diffuse and ramifies in the outer wall of the left ventricle. The final branches of these bundles are known as **subendocardial branches** or **Purkinje fibres** (▶ Fig. 13.12).

13.1.8 Innervation

Innervation of the heart is provided by the **autonomic nervous system**. Sympathetic fibres are supplied by the **cervical cardiac nerves** and the **caudal thoracic nerves** (also called **nn. accelerantes** according to their function), which originate from the **stellate ganglion** and the **middle cervical ganglion**. The number of these nerves varies among species and even individuals. **Parasympathetic fibres** arise as branches of the **vagus nerve** either directly or from the recurrent laryngeal nerve. These nerve fibres are summarised under the term **depressor nerve** (n. depressor). For a more detailed description see Chapter 15 "Nervous system" (p. 515).

All nerve fibres form the **cardiac plexus** (plexus cardiacus) within the cranial mediastinum. Most of the sympathetic nerves are postganglionic fibres, whereas the parasympathetic fibres are **preganglionic**. These form synapses in small ganglia, which are located beneath the epicardium in the walls of the atria, mostly adjacent to the large blood vessels. Many of the fibres innervate the conducting tissue, especially the sinoatrial and the atrioventricular nodes. Efferent fibres of both the parasympathetic and the sympathetic system leave the heart. Sympathetic efferent fibres are responsible for pain receptors, while parasympathetic efferent nerves respond to increases in distension.

Cardiac function is not dependent on afferent nerves, but these influence both rate and force of contractions to match cardiac output to the body's need for oxygen. Sympathetic stimuli accelerate the **pacemaker rate** (**chroniotropy**) and increase **contractility** (**ionotropy**), while parasympathetic innervation slows the pacemaker rate. The heart both responds to circulating hormones, such as **adrenaline**, and has endocrine actions; for example, the atrial cells produce **atrial natriuretic peptide**, a peptide hormone which plays a role in the regulation of blood pressure.

13.1.9 Lymphatics

The heart tissue is drained by **lymph capillaries**, which become confluent in small lymph vessels beneath the epicardium. These run toward the base of the heart, where they form bigger lymph vessels close to the junction between the coronary groove and the left interventricular groove. These finally drain into the **cranial and caudal mediastinal lymph nodes** and the **tracheobronchial lymph nodes**.

13.1.10 Functions of the heart

Alternating between contraction and relaxation results in a pumping action that makes the blood circulate through the body. The phase of contraction is called **systole**; relaxation is called **diastole**. During systole the atria of the heart contract first, followed by a contraction of the ventricles, which takes about double the time of the former. The atrioventricular node is of vital importance for the delay between atrial and ventricular contraction, ensuring complete ventricular filling. The walls of the ventricle contract almost simultaneously with the papillary muscles,

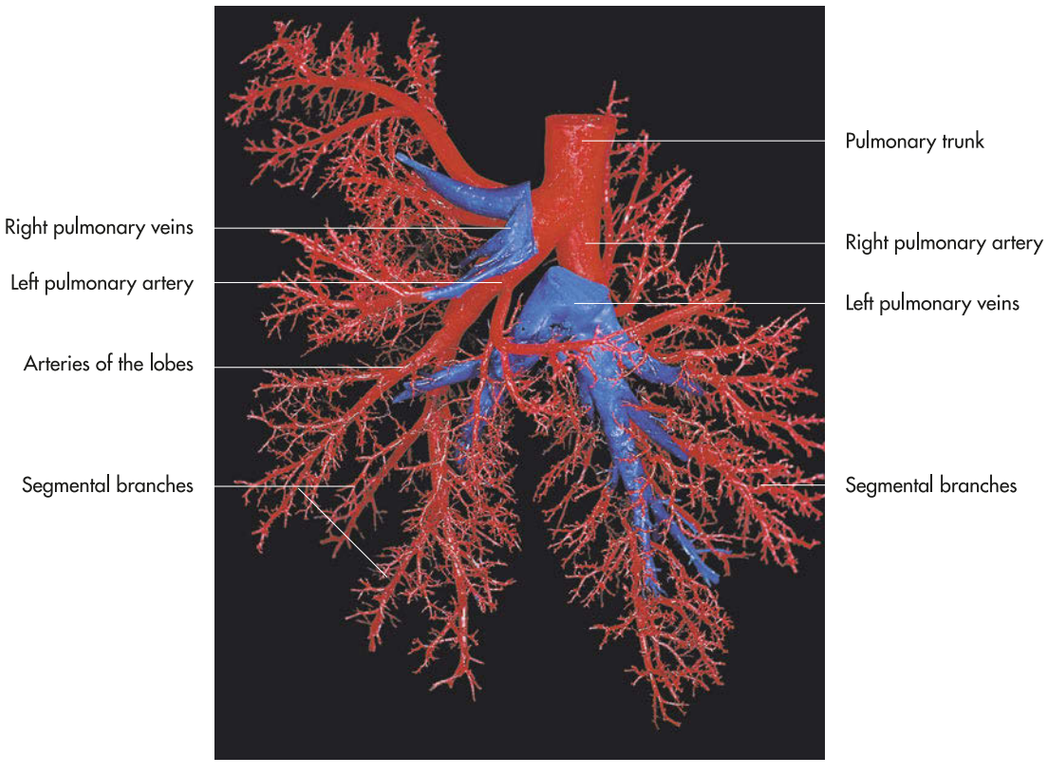


Fig. 13.13 Pulmonary vessels of a sheep (ventral aspect, corrosion cast). (source: courtesy of Prof. Dr. M. Navarro and A. Oliver, Barcelona)

preventing the prolapse of the valve cusps into the atria. The longitudinal layers of the myocardium shorten the ventricles so that the apex is pulled toward the base of the heart. The circular muscle fibres of the left ventricle and the septum contract like a sphincter. Only contraction of the right ventricular free wall plays a part in right ventricular outflow.

The **volume of blood** pumped by the heart during systole is termed stroke volume. In a 20-kg dog this is approximately 11 ml, which amounts to 1.5 tons of blood pumped in a day. **Cardiac output** is the product of stroke volume and heart rate, and is measured in litres of blood per minute. **Cardiac index** is the cardiac output corrected for body weight.

During **diastole** the myocardium relaxes and the heart chambers fill passively. The return of the blood to the heart is assisted by several factors such as ventilation and contraction of the diaphragm. The atrioventricular valves are open and the semilunar valves are closed during diastole. Backflow of blood against the coronary sinus is responsible for the coronary blood flow. Since blood flow relies on pressure differences, coronary flow is affected by both diastolic blood pressure and right atrial pressure.

The heart can be clinically evaluated by assessing heart rate and rhythm, palpation of pulse pressure, measurement of blood pressure and central venous pressure, and by auscultation of the heart. Closure of the heart valves produces distinctive sounds, which are audible with a **stethoscope**. There are **four heart sounds**, referred to as S4 (atrial sound), S1, S2 and S3. Usually it is possible to hear all four sounds only in some horses, whereas S1 and S2 should be audible in all domestic animals.

The **first heart sound** (**S1**) is produced by the simultaneous closure of the atrioventricular valves at the beginning of systole. The **second heart sound** (**S2**) is produced by the simultaneous closure of the aortic and pulmonic valves, marking the beginning of diastole. The **third heart sound** (**S3**) is produced by passive ventricular filling, whilst the **fourth**, or **atrial sound** (**S4**) is produced by atrial contraction.

Clinical note

The area where the sounds are most clearly heard are called the **point of maximal intensity**; in the horse these are:

- **left thorax**, at the level of a horizontal line drawn through the shoulder joint:
  - 3rd intercostal space: pulmonary valve,
  - 4th intercostal space: aortic valve,
  - 5th intercostal space: bicuspid valve, and
- **right thorax**:
  - 4th intercostal space: tricuspid valve.

13.2 Vessels (vasa)

Angiology (angiologia) is the study of the form, structure, topography and function of vessels. Under clinical circumstances, it is more useful to have a basic general knowledge of angiology than to know the exact topography of each vessel in minute detail, which in the authors' opinion is only of academic interest. Therefore, the aim of this chapter is to provide students and practitioners a sound working knowledge of angiology. For a more detailed description see also Chapter 1 "Introduction and general anatomy" (p. 21).

13.2.1 Arteries of the pulmonary circulation

Deoxygenated blood is transported from the right ventricle to the lung by the **arteries of the pulmonary circulation**, which comprises the pulmonary trunk and the left and right pulmonary arteries (▶ Fig. 13.13). The **pulmonary trunk** (truncus pulmonalis) arises from the right ventricle, from which it is separated by the **semilunar cusps** (valvulae semilunares) of the **pulmonary valve** (valva trunci pulmonalis). It passes between the two auricles and continues caudally to the left of the aorta. Close to its bifurcation it is attached to the aorta by the ligamentum arteriosum, a connective tissue remnant of the ductus arteriosus, which conveys blood directly into the aorta without passing through the lung in the foetal circulation. For a more detailed description see also Chapter 1 "Introduction and general anatomy" (p. 21).

Ventral to the bifurcation of the trachea the pulmonary trunk divides into **right** and **left pulmonary arteries** (a. pulmonalis dextra et sinistra). Each artery passes to the corresponding lung, where their branches follow the bronchi until they terminate in the basket-shaped capillary beds surrounding the alveoli. From these capillary beds arise the **pulmonary veins** which convey the oxygenated blood to the left atrium. The **pulmonary arteries** are the only arteries in the body that carry **deoxygenated blood**.

13.2.2 Arteries of the systemic circulation

Since species differences are too numerous for the scope of this book, the horse will be used as a model, but the most significant comparative features will be mentioned.

The arteries of the systemic circulation comprise the arteries, which **transport the oxygenated blood** from the left ventricle of the heart to the organs and body tissues. The systemic circulation starts with the aorta, which is separated from the left ventricle by the aortic valve. The initial portion of the aorta is enlarged to form the aortic bulb, from which the coronary arteries arise.

The **ascending aorta** ascends (aorta ascendens) on the right side of the **pulmonary trunk** before it makes a U-turn dorsocaudally and to the left as the **aortic arch** (arcus aortae). The ascending aorta passes caudally and reaches the vertebral column at the level of the sixth thoracic vertebra slightly to the left of the median plane and continues from there as the **descending aorta** (aorta descendens) (▶ Fig. 13.20).

The descending aorta can be further subdivided into a **thoracic portion** (aorta thoracica) and an **abdominal portion** (aorta abdominalis). It passes from the thoracic cavity into the abdominal cavity through an opening in the diaphragm (**hiatus aorticus**). At the level of the caudal lumbar vertebrae it divides into its terminal branches (▶ Fig. 13.20).

The **aortic arch** is joined to the pulmonary trunk by the **ligamentum arteriosum**, the remnant of the **foetal ductus arteriosus**. Immediately after birth, when the newborn starts to breathe, the tunica media of the ductus arteriosus contracts, and the inner tunic starts to transform. Normally the lumen of the vessel is obliterated within the first week postpartum (▶ Fig. 13.16).

A **persistent ductus arteriosus** results in a characteristic continuous murmur audible by auscultation on the right and the left hemithorax. The condition can cause hypoxaemia, due to mixing of oxygenated and deoxygenated blood within the peripheral arterial blood supply.

The **ascending aorta** originates from the left portion of the 4th aortic arch during embryonic development; the pulmonary trunk, from the 6th (a more detailed description can be found in embryology textbooks).

Clinical note

In some animals, such as the German Shepherd dogs, the ascending aorta has reportedly developed from the right portion of the 4th aortic arch, resulting in a condition termed "persistent right aortic arch".

In affected animals, the ligamentum arteriosum crosses the dorsal aspect of the oesophagus, causing a partial obstruction that can lead to the formation of a diverticulum. Affected animals develop regurgitation of food material as they begin to eat solid food after weaning. Surgical dissection of the impinging ligament will correct the defect, although many animals can be managed without the need for surgery.

Cranial branches of the aortic arch

Brachiocephalic trunk

The brachiocephalic trunk arises from the aortic arch and branches cranially (▶ Fig. 13.14, ▶ Fig. 13.15 and ▶ Fig. 13.16). It provides the blood supply for the thoracic limbs, the neck, the head and the ventral portion of the thorax.

The brachiocephalic trunk gives origin to the:

- left subclavian artery (a. subclavia sinistra),
- right subclavian artery (a. subclavia dextra) and
- bicarotid trunk (truncus bicaroticus).

In the pig, cat and dog, the left subclavian artery takes a separate, more distal origin from the aortic arch.

Subclavian artery

The subclavian arteries supply blood to the forelimbs, the neck and cranial and ventral parts of the thorax.

Branches of the **subclavian artery** (▶ Fig. 13.14, ▶ Fig. 13.15 and ▶ Fig. 13.16):

- costocervical trunk (truncus costocervicalis) with:
  - supreme intercostal artery (a. intercostalis suprema) and
  - dorsal scapular artery (a. scapularis dorsalis);
- deep cervical artery (a. cervicalis profunda),
- vertebral artery (a. vertebralis),
- superficial cervical artery (a. cervicalis superficialis),
- internal thoracic artery (a. thoracica interna) with:
  - musculophrenic artery (a. musculophrenica) and
  - cranial epigastric artery (a. epigastrica cranialis);
- axillary artery (a. axillaris), the direct continuation of the subclavian artery.

The first branch that arises from the subclavian artery is the **costocervical trunk**, which divides into the **dorsal scapular artery**, which branches at the base of the neck and around the withers and the **supreme intercostal artery** (in the dog the thoracic vertebral artery), which supplies the first few intercostal arteries. In the dog, **deep cervical artery** is the dorsocranially extending

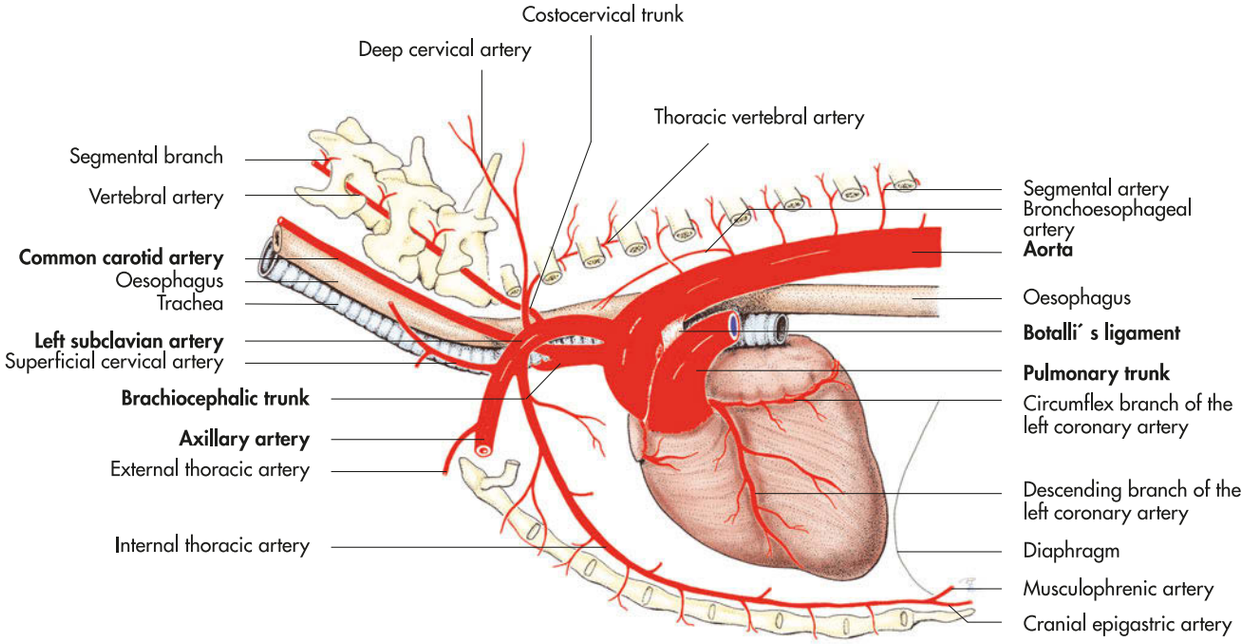


Fig. 13.14 Arteries of the base of the heart and the cranial mediastinum of the dog (schematic, left lateral aspect); fig. based on data from Ellenberger and Baum, 1943.

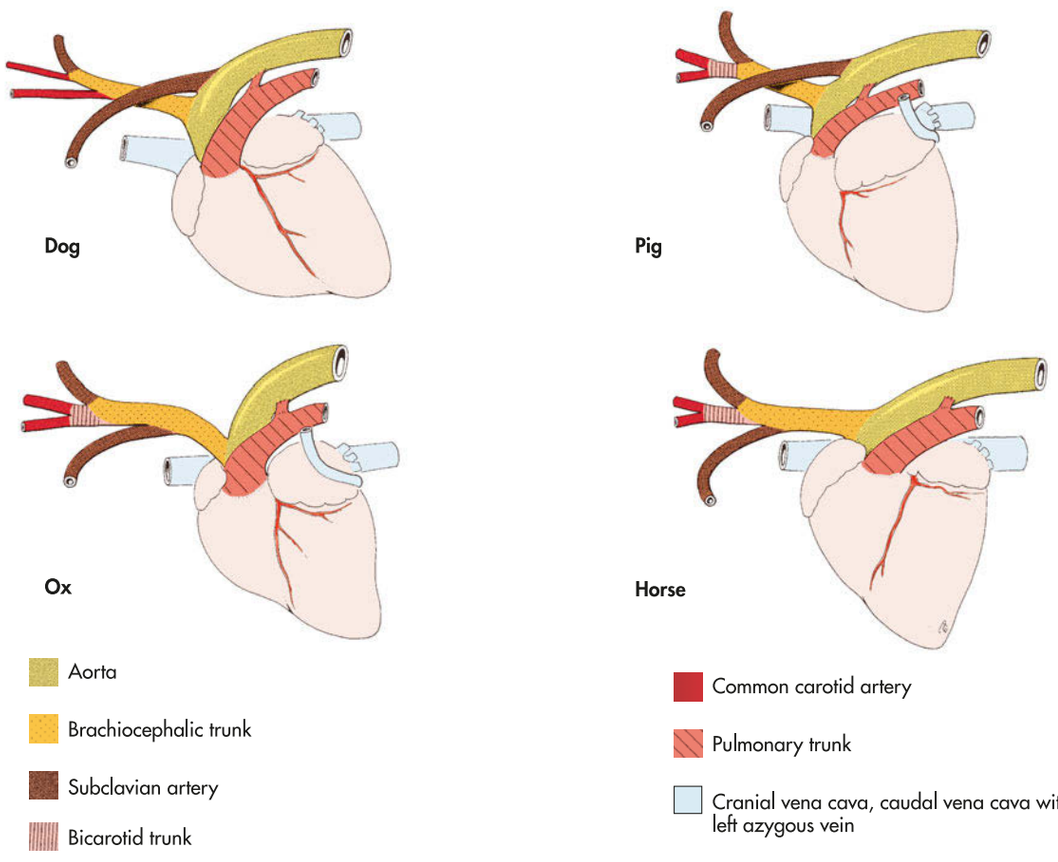


Fig. 13.15 Comparison of the vessels at the base of the heart of the domestic mammals (schematic); fig. based on data from Ghetie, 1967.

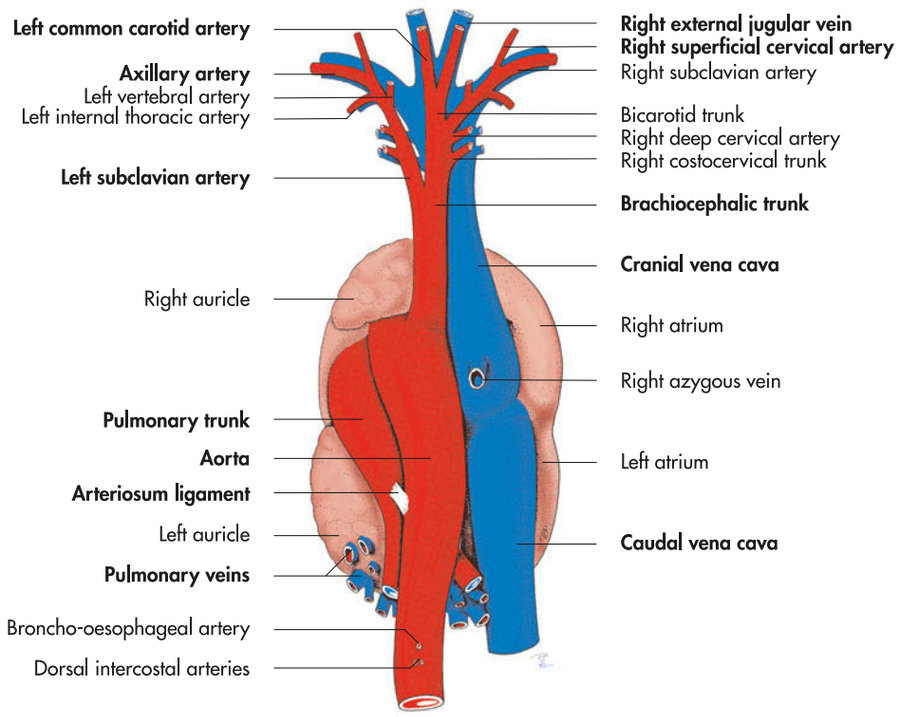


Fig. 13.16 Blood vessels at the base of the heart of the horse (schematic, dorsal aspect); fig. based on data from Ghetie, 1967.

terminal branch of the costocervical trunk, while in large animals the substantial deep cervical artery arises directly from the subclavian artery (▶ Fig. 13.14 and ▶ Fig. 13.19). It provides blood supply to the dorsal cervical musculature up to the nuchal region.

The **vertebral artery** passes cranially through the transverse canal formed by the successive transverse foramina of the cervical vertebrae, and enters the vertebral canal within the atlas. Along this path, it sends muscular branches into the adjacent cervical musculature and spinal branches into the vertebral canal. In the ox, the vertebral artery also vascularises caudal parts of the brain. This fact is of importance with regard to religious slaughtering rituals in which the common carotid artery is cut to kill the animal. In these animals, the EEG shows a much longer brain activity than in animals slaughtered by humane techniques.

The **superficial cervical artery** vascularises the ventral part of the base of the neck. The **internal thoracic artery** runs caudally above the sternum and detaches intercostal branches. It ends at the diaphragm by dividing into the musculophrenic artery, which supplies the diaphragm and the cranial epigastric artery, which passes to the stomach, where it forms an anastomosis with the caudal epigastric artery.

Several anastomoses are formed between the **deep cervical artery** and the **vertebral artery**, as well as between the vertebral artery and the occipital artery. After detaching the above branches, the subclavian artery winds around the cranial border of the first rib to enter the forelimb, where its name changes to the **axillary artery** (▶ Fig. 13.14 and ▶ Fig. 13.17).

Branches of the **axillary artery** (a. axillaris) and structures of these arteries they supply are:

- suprascapular artery (a. suprascapularis): supraspinatus muscle,
- subscapular artery (a. subscapularis) with:
  - caudal circumflex humeral artery (a. circumflexa humeri caudalis): triceps muscle,
  - circumflex scapular artery (a. circumflexa scapulae): infraspinous and subscapular muscles, and
  - thoracodorsal artery (a. thoracodorsalis): major teres and latissimus dorsi muscles.

Continuation as **brachial artery** (a. brachialis) with:

- cranial circumflex humeral artery (a. circumflexa humeri cranialis): proximal biceps, coracobrachial, major teres and latissimus dorsi muscles,
- deep brachial artery (a. profunda brachii): triceps muscle, with:
  - collateral radial artery (a. collateralis radialis),
- bicipital artery (a. bicipitalis): biceps muscle,
- transverse cubital artery (a. transversa cubiti): radial extensor muscle,
- collateral ulnar artery (a. collateralis ulnaris),
- common interosseous artery (a. interossea communis),
- median artery (a. mediana) with:
  - radial artery (a. radialis): carpal joint,
  - palmar carpal rete (rete carpi palmare) and
  - dorsal carpal rete (rete carpi dorsale),
- medial palmar artery (a. digitalis palmaris communis II) with:
  - medial and lateral digital palmar artery (a. digitalis palmaris medialis et lateralis).

The original part of the **axillary artery** is closely related to the **axillary plexus**. After the detachment of the suprascapular, the subscapular and the thoracodorsal arteries, its name changes again at the level of the axillary lymph nodes, where it becomes the brachial artery. The **brachial artery** continues distally into the thoracic limb as its main blood supply. It runs parallel to its corresponding vein and the median, ulnar and musculocutaneous nerves. In the cat, the brachial artery and the median nerve pass through the **supracondylar foramen** at the proximal end of the radius, while the vein passes around the shaft of the humerus and detaches several branches into the surrounding muscles. In the dog, the superficial brachial artery leaves the brachial artery at the distal third of the humerus and passes distally on the cranial aspect of the radius, carpus and metacarpus to reach the digits, where it branches out to form the dorsal digital arteries.

The **brachial artery** becomes the median artery in the proximal antebrachium after detachment of the **common interosseous artery**. The median artery runs down the caudomedial aspect of the forearm together with the median nerve and under the flexor carpi radialis muscle. It passes through the carpal canal with the digital flexor tendons and provides branches for the **carpal rete** at the level of the carpus. It continues in the region of the third metacarpal bone, where it becomes the **medial palmar artery** (**palmar common digital artery II**), the main artery to the digit and hoof. This further divides into the medial and lateral palmar digital arteries above the metacarpophalangeal joint.

The **digital arteries** pass over the abaxial aspects of the proximal sesamoid bones, where the digital pulse is palpable. The branches of the digital arteries distal to the metacarpophalangeal joint are symmetrical, and the two arteries form the terminal arch in the third phalanx. Several arteriovenous anastomoses are present, and arterial pulsation enhances venous return.

The main branches of the axillary artery form several anastomoses with each other from which small arteries arise.

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Clinical note

Clinically important landmarks

- **Arterial blood sampling:** The axillary artery can be injected, where it winds around the cranial border of the first rib.
- **Pulse palpation:** The pulse of the brachial artery is palpable on the medial aspect of the elbow joint; the digital pulse is palpable at the abaxial aspect of the proximal sesamoid bones.

Bicarotid trunk

The bicarotid trunk is a short common trunk which arises from the **brachiocephalic trunk**, extends cranially and branches into the left and right common carotid arteries (▶ Fig. 13.14, ▶ Fig. 13.15 and ▶ Fig. 13.16). In the dog and cat the common carotid arteries arise separately from the brachiocephalic trunk, the origin of the right being distal to the left. Therefore these animals do not have a bicarotid trunk.

The **common carotid arteries** ascend the neck to each side of the trachea accompanied by the vagosympathetic trunk and the caudal (recurrent) laryngeal nerve. Except for some small branches to the oesophagus, the trachea and the adjacent muscles, the only significant branches are detached close to its termination. These are the **caudal** and **cranial thyroid arteries** (▶ Fig. 13.18), both of which provide the blood supply for the thyroid gland.

The **cranial thyroid artery** gives origin to the cranial laryngeal artery for the larynx and the ascending pharyngeal artery for the pharynx. In the horse the **common carotid artery** ends by dividing into the **external** and **internal carotid arteries** and the **occipital artery** (▶ Fig. 13.18 and ▶ Fig. 13.19). Close to this division lies the **carotid body** (glomus caroticum), a chemoreceptor, which responds to changes in blood pressure. The **occipital artery** provides blood supply to the muscles of the nuchal region, the caudal meninges, the middle and internal ear before it anastomoses with the vertebral artery, thus taking part in the supply to the brain.

The **internal carotid artery** enters the cranial cavity after forming a characteristic S-shaped flexure at the base of the skull in the horse and dog. In the horse the internal carotid artery passes through the guttural pouch, a diverticulum of the auditory tube peculiar to the horse. Erosion of the vessel wall in horses with guttural pouch mycosis causes bleeding, which can be fatal. In the horse and the dog, the internal carotid artery is responsible for vascularisation of the brain.

In the other domestic mammals this is achieved by branches of the maxillary artery that form retia mirabilia at the base of the brain, which reunite to form the cerebral carotid artery, see Chapter 15 “Nervous system (systema nervosum)” (p.515). The arterial blood supply of the brain is closely related to the **cavernous sinus** (sinus cavernosus), which provides venous drainage of the cranial cavity.

The **external carotid artery** is the largest of the terminal branches of the common carotid artery and appears as the direct continuation of the parent trunk. It continues as the **maxillary artery** and detaches several branches to provide the blood supply to the muscles, bones and organs of the head, other than the brain (▶ Fig. 13.18).

Branches of the **common carotid artery** and their vascularised structures:

- **caudal thyroid artery** (a. thyroidea caudalis): thyroid gland,
- **cranial thyroid artery** (a. thyroidea cranialis): thyroid gland, with:
  - cranial laryngeal artery (a. laryngea cranialis): larynx, and
  - ascending pharyngeal artery (a. pharyngea ascendens): pharynx;
- **occipital artery** (a. occipitalis): nuchal musculature, with:
  - caudal meningeal artery (a. meningea caudalis): meninges;
- **internal carotid artery** (a. carotis interna): brain,
- **external carotid artery** (a. carotis externa): head without brain, with:
  - **linguofacial trunk** (truncus linguofacialis) with:
    - ascending palatine artery (a. palatina ascendens): pharynx,
    - lingual artery (a. lingualis): tongue,
    - sublingual artery (a. sublingualis): tongue, and

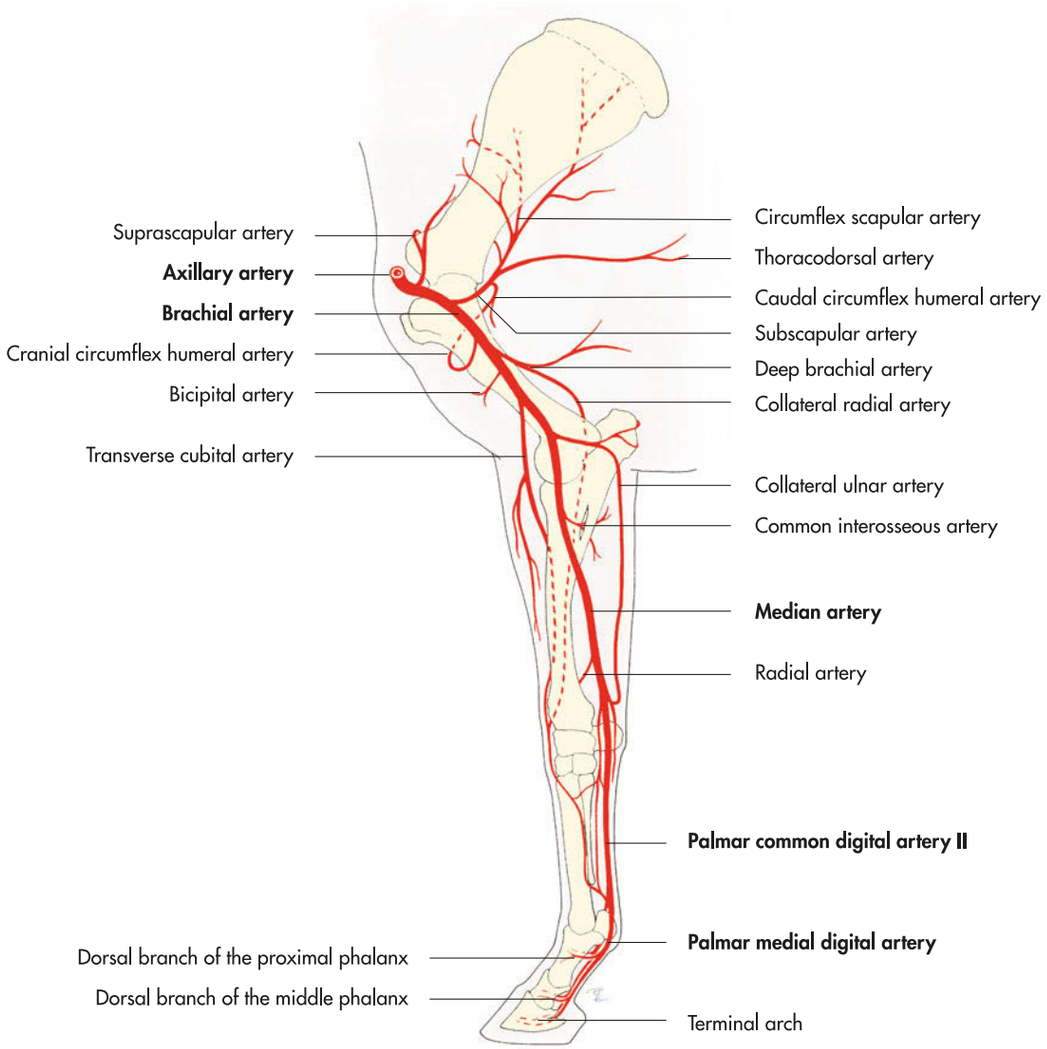


Fig. 13.17 Arteries of the thoracic limb of the horse (schematic, medial aspect); fig. based on data from Ellenberger and Baum, 1943.

– facial artery (a. facialis): face – with: inferior labial artery (a. labialis inferior): face, lower lip; superior labial artery (a. labialis superior): face, upper lip; lateral nasal artery (a. lateralis nasi): face, nose; dorsal nasal artery (a. dorsalis nasi): face, nose; and angular artery of the orbit (a. angularis oculi): face, eye lids;

- ◦ **masseteric branch** (ramus massetericus): masseter muscle,
- ◦ **superficial temporal artery** (a. temporalis superficialis) with:
  - – transverse facial artery (a. transversa faciei): masseter muscle, and
  - – rostral auricular artery (a. auricularis rostralis): external ear;
- ◦ **caudal auricular artery** (a. auricularis caudalis): external ear.

Branches of the **maxillary artery** and their vascularised structures:

- **inferior alveolar artery** (a. alveolaris inferior) with:
  - ◦ alveolar branches (rami alveolares): lower teeth, and
  - ◦ mental artery (a. mentalis): mental angle;
- **caudal deep temporal artery** (a. temporalis profunda caudalis): temporal muscle,
- **rostral deep temporal artery** (a. temporalis profunda rostralis): temporal muscle,
- **middle meningeal artery** (a. meningea media): meninges,
- **malar artery** (a. malaris): orbit,
- **sphenoplatine artery** (a. sphenopalatina): nasal cavity,
- **greater palatine artery** (a. palatina major): hard palate,
- **lesser palatine artery** (a. palatina minor): soft palate,
- **infraorbital artery** (a. infraorbitalis): teeth, maxilla, nose,
- **external ophthalmic artery** (a. ophthalmica externa) with:
  - ◦ supraorbital artery (a. supraorbitalis): frontal region,
  - ◦ ethmoidal artery (a. ethmoidalis): ethmoid, orbit,
  - ◦ lacrimal artery (a. lacrimalis): lacrimal gland,
  - ◦ internal ophthalmic artery (a. ophthalmica interna): retina,
  - ◦ rostral meningeal artery (a. meningea rostralis): meninges, and
  - ◦ buccal artery (a. buccalis): cheek.

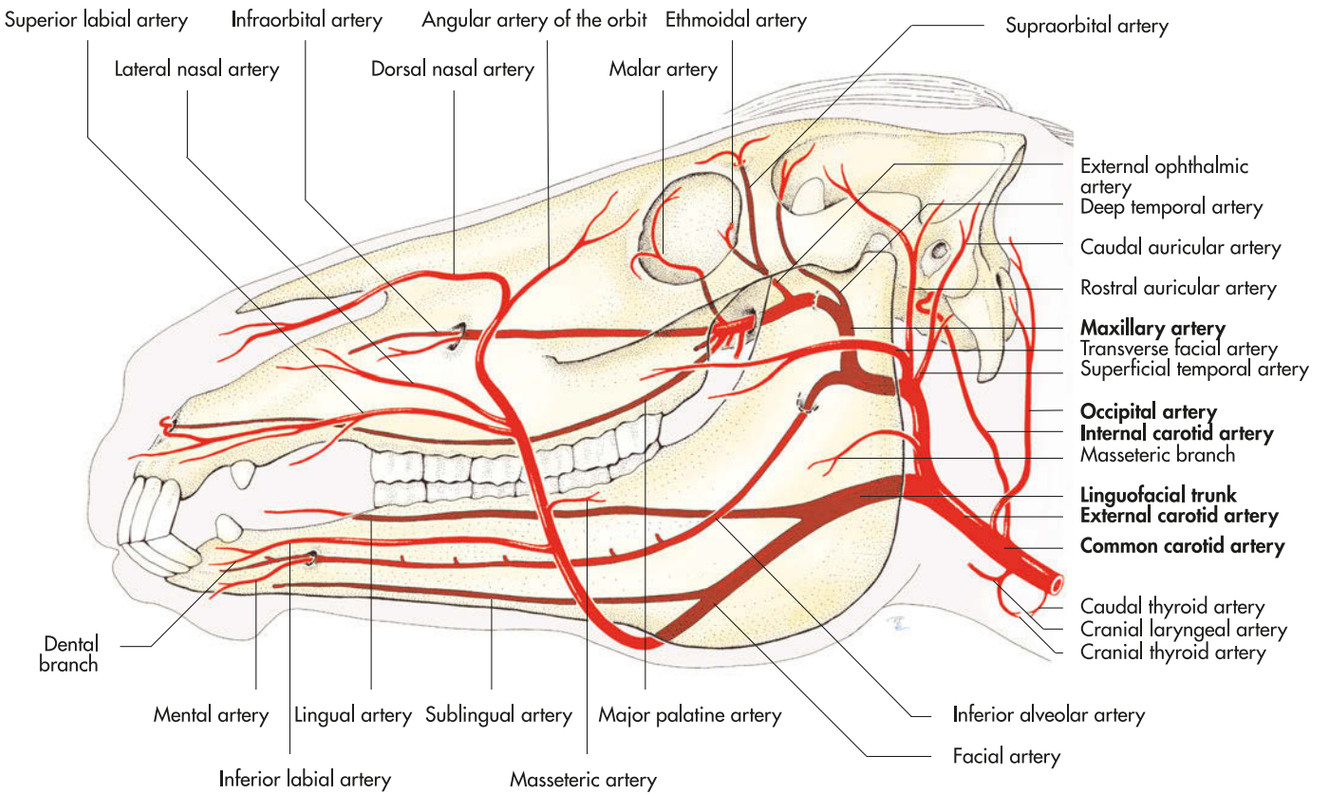


Fig. 13.18 Main arteries of the head of the horse (schematic); fig. based on data from Dyce et al., 2002.

13

Clinical note

Clinically important landmarks

- **Arterial blood sampling:** Facial artery at the facial notch on the ventral border of the mandible, common carotid artery at the base of the neck, transverse facial artery ventral to the temporomandibular joint.
- **Pulse palpation in the horse:** Facial artery at the facial notch on the ventral border of the mandible.

Thoracic aorta and abdominal aorta

The thoracic artery passes caudally below the spine to enter the abdomen by the **aortic hiatus** of the diaphragm, from which it continues caudally as the **abdominal aorta**. Both detach segmental arteries, which are called dorsal **intercostal arteries** (aa. intercostales dorsales) in the thorax and **lumbar arteries** (aa. lumbales) in the abdomen. These arteries supply the wall of the thorax and abdomen and send branches (**rami spinales**) to the spinal cord. The spinal branches enter the spinal canal through the corresponding intervertebral foramen; see Chapter 15 “Nervous system” (p. 515).

They vascularise the spinal ganglia and the meninges and end in the ventral spinal artery that runs in the central groove on the ventral aspect of the spine along its whole length. In the cervical region, the ventral spinal artery forms anastomoses with the ver-

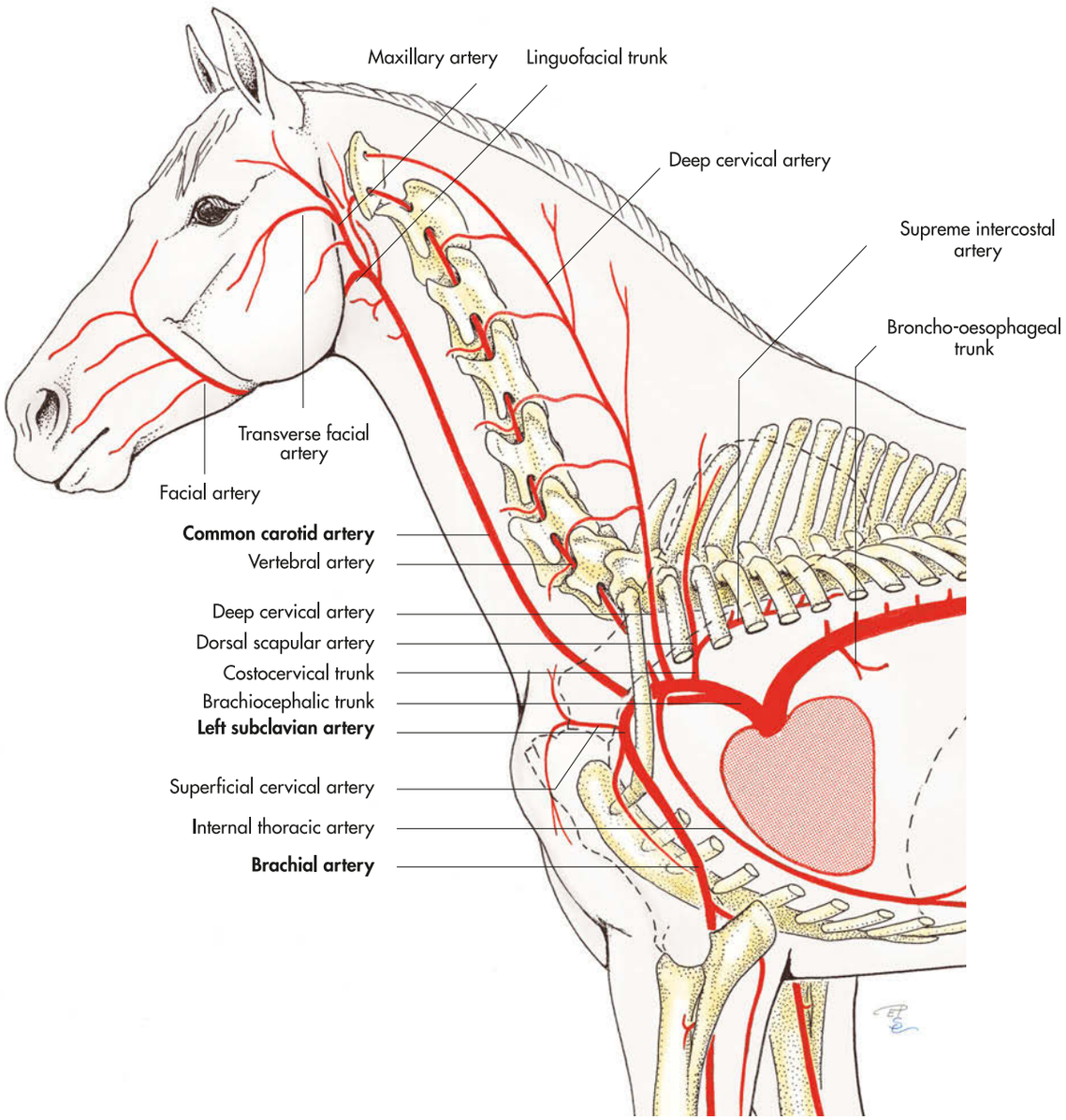


Fig. 13.19 Brachiocephalic trunk and its branches in the horse (schematic).

tebral and occipital arteries. In the sacral and caudal region, the spinal cord is supplied by the **median sacral** and the **coccygeal arteries**.

Branches and vascularised structures of the **thoracic aorta**:

- **dorsal intercostal arteries** (aa. intercostales dorsales): thoracic and abdominal wall, spinal cord,
- **broncho-oesophageal artery** (a. broncho-oesophagea) with:
  - bronchial branches (rami bronchiales): bronchial tree, and
  - oesophageal branches (rami oesophagei): oesophagus;
- **costoabdominal artery** (a. costoabdominalis): abdominal wall, and
- **cranial phrenic artery** (a. phrenica cranialis): present in the horse only (diaphragm).

Branches and vascularised structures of the **abdominal aorta** (▶ Fig. 13.20):

- **caudal phrenic artery** (a. phrenica caudalis): present in all domestic mammals, other than the horse (diaphragm),
- **lumbar arteries** (aa. lumbales): lumbar region,
- **coeliac artery** (a. coeliaca) with:
  - left gastric artery (a. gastrica sinistra),
  - hepatic artery (a. hepatica) with:
    - right gastric artery (a. gastrica dextra) and
    - gastroduodenal artery (a. gastroduodenalis dextra) with: right gastroepiploic artery (a. gastroepiploica dextra) and cranial pancreaticoduodenal artery (a. pancreaticoduodenalis cranialis); and
  - splenic artery (a. lienalis) with:
    - left gastroepiploic artery (a. gastroepiploica sinistra);

- **cranial mesenteric artery** (a. mesenterica cranialis) with:
  - caudal pancreaticoduodenal artery (a. pancreaticoduodenalis caudalis),
  - jejunal arteries (aa. jejunales),
  - ileocolic artery (a. ileocolica) with:
    - caecal arteries (aa. caecales),
    - ileal arteries (aa. ilei),
    - colic branch (ramus colicus) and
    - right colic artery (a. colica dextra); and
  - middle colic artery (a. colica media),
- **renal arteries** (aa. renales),
- **testicular/ovarian arteries** (aa. testiculares/aa. ovaricae) and
- **caudal mesenteric artery** (a. mesenterica caudalis) with:
  - left colic artery (a. colica sinistra) and
  - cranial rectal artery (a. rectalis cranialis).

For the vascularised structures see also Chapter 8 "Digestive system" (p. 327).

Termination of the **abdominal aorta** (▶ Fig. 13.23):

- **right** and **left external iliac artery** (a. iliaca externa dextra et sinistra) and
- **right** and **left internal iliac artery** (a. iliaca interna dextra et sinistra) with:
  - median sacral artery (a. sacralis mediana).

External iliac artery

The external iliac artery is the **principal artery of the hindlimb**. After arising as one of the terminal branches of the aorta it runs along the body of the ilium, accompanied by the like-named vein and the genitofemoral nerve, and detaches the deep circumflex iliac artery in large animals. In the mare, the first branch of the external iliac artery is the **uterine artery** (▶ Fig. 12.44). In carnivores, the deep circumflex iliac artery arises directly from the aorta. Before entering the femoral canal, it sends branches into the muscles of the thigh and detaches the deep femoral artery, which is the common origin of the pudendoepigastric arterial trunk.

On leaving the abdomen the external iliac artery continues as the **femoral artery**, which passes through the femoral canal and is accompanied by the like-named vein and the saphenous nerve. The femoral canal is bound by the sartorius muscle cranially and the gracilis and pectineal muscles caudally; see Chapter 3 "Fasciae and muscles of the head, neck and trunk" (p. 137). The femoral artery then passes between the adductor muscles on the medial side of the femur to reach the caudal aspect of the stifle, where it continues as the **popliteal artery**. The femoral artery has many branches to the muscles of the thigh.

The popliteal artery divides into **cranial** and **caudal tibial arteries** at the proximal part of the interosseous space. The larger cranial tibial artery passes distally on the craniolateral aspect of the tibia to reach the dorsal aspect of the hock as the **dorsal pedal artery**. It continues between the third and fourth metatarsal bones as the **dorsal metatarsal artery III**, the main vessel to the foot. It ends proximal to the fetlock by dividing into **medial** and **lateral digital arteries**.

Branches and vascularised structures of the **external iliac artery** (▶ Fig. 13.24 and ▶ Fig. 13.25):

- **external iliac artery** (a. iliaca externa) with:
  - uterine artery (a. uterina): only in the mare,
  - deep circumflex iliac artery (a. circumflexa ilium profunda),
  - cremasteric artery (a. cremasterica),
  - deep femoral artery (a. profunda femoris): muscles of the thigh – with:
    - pudendoepigastric arterial trunk (truncus pudendoepigastricus) – with: external pudendal artery (a. pudenda externa): scrotum, mammary gland; and caudal epigastric artery (a. epigastrica caudalis): abdominal muscles; and
    - medical circumflex femoral artery (a. circumflexa femoris medialis);
- **femoral artery** (a. femoralis) with:
  - lateral circumflex femoral artery (a. circumflexa femoris lateralis): muscles of the thigh,
  - saphenous artery (a. saphena): skin, muscles of the thigh and leg, digits, and
  - caudal femoral arteries (aa. caudales femoris): muscles of the thigh,
- **popliteal artery** (a. poplitea) with:
  - genicular arteries (aa. genus): caudal stifle joint,
  - middle genicular artery (a. genus media): interior of stifle joint, and
  - caudal tibial artery (a. tibialis caudalis): caudal leg;
- **cranial tibial artery** (a. tibialis cranialis): caudolateral leg,
- **dorsal pedal artery** (a. dorsalis pedis): tarsal joints, and
- **dorsal metatarsal artery III** (a. metatarsea dorsalis III) with:
  - lateral and medial plantar digital arteries (aa. digitales plantaris lateralis et medialis): digit.

Several anastomoses are formed between the arteries of the hindlimb: the caudal epigastric artery anastomoses with the cranial epigastric vein, the deep femoral artery with the distal caudal femoral artery, the lateral circumflex femoral artery with the medial circumflex femoral artery, and the descending genicular artery with the middle genicular artery.

Clinical note

Clinically important landmarks

- **Arterial blood sampling:** The dorsal metatarsal artery, between the third and fourth metatarsal bones.
- **Pulse palpation:** In the cat and dog the pulse can be taken at the femoral artery in its first part, where it superficialies on the inside of the thigh.

Internal iliac artery

The internal iliac artery provides blood supply to the **pelvic viscera** and the **walls of the pelvic cavity**, including the lumbar muscles and the overlying muscles of the gluteal region. It is one of the terminal branches of the aorta, and in the horse the **median sacral artery** can arise either from the left or the right internal iliac artery. The median sacral artery gives origin to **segmental branches**. The internal iliac artery continues as the **internal pudendal artery** which provides the blood supply for the **pelvic viscera** (▶ Fig. 13.24). Its branches are differently named and dis-

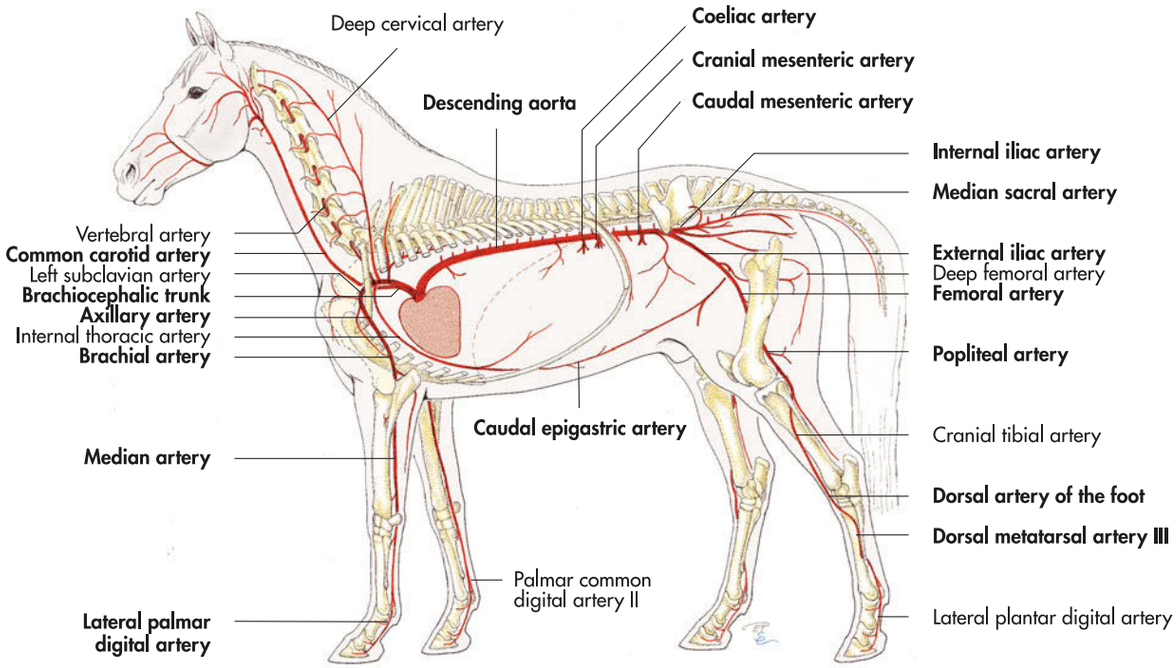


Fig. 13.20 Main branches of the aorta of the horse (schematic).

posed in the two sexes. It supplies the urinary bladder, ureters, urethra and the male and female genital organs.

Branches and supplied structures of the **internal iliac artery**:

- **internal iliac artery** (a. iliaca interna) with:
  - median sacral artery (a. sacralis mediana) and
  - caudal gluteal artery (a. glutea caudalis) with:
    - obturator artery (a. obturatoria),
    - cranial gluteal artery (a. glutea cranialis): gluteal muscles, and
    - iliolumbal artery (a. iliolumbalis): deep lumbar muscles;
- **internal pudendal artery** (a. pudenda interna) with:
  - umbilical artery (a. umbilicalis),
  - uterine artery (a. uterina): not in the mare; remnant of foetal blood supply,
  - vaginal artery (a. vaginalis): urinary bladder, urethra, uterus, vagina, rectum or prostatic artery (a. prostatica): urinary bladder, urethra, accessory genital glands, rectum; with:
    - median rectal artery (a. rectalis media);
  - caudal rectal artery (a. rectalis caudalis): rectum and anus,
  - ventral perineal artery (a. perinealis ventralis): perineum,
  - vestibular artery (a. vestibularis): vestibule, and
  - artery of bulb of vestibule (a. bulbi vestibuli) or dorsal artery of the penis (a. dorsalis penis).

13.2.3 Veins (venae)

In general veins (Greek “phleb”, Latin “vena”) return blood from the periphery to the heart, while arteries lead blood from the heart to the tissues. Most textbooks use a retrograde description of veins, where the passage of veins is described against the direction of the blood stream.

This leads to misunderstandings with regard to the effect of intravenous injections, orientation of the valves, arteriovenous anastomoses and blood flow. In fact, veins have a capillary bed from which they arise as **small veins** (venules) that become confluent to form **larger veins** that finally drain into the **right atrium of the heart**. Veins of the **pulmonary circulation** transport oxygenated blood from the lung to the left atrium of the heart.

Some textbooks reduce venous function to drainage of tissues only. However, several organs, e.g. the liver and the hypophysis, receive venous blood supply. Therefore veins do not only remove metabolites from the tissues, but also supply those tissues with the metabolites and hormones.

Most veins accompany the corresponding arteries and are said to be satellites to the mostly like-named arteries.

The **composition of venous blood** largely depends on the tributary territory. Venous blood from the intestines is rich in nutritious molecules, blood from the spleen has a high number of white blood cells, and blood from endocrine glands has a high hormone level, whereas venous blood from the kidneys has a low content of metabolites. Veins also play an important role in the **regulation of body temperature**, e.g. veins from the liver and muscles carry blood of a higher temperature.

Veins have a **similar construction to arteries**, though thinner walled, which is mainly due to the weak middle tunic. The inner tunic forms **valves**, which ensure unidirectional flow towards the heart and prevent retrograde flow of blood when circulation stagnates. Valves are not present in the veins of the cranial cavity or the vertebral canal; these veins are referred to as **venous sinuses**. Some veins of the cranial cavity do not have a wall, but

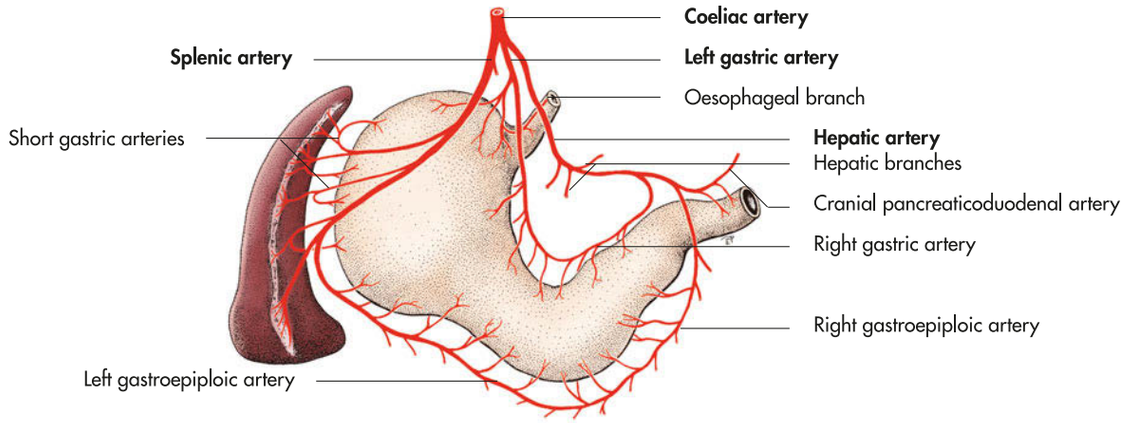


Fig. 13.21 Coeliac artery of the dog (schematic).

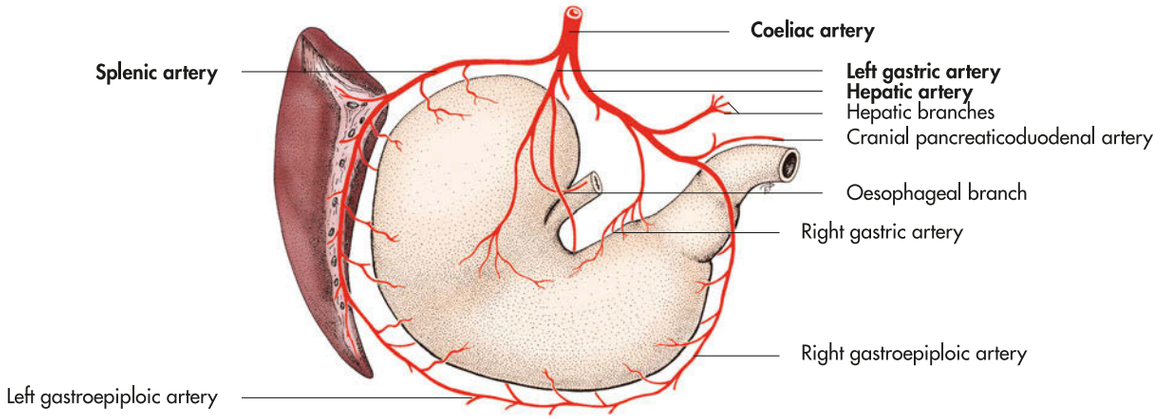


Fig. 13.22 Coeliac artery of the horse (schematic).

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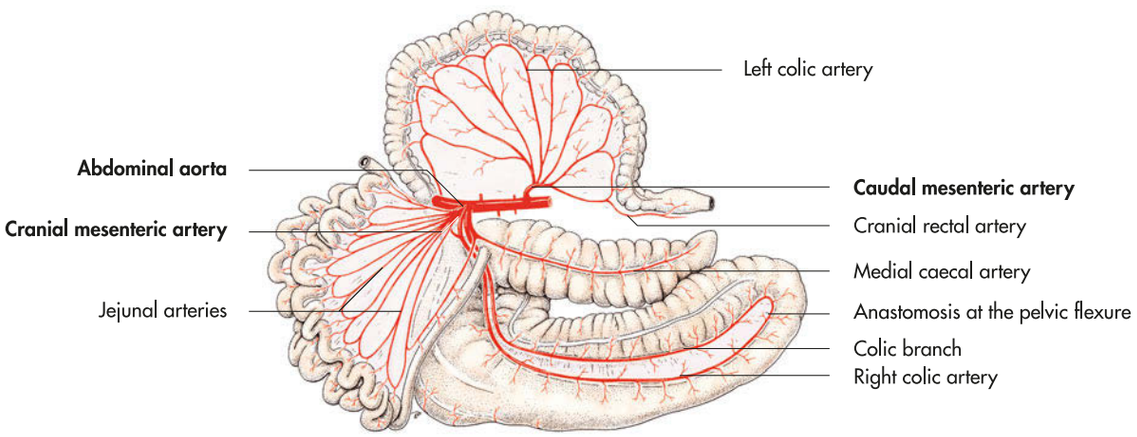


Fig. 13.23 Cranial and caudal mesenteric artery of the horse (schematic); fig. based on data from Ghetie, 1955.

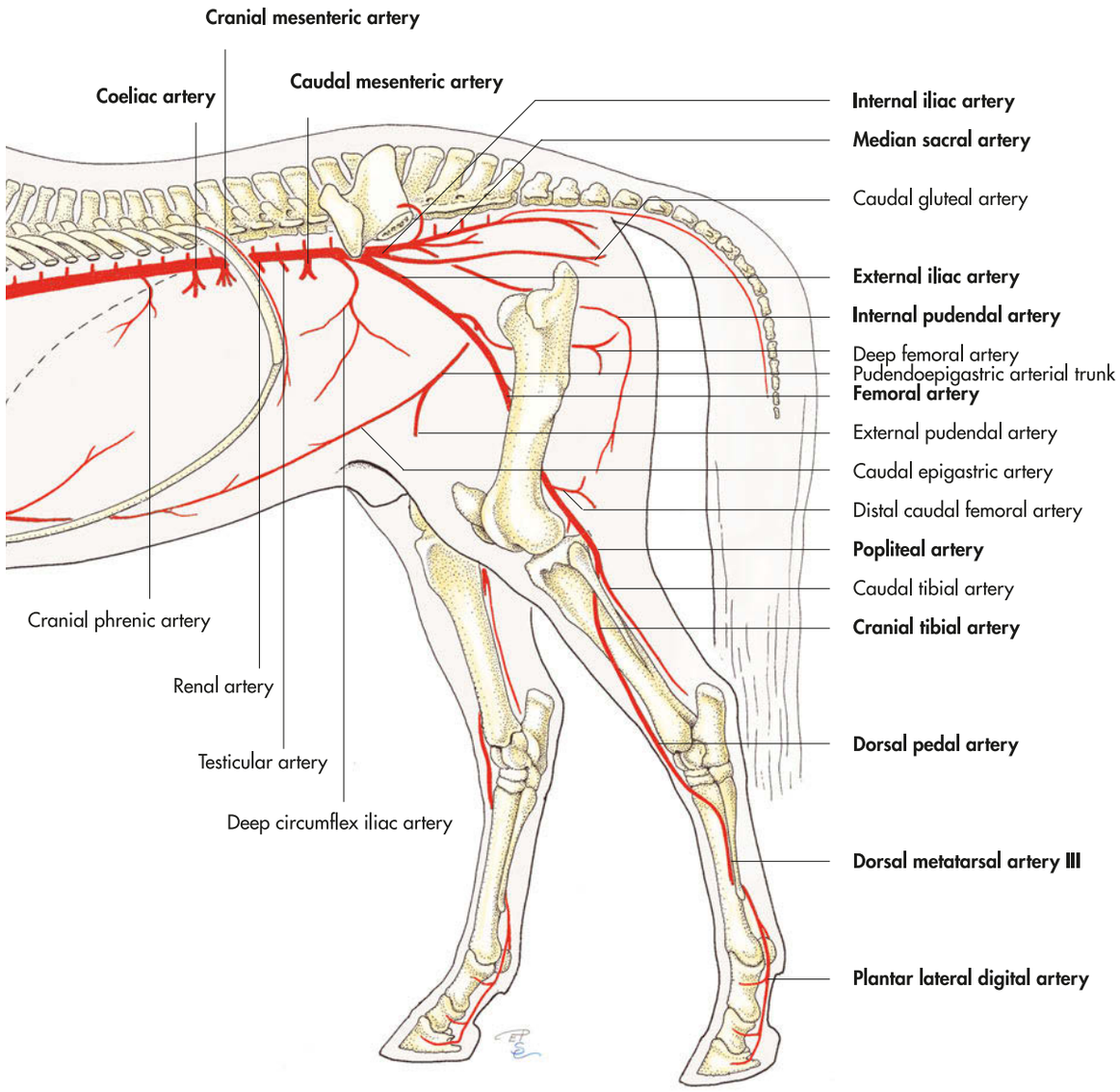


Fig. 13.24 Abdominal aorta and its larger branches of the horse (schematic).

pass in a diverticulum of the dura mater, which is lined by an endothelium.

Veins of the limbs often pass in a common soft tissue sheath, together with an artery. Thus pulsation of the artery enhances venous blood movement toward the heart, which is assisted by an increase in thickness of the tunica media in the distal veins.

Portal veins are veins which flow between two capillary beds, e.g. the portal system of the liver and the pituitary gland.

Cranial vena cava (vena cava cranialis) and its tributaries

The tributary branches of the cranial vena cava drain the head, neck, thorax and the thoracic limbs (▶ Fig. 13.26). The **unpaired cranial vena cava** is formed, at the level of the thoracic inlet, by the convergence of the **jugular veins**. It is then joined by the **right** and **left subclavian veins**, the tributaries of which are satellites to the corresponding arteries, and the broncho-oesophageal vein. In the horse, dog and cat, it is also joined by the right azygos vein near to its termination.

The root of the cranial vena cava receives the **lymph** from the **thoracic duct** which conveys the lymph from the body tissues into the blood circulation.

The cranial vena cava passes through the cranial mediastinum to the right of the brachiocephalic trunk and opens into the **right atrium**.

Veins of the head and neck

The veins of the head can be divided into veins that lie within the cranial cavity and veins that are outside the cranial cavity. The **valveless veins** within the cranial cavity are described in Chapter 15 "Nervous system" (p. 515). The veins of the head outside the cranial cavity usually run as satellites to the corresponding arteries. In the horse, tributaries of the facial vein are locally dilated to form **three venous sinuses** running along the facial crest and

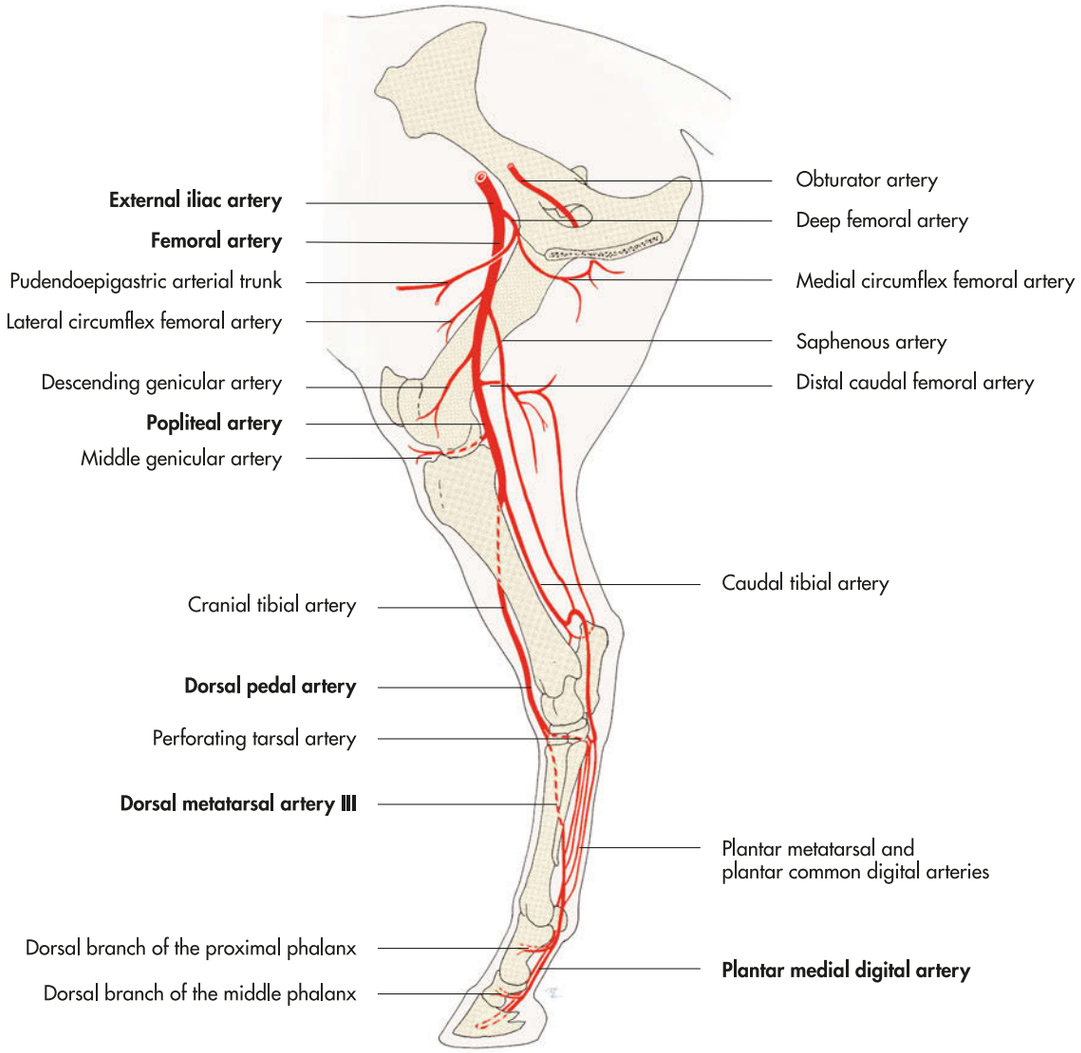


Fig. 13.25 Arteries of the pelvic limb of the horse (schematic); fig. based on data from Dyce et al., 2002.

below the masticatory musculature. They promote blood flow toward the heart during mastication. Blood can be sampled from one of these sinuses by drawing a virtual line from the nasal canthus of the eye to the facial crest and advancing a needle off its ventral rim in a medial direction.

The **external jugular vein** is formed near the angle of the jaw by the union of the linguofacial and the maxillary veins (▶ Fig. 13.26). It runs along the neck, occupying the **jugular groove** (sulcus jugularis) between the brachiocephalic muscle dorsally and the sternocephalic muscle ventrally. In the cranial and middle thirds of the neck it is subcutaneous. It is therefore the first choice for **blood sampling** and **intravenous injection** in most animals. In the dog, the left and right external jugular veins communicate via the hyoid venous arch, an unpaired vein that connects the right and left lingual veins ventral to the basihyoid bone.

In all domestic mammals other than the horse and the goat, there are **two pairs of jugular veins** (▶ Fig. 13.27). In addition to the external jugular vein, these animals have a (**deep**) **internal jugular vein** which runs between the common carotid artery and the trachea to unite with the **external jugular vein** at the base of the neck.

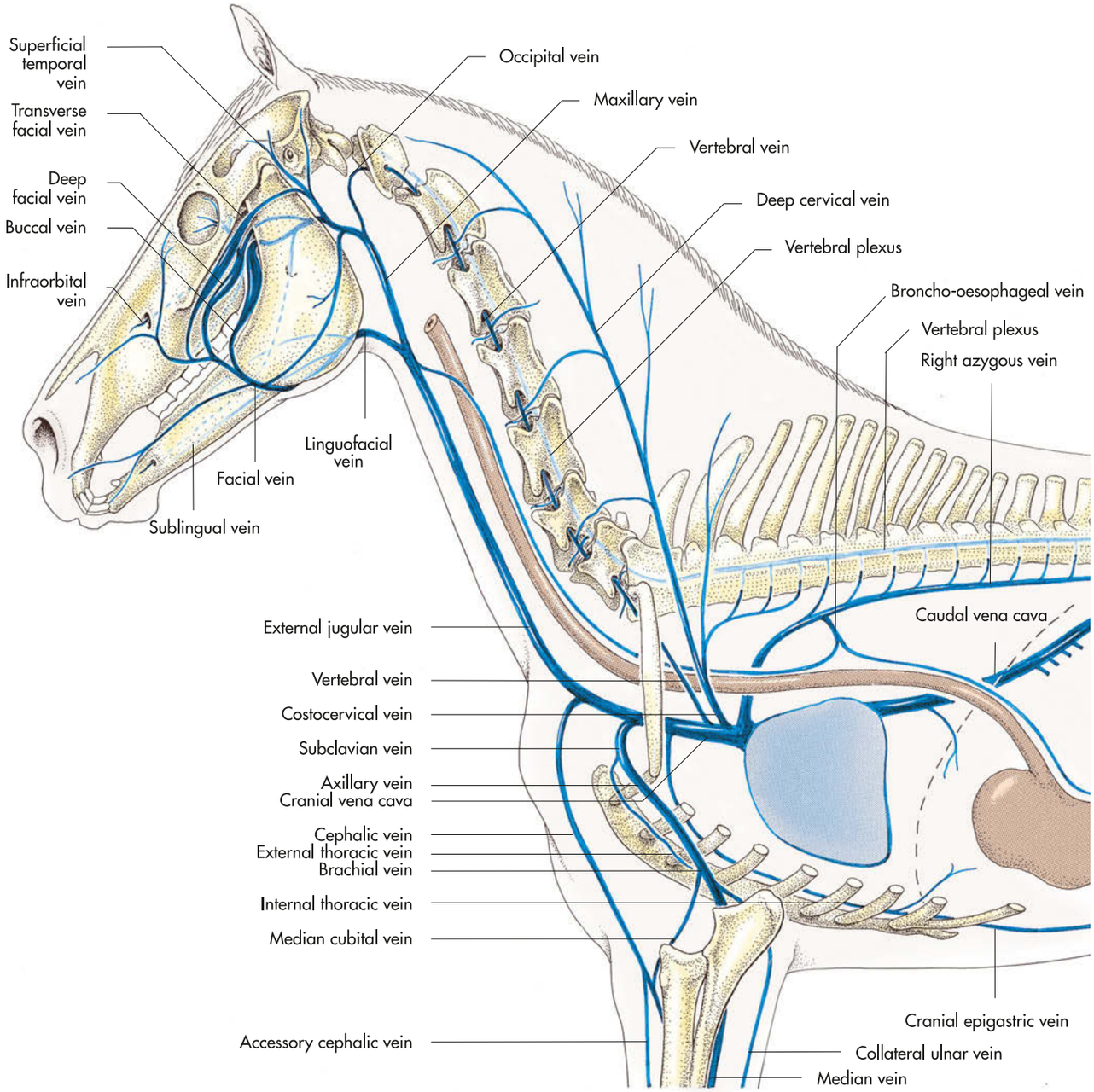


Fig. 13.26 Larger veins of the head, neck and the thoracic limbs and the tributaries to the cranial vena cava of the horse (schematic, simplified).

Azygos vein (vena azygos)

The azygos vein is formed by the union of the **first two lumbar veins** and passes through the **aortic hiatus** into the thorax, where it receives blood from the intercostal veins of the caudal and middle thoracic regions.

Although right and left azygos veins are present in the embryo, the pattern is later commonly simplified: in the horse, dog and cat the right azygos vein persists (▶ Fig. 13.26 and ▶ Fig. 13.28); in the pig the left or occasionally both persist; in ruminants both veins are usually present.

The **right azygos vein** opens into the terminal part of the **cranial vena cava**; the **left azygos** drains directly into the **coronary sinus**. The azygos system is of special importance in draining the plexus within the vertebral canal.

Veins of the thoracic limb

The veins of the thoracic limb begin with **terminal venous networks** (arcus terminalis) within the digits, the corium and the hoof cartilages (▶ Fig. 13.28). These networks become confluent to form the following veins in distal to proximal order:

- medial and lateral digital palmar veins (vv. digitales palmares medialis et lateralis),
- metacarpal veins (vv. metacarpeae),

- median vein (v. mediana) with:
  - accessory cephalic vein (v. cephalica accessoria) and
  - cephalic vein (v. cephalica);
- brachial vein (v. brachialis),
- median cubital vein (v. mediana cubiti),
- axillary vein (v. axillaris),
- subclavian vein (v. subclavia),
- external jugular vein (v. jugularis externa) and
- cranial vena cava (v. cava cranialis).

Most veins of the forelimb are satellites, though often duplicated where they accompany the larger arteries. The **tunica media of the wall** is increased in thickness in the veins of the distal limb in response to elevated venous pressure. These veins are also closely related to arteries to facilitate retrograde blood flow. The tributaries of the axillary vein form the **deep venous system** of the limb, while the **cephalic vein** is the only large superficial vein. It is formed by the union of the deep **metacarpal veins** on the medial aspect of the carpus and is joined by the accessory cephalic vein that arises from a venous network on the dorsal aspect of the carpus, in the middle of the forearm. It continues proximally in a subcutaneous position to join the **external jugular vein** in the lower part of the neck.

At the level of the elbow and shoulder joint, the cephalic vein anastomoses with the median cubital vein. The cephalic vein is the most popular choice for venous injection in dogs and cats. It follows the cranial border of the forearm, where it can be palpated when raised by exerting pressure over the elbow.

Veins of the pelvic limb

Corresponding to the forelimb, the veins of the **pelvic limb** (▶ Fig. 13.28 and ▶ Fig. 13.29) originate in venous networks in the terminal part of the digit (**arcus terminalis**). These networks become confluent to form the following veins in distal to proximal order:

- medial and lateral plantar digital veins (vv. digitales plantares medialis et lateralis),
- metatarsal veins (vv. metatarseae),
- dorsal pedal vein (v. dorsalis pedis),
- cranial tibial vein (v. tibialis cranialis) with:
  - medial saphenous vein (v. saphena medialis) and
  - lateral saphenous vein (v. saphena lateralis);
- popliteal vein (v. poplitea),
- femoral vein (v. femoralis),
- external iliac vein (v. iliaca externa),
- internal iliac vein (v. iliaca interna) and
- caudal vena cava (v. cava caudalis).

The deep veins are largely satellites to the arteries. As in the forelimb, certain superficial veins, including the **lateral saphenous veins**, run alone. Each saphenous vein originates from a cranial and caudal branch from the tarsus, and unites in the middle of the leg. At the level of the tarsus, they communicate with the deep **metatarsal veins**. Within the leg, the saphenous veins run medially and laterally between the calcanean tendon and the caudal muscle mass. The medial vein is the larger of the two in all domestic animals other than the dog and crosses the medial aspect of the thigh to open into the **femoral vein**. The lateral vein joins the deep femoral vein at the stifle.

Clinical note

In the **cat** the medial saphenous vein can be used for **intravenous injections**, especially during anaesthesia. In the **dog** the lateral saphenous vein can be used for **venipuncture** above the tarsus.

Caudal vena cava (vena cava caudalis)

The caudal vena cava begins on the roof of the abdomen at the level of the **last lumbar vertebra** by convergence of the **median sacral vein** and the **common iliac veins** which in turn are formed by the union of the external and internal iliac veins (▶ Fig. 13.28 and ▶ Fig. 13.29). The **external iliac veins** and the bulk of their tributaries are satellites to arteries and drain the hindlegs. The **internal iliac veins** drain the pelvic walls and much of the pelvic viscera. They communicate with the vertebral plexus and the venous system of the intestines through the median sacral vein. The **caudal vena cava** passes cranially along the roof of the abdomen to the **right of the aorta**. In its intra-abdominal course, it is joined by the renal veins and the segmental veins of the lumbar spine before it continues between the lobe of the liver. Here it is joined by the hepatic veins and receiving the veins of the diaphragm. It enters the thorax by passing through the diaphragm at the **caval foramen** and pursues a course within the free edge of a special pleural fold, the **plica venae cavae**, on the right side of the caudal mediastinum, accompanied by the phrenic nerve. It ends by opening into the **right atrium**. Veins from the genital organs and the adrenal glands convey hormones to the cranial vena cava, through which they are distributed in the body without having to pass the liver first.

Space-occupying lesions, such as tumours, can cause obstructions within the venous system that lead to blood stagnation. The system reacts by using alternative blood routes. One of these alternative routes is provided by the valveless venous system of the vertebral column.

On its cranial end it communicates with the veins of the head and neck and thus with the **cranial vena cava**; on its caudal end it communicates with the **caudal vena cava** through the segmental nerves of the spine. Additional collateral pathways of venous drainage are provided by veins along the intestinal tract. Caudal tributaries of the caudal vena cava that drain the rectum anastomose with tributaries of the **portal vein**, which in turn has tributaries that anastomose with the oesophageal vein so that again an indirect connection is formed between the cranial and caudal vena cava. This provides an alternative outlet from the portal drainage territory, which is used when the intrahepatic circulation is impaired as for example by cirrhosis. A **third venous circle** is formed ventrally by the anastomoses of the epigastric veins.

Portal vein (vena portae)

The portal vein collects blood from **all unpaired organs** within the abdominal cavity and transports the blood to the liver (▶ Fig. 13.29 and ▶ Fig. 13.30). The portal vein and its tributaries form a **portal system**. It arises from capillaries in the viscera, which become confluent to form the cranial and caudal mesenteric and the splenic veins, the three root vessels of the portal vein. Within the liver the portal vein divides to finally form **liver**

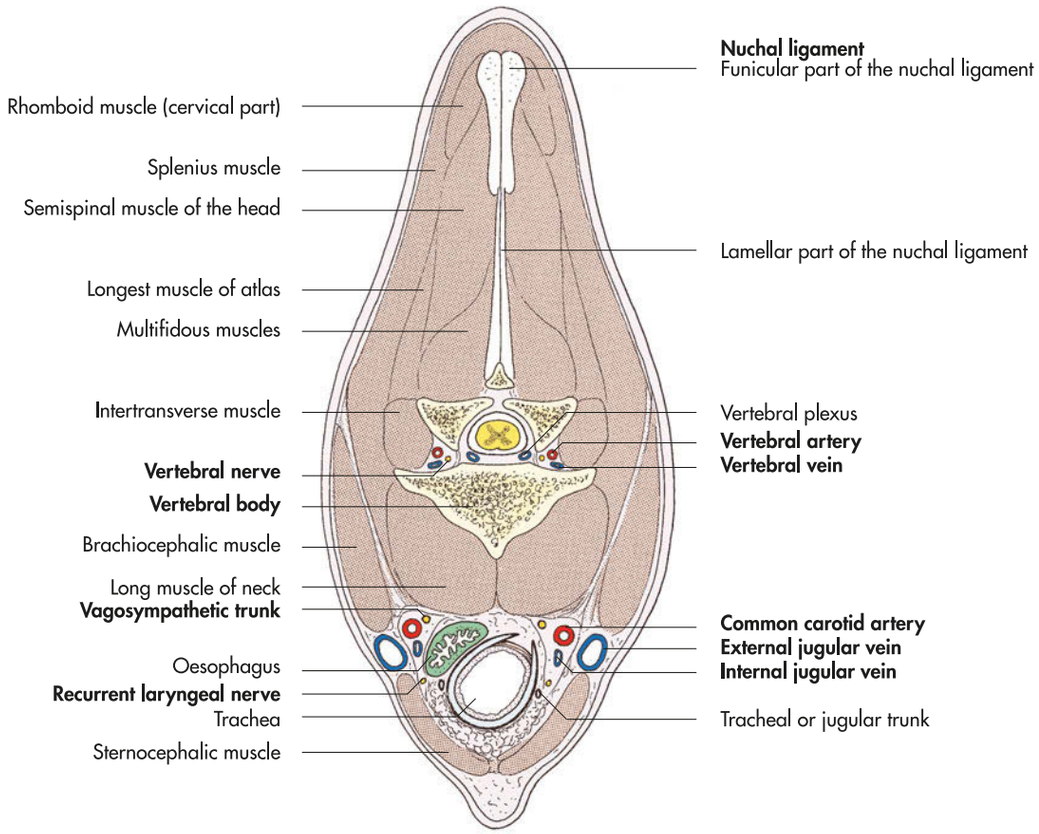


Fig. 13.27 Transverse section of the neck of the ox (schematic, caudal aspect).

sinusoids, blood-filled cavities enclosed by sheets of hepatic cells. Sinusoid blood is collected in the **central vein** of each hepatic lobule, which constitutes the beginning of the **efferent venous system** of the liver. Adjacent central veins fuse to form the **interlobular veins** which unite with each other to finally form the **hepatic veins** which empty in the caudal vena cava. Nutritional supply to the liver is provided by the hepatic arteries, and the hepatocytes are bathed by **mixed blood** from the **portal vein** and the **hepatic arteries**, so that they receive nutrition from both. Branches of the portal vein and the hepatic veins can be assessed ultrasonographically or with contrast radiography. The portal vein brings the functional blood to the liver: it receives nutritional molecules from the intestines and hormones from the pancreas.

In the foetus the **umbilical vein** from the placenta enters the liver and is shunted into the posterior vena cava through the **ductus venosus**. This duct becomes obliterated shortly after birth. However, in some animals, most commonly in dogs, this duct persists, forming a direct connection between the portal vein and the caudal vena cava and requiring surgical intervention.

Arteries and veins of the digit

The digits receive their main blood supply on their palmar (plantar) aspect, where the palmar artery splits into several digital arteries according to the number of digits; see also Chapter 20 "Topographical-clinical anatomy" (p.685). The paw of dogs and cats receives additional blood supply from dorsal digital arteries.

Within the distal phalanges the **palmar (plantar) digital arteries anastomose** with each other, thus forming the **terminal arches**. In the middle of each phalanx, the arteries detach branches which surround the phalanx.

The veins of the digits are largely satellites of the arteries, although there are veins on the dorsal aspect of the digit.

Clinical terminology

Examples of clinical terms derived from anatomical terms: arteritis, angiography, persistent ductus arteriosus, thrombophlebitis, angiopathy, pericarditis, endocarditis, arteriosclerosis, vasculitis, coronary infarct, and many more.

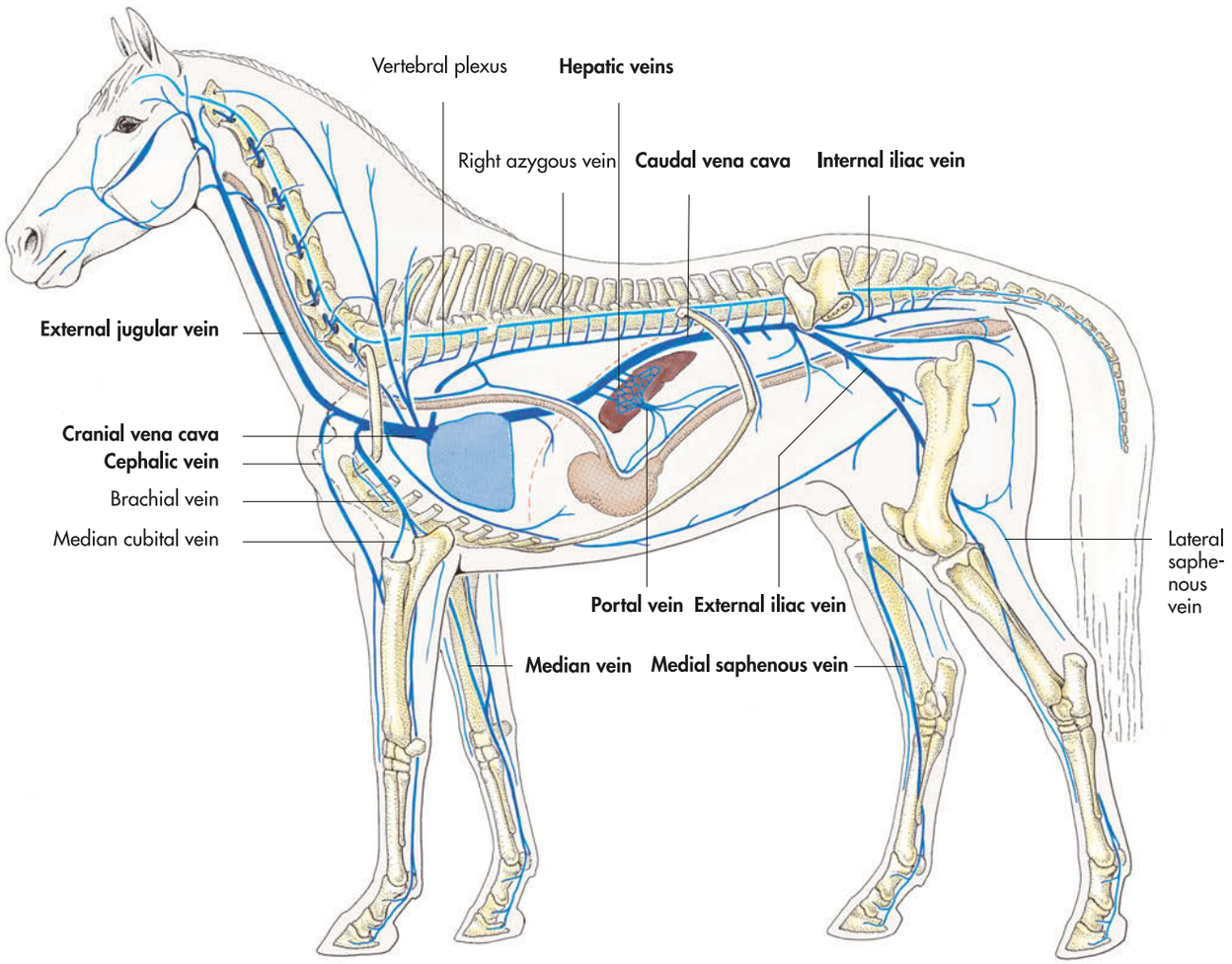


Fig. 13.28 Venous system of the horse (schematic).

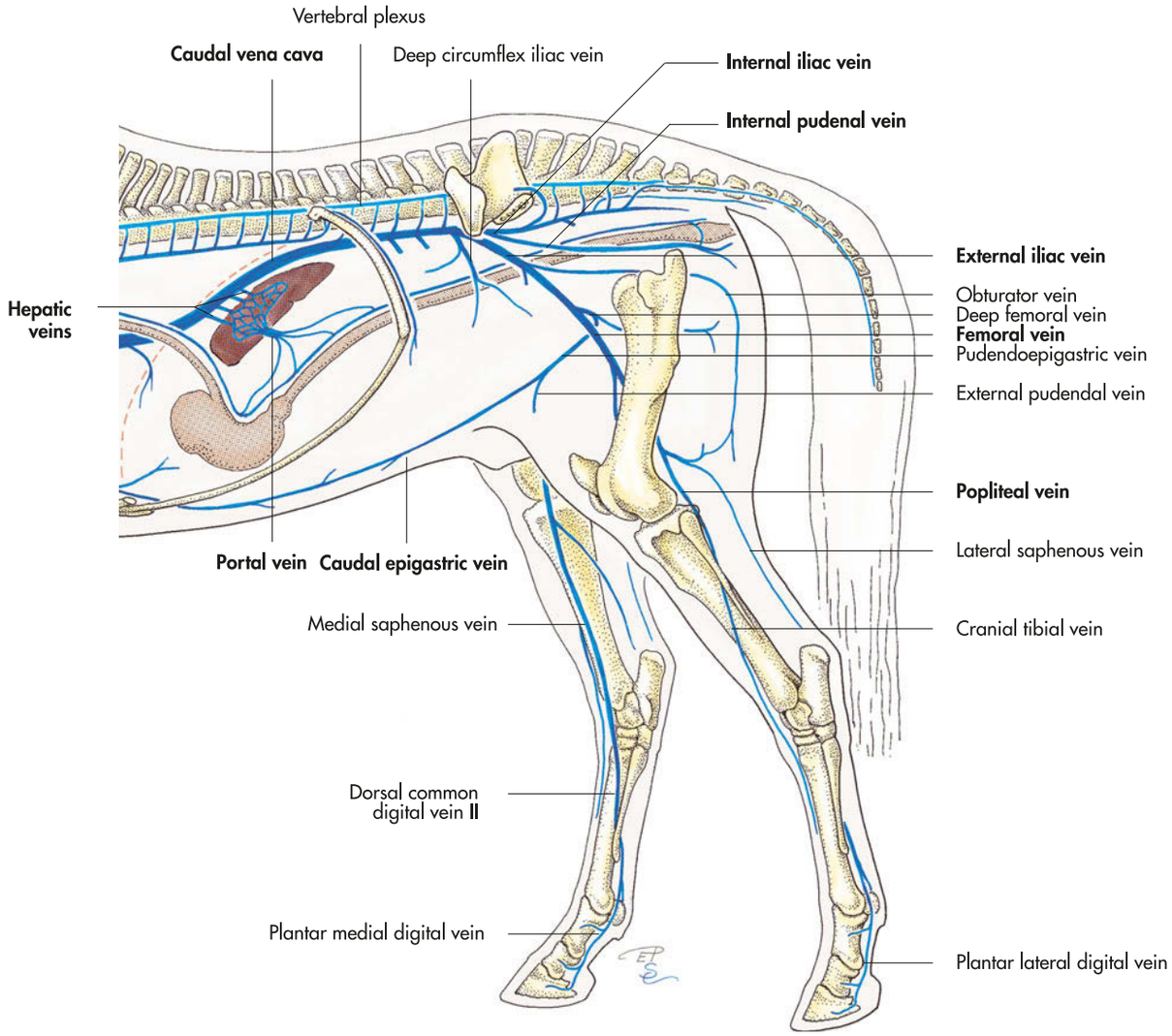


Fig. 13.29 Larger veins of the pelvic limb and the tributaries to the caudal vena cava of the horse (schematic).

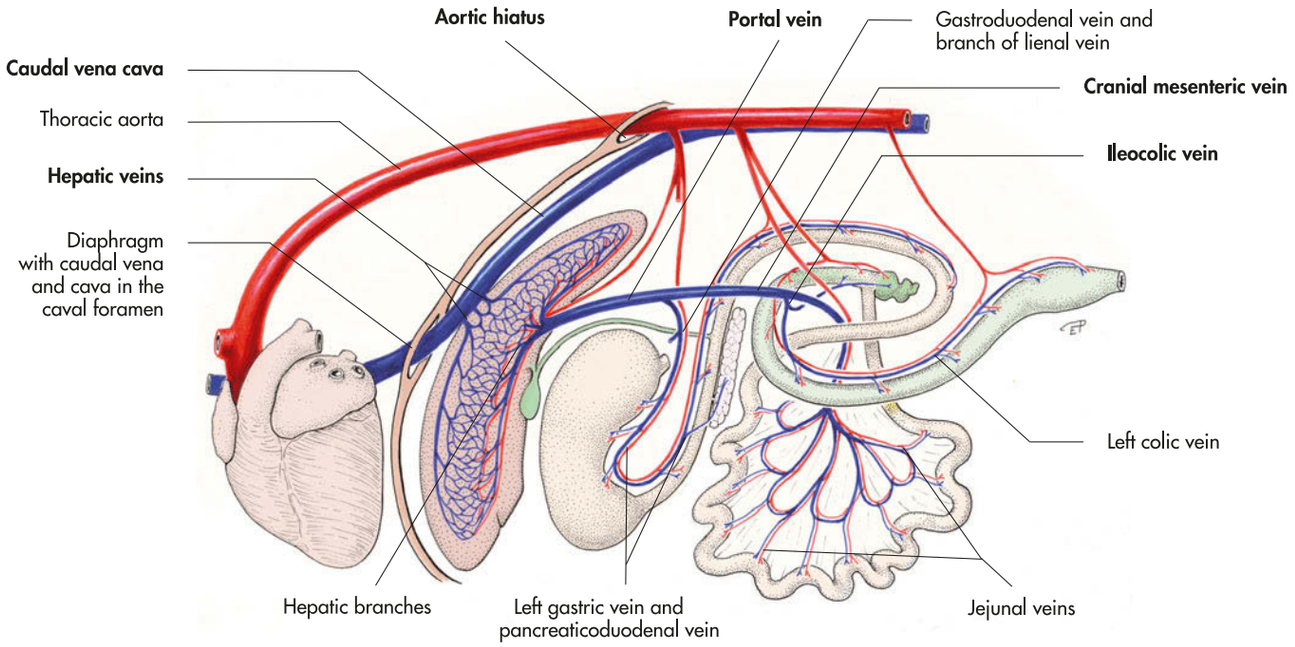


Fig. 13.30 Hepatic portal system of the dog (schematic).

14 Immune system and lymphatic organs (organa lymphopoetica)

H. E. König, P. Paulsen and H.-G. Liebich

The immune system provides **specific** and **non-specific defence mechanisms** to protect the body against environmental influences. It is therefore vital in maintaining the animal's health. The immune system can be divided into cellular and vascular components. The **cellular component** includes the lymphatic tissue found as single cells, which are diffusely dispersed within tissues, as aggregations of lymphatic cells (tonsils) or in lymphatic organs (thymus, lymph nodes and spleen). **Circulating components** include lymphocytes, monocytes, and plasma cells, which are found in lymphatic organs, blood, tissue spaces and the lymph stream. The lymphatic vascular system includes **lymph capillaries**, **lymph vessels** and **lymph collecting ducts**.

The thymus plays an essential role in the development of the lymphatic cellular components by controlling growth of the lymphatic organs in immature animals.

Lymphocytes (▶ Fig. 14.1) are the predominant cell type of the immune system, and can be divided into **B** and **T lymphocytes**. They are formed within the bone marrow and lymphatic organs and are distributed within the lymphatics and in blood. Their cell surface is marked by specific receptors, with which they are able to recognise and bind molecules and trigger a chain of reactions, which leads to a **specific immune response**.

Macrophages are part of the **mononuclear phagocytosis system** (**MPS**), which is responsible for the non-specific immune response. This system also comprises the alveolar macrophages of the lung, Langerhans cells of the skin, mesoglia in the central nervous system, and the endothelium of the liver, spleen and bone marrow sinusoids. Formerly the MPS was referred to as the reticuloendothelial system (RES).

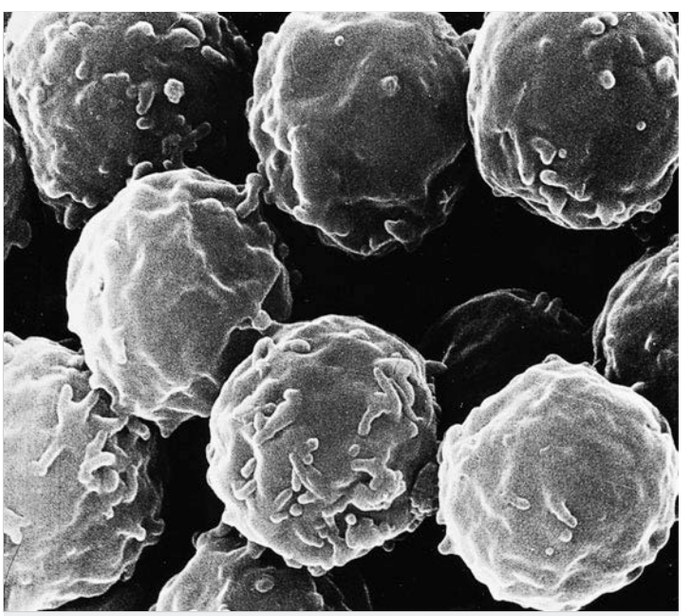


Fig. 14.1 Scanning electron microscopic image of lymphocytes.

14.1 Lymph vessels (vasa lymphatica)

During the circulation of blood from arteries to veins, proteins are able to pass through the capillary walls into the interstitial fluid spaces. This clear, colourless transudate is called lymph and is taken up by the blind-ending lymphatic capillaries. The lymphatic capillaries form plexuses within most body tissues from which larger lymph vessels take their origin. Lymph vessels open into lymph ducts, which eventually drain into the jugular vein or the cranial vena cava. Lymph vessels are interrupted by lymph nodes, which function as filters and germinative centres for lymphocytes. No lymph vessels are found within the central nervous system.

The **lymph capillaries** are lined by a continuous single-layered endothelium with an underlying incomplete basement membrane. Unlike the lymph vessels, they have **no valves**. Openings appear at intervals between adjacent endothelial cells and allow fluids or emulsified fats (e.g. from the intestines) to pass through the wall into the lumen of the capillaries.

The **lymphatic vessels** have thinner walls than those of comparably sized veins, but contain more valves. Contractions of the relatively thin middle muscular tunic are responsible for the flow of lymph towards the thoracic duct. The high number of successive valves gives the lymph vessels their characteristic appearance, resembling a string of beads when distended. This appearance can be demonstrated in the live animal with the use of contrast radiography.

Lymph vessels that transport the lymph from the capillary region to a lymph node are termed **afferent lymph vessels**. **Efferent lymph vessels** leave the lymph node, carrying lymph that is filtered and enriched with lymphocytes.

14.2 Lymph nodes (lymphonodi, nodi lymphatici)

Lymph nodes are firm, smooth-surfaced, generally ovoid or bean-shaped with a large convex surface and a smaller concave area, the **hilus**.

Internally the lymph node is divided into a **cortex** and a **medulla**. The cortex contains the **germinal centres** in which lymphocytes are continually produced (▶ Fig. 14.7). The medulla consists of **anastomosing cords** of lymphocytes (▶ Fig. 14.4). Each lymph node is enclosed by a soft tissue capsule, from which septa and trabeculae extend into the organ, forming an internal framework (▶ Fig. 14.2, ▶ Fig. 14.3 and ▶ Fig. 14.4). Afferent lymph vessels open into the **subcapsular sinus** (sinus marginalis). Branches from the subcapsular sinus form a **medullary sinus**, close to the hilus (▶ Fig. 14.5 and ▶ Fig. 14.6), where the efferent lymph vessels emerge (▶ Fig. 14.4). In the pig, this organisational order is reversed: afferent vessels enter the lymph node at the hilus, and efferent vessels leave the lymph node via the subcapsular sinus.

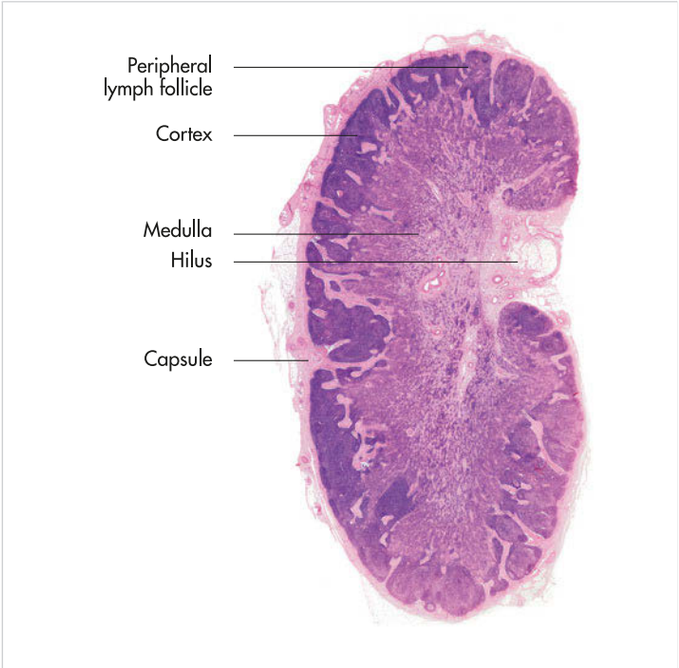


Fig. 14.2 Histological section of a lymph node of a sheep.

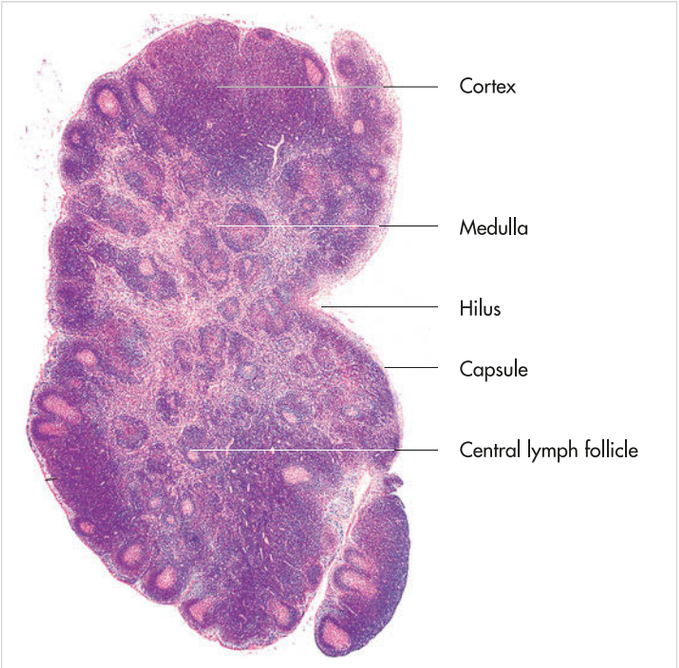


Fig. 14.3 Histological section of a lymph node of a pig.

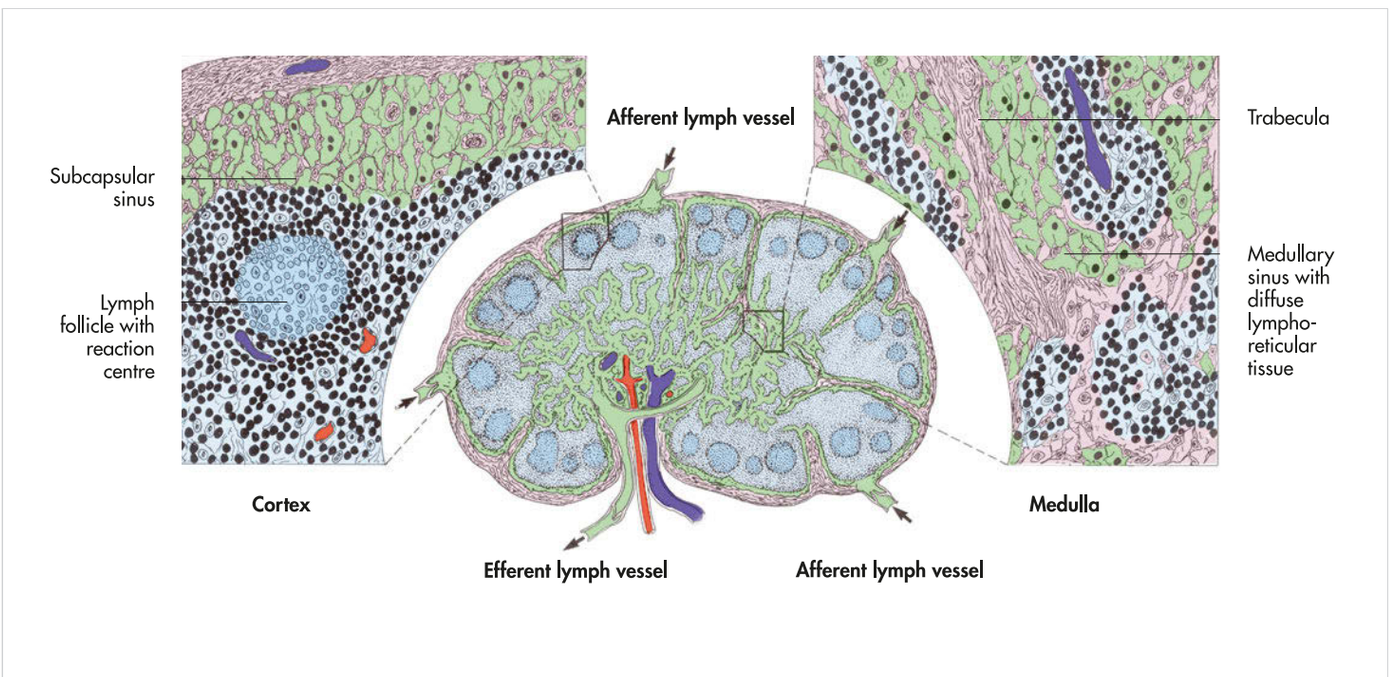


Fig. 14.4 Internal structure of the bovine lymph node (schematic).

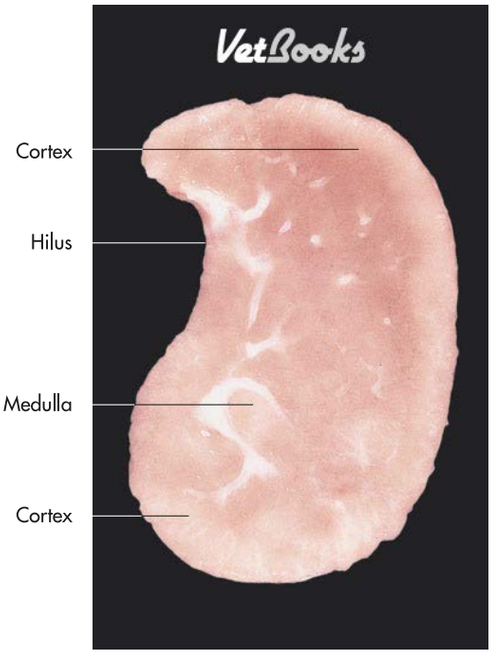


Fig. 14.5 Lymph node of a pig (transverse section). (source: courtesy of PD Dr. S. Reese, Munich)



Fig. 14.6 Lymph node of a dog. (source: courtesy of PD Dr. S. Reese, Munich)

Lymph nodes are well vascularised by blood vessels that enter the organ at the hilus.

Each lymph node is responsible for draining a certain region, its **tributary territory**. Groups of neighbouring lymph nodes constitute **lymph centres** (lymphocentrum, lc.). There are species-specific differences in the lymph centres: the lymph centres of carnivores and ruminants contain fewer, but individually large lymph nodes, while those of pigs and horses contain a large number of relatively small lymph nodes.

All lymph, with very few, disputed exceptions, passes through at least one lymph node on its passage from the tissues to the blood stream. Within the lymph nodes most particulate matter, including microorganisms and tumour cells, is removed and destroyed. Thus the lymph node provides a barrier to the spread of infection and tumours. Swelling of a lymph node usually indicates the presence of a disease process in its tributary territory.

Knowledge of the location, the accessibility and the tributary territory is essential for any veterinarian, especially surgeons, pathologists and those engaged in meat inspection.

Lymph nodes are also important for the assessment of meat and offal. As regards post-mortem meat inspection, legislation may require examination of lymph nodes of certain tributary territories on a mandatory or optional basis. This will depend on the usage type of the slaughtered animal but also on specific tasks of meat inspection. If the examination of the lymph nodes indicates a systemic infection, the slaughtered animal has to be declared unfit for consumption. Knowledge about location and dimensions of palpable lymph nodes is also relevant for clinical examination.

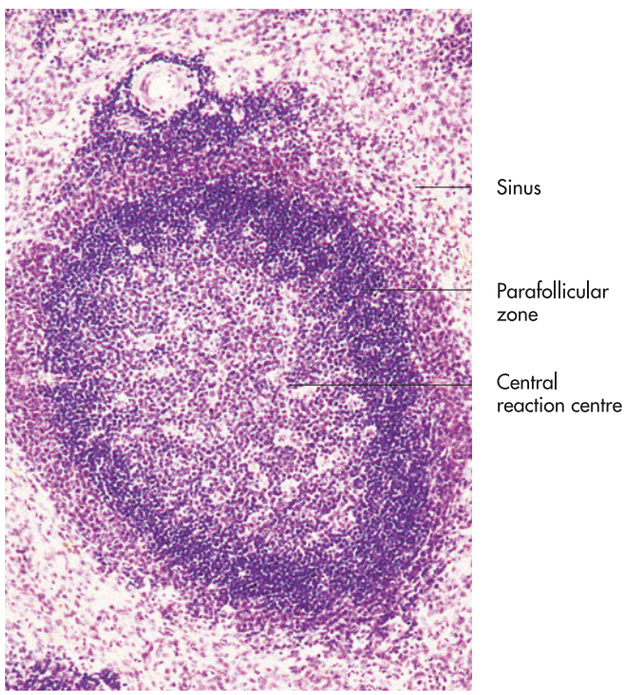


Fig. 14.7 Histological section of a lymph follicle.

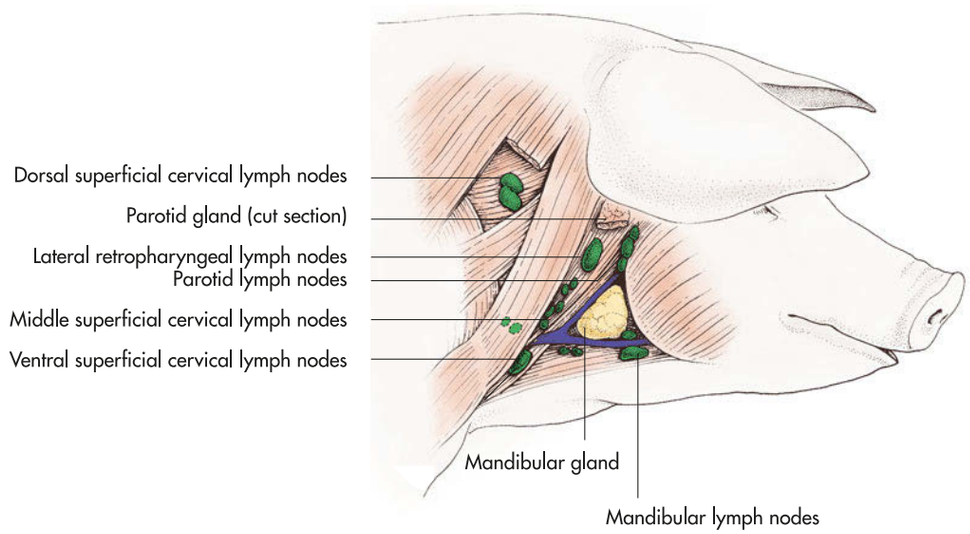


Fig. 14.8 Lymph nodes of the head and the cranial part of the neck of the pig (schematic).

Clinical note

Abnormalities of the lymph nodes reflect processes occurring in the area that they drain. The nodes generally become enlarged and may be inflamed and firm. **Prophylactic removal of lymph nodes** is often required in the treatment of **neoplastic disease**, as the nodes may harbour tumour cells which can become disseminated and cause metastases. Leukaemia and some types of lymphoma are associated with generalised enlargement of the lymph nodes.

14.2.1 Lymph nodes of the head

The lymph nodes of the head (▶ Fig. 14.8 and ▶ Fig. 14.9) are grouped into the following **lymph centres**:
- parotid lymph centre (lc. parotideum),
- mandibular lymph centre (lc. mandibulare) and
- retropharyngeal lymph centre (lc. retropharyngeale).

Parotid lymph centre

The parotid lymph centre consists of one or more parotid lymph nodes at the base of the ear close to the temporomandibular joint and covered by the parotid gland or the masseter muscle. The afferent lymphatics drain the dorsal half of the head, the orbit and the masticatory muscles (▶ Fig. 14.8 and ▶ Fig. 14.12).

Mandibular lymph centre

The mandibular lymph centre comprises a number of lymph nodes located between the hemimandibles, in close proximity to the greater sublingual salivary gland and the mandibular salivary gland. They can be easily identified on palpation. The afferent lymphatics to the mandibular lymph centre drain the oral cavity, including the tongue and teeth, the salivary glands, the intermandibular space and the masticatory muscles (▶ Fig. 14.8, ▶ Fig. 14.9 and ▶ Fig. 14.12).

Retropharyngeal lymph centre

The retropharyngeal lymph centre is divided into a medial and a lateral group (lnn. retropharyngei mediales et laterales). Their afferent lymph vessels drain the deep parts of the head, including the pharynx, larynx, the cranial part of the trachea and the oesophagus (▶ Fig. 14.8, ▶ Fig. 14.9 and ▶ Fig. 14.12).

In the horse the lateral retropharyngeal lymph node drains from the guttural pouch. All lymph from the head passes through the medial retropharyngeal lymph nodes before it drains into the **tracheal (jugular) trunk** (▶ Fig. 14.12).

14.2.2 Lymph nodes of the neck

The lymph nodes of the neck are organised in **two groups**:
- superficial cervical lymph centre (lc. cervicale superficiale) and
- deep cervical lymph centre (lc. cervicale profundum).

Superficial cervical lymph centre

The superficial cervical lymph centre is located cranial to the shoulder joint, covered by the brachiocephalic and the omotransversarius muscles. The lymph nodes of the superficial cervical lymph centre include the dorsal, middle and ventral superficial cervical lymph nodes, with species-specific variations.

These lymph nodes have a relatively extended tributary territory, including the skin and underlying structures of the cervical region, the thorax and the proximal part of the thoracic limb (▶ Fig. 14.8 and ▶ Fig. 14.12). Efferent lymph vessels of these lymph nodes pass to the caudal **deep cervical lymph nodes**.

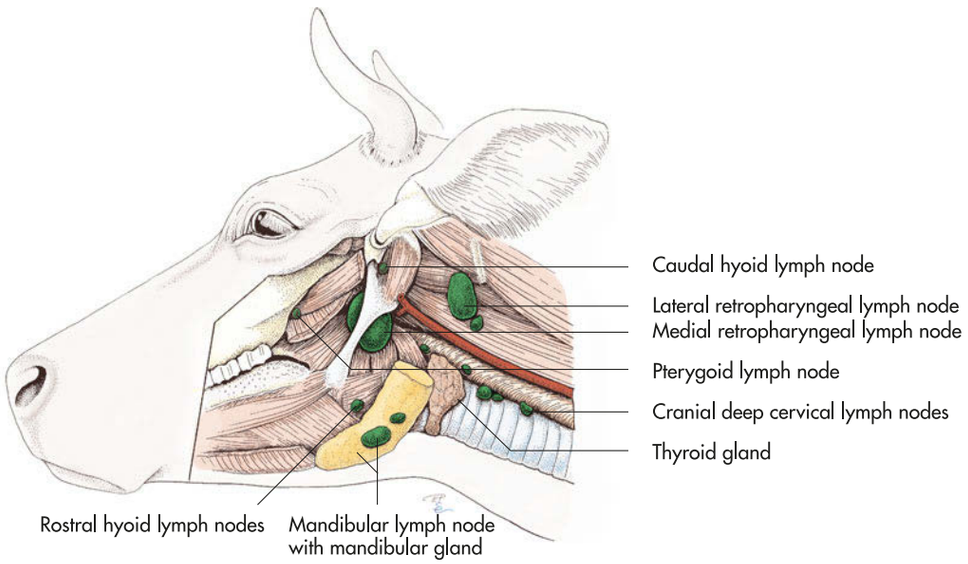


Fig. 14.9 Deep lymph nodes of the head and the cranial part of the neck of the ox (schematic).

Deep cervical lymph centre

The deep cervical lymph centre comprises several groups of lymph nodes which are located along the trachea (▶ Fig. 14.9 and ▶ Fig. 14.12). They consist of cranial, middle and caudal deep cervical lymph nodes. There is great variation in the distribution of these lymph nodes, and the middle one may be absent in some species. The tributary territory of this lymph centre includes the deep structures of the cervical region, including the oesophagus, the trachea, the thymus and the thyroid gland.

The efferent lymph vessels from the deep cervical lymph nodes join the lymphatic duct, which passes caudally along the trachea parallel to the common carotid artery to open into the cranial vena cava or, as sometimes seen in the **left lymphatic duct** into the **thoracic duct**.

14.2.3 Lymph nodes of the thoracic limb

Lymph from the superficial and proximal parts of the forelimb drains to the **superficial cervical lymph centre**; lymph from the rest of the limb drains to the **axillary lymph centre** (▶ Fig. 14.12).

Axillary lymph centre

The axillary lymph centre lies within the axilla, medial to the shoulder joint, where the axillary artery bifurcates to form the subscapular and the brachial arteries. In addition to the **proper axillary lymph node** (ln. axillaris proprius), there may be an **accessory axillary lymph node** (ln. axillaris accessorius), caudal to it and the **lymph node of the first rib** (ln. axillaris primae costae) cranial to it. In the horse and the sheep a more distal group may be located on the medial aspect of the **elbow joint** (lnn. cubiti).

The **axillary centre** drains the deeper structures of the entire limb and the superficial structures of the distal part of the limb. Its tributary territory also extends on the lateroventral aspect of the thorax, including the cranial mammary glands located in this region. This has to be considered when mammary tumours are removed surgically. The efferent lymph vessels of the axillary lymph centre open into the terminal part of the lymphatic duct or directly into the veins at the thoracic inlet.

14.2.4 Lymph nodes of the thorax

The **walls of the thorax** are drained by the:
- dorsal thoracic lymph centre (lc. thoracicum dorsale) and
- ventral thoracic lymph centre (lc. thoracicum ventrale).

The **organs within the thoracic cavity** are drained by the:
- mediastinal lymph centre (lc. mediastinale),
- bronchial lymph centre (lc. bronchiale),
- dorsal thoracic lymph centre (lc. thoracicum dorsale) and
- ventral thoracic lymph centre (lc. thoracicum ventrale).

Dorsal thoracic lymph centre

The dorsal thoracic lymph centre comprises two groups of lymph nodes, the **intercostal lymph nodes** (lnn. intercostales) and the **thoracic aortic lymph nodes** (lnn. thoracici aortici) (▶ Fig. 14.10 and ▶ Fig. 14.12). As indicated by their names, the intercostal lymph nodes are located within the upper part of some of the intercostal spaces, and nodes of the thoracic aortic are dispersed along the aorta. They are inconsistent in number between species.

Ruminants often have **hemal nodes** in this region. Hemal nodes (lymphonodus hemalis) have a similar architecture to lymph nodes, but differ from lymph nodes in that their sinuses do not contain lymph, but **blood** and are connected to blood vessels instead of lymph vessels.

The dorsal thoracic lymph centre drains the roof of the thorax and sends its efferent vessels to the thoracic duct.

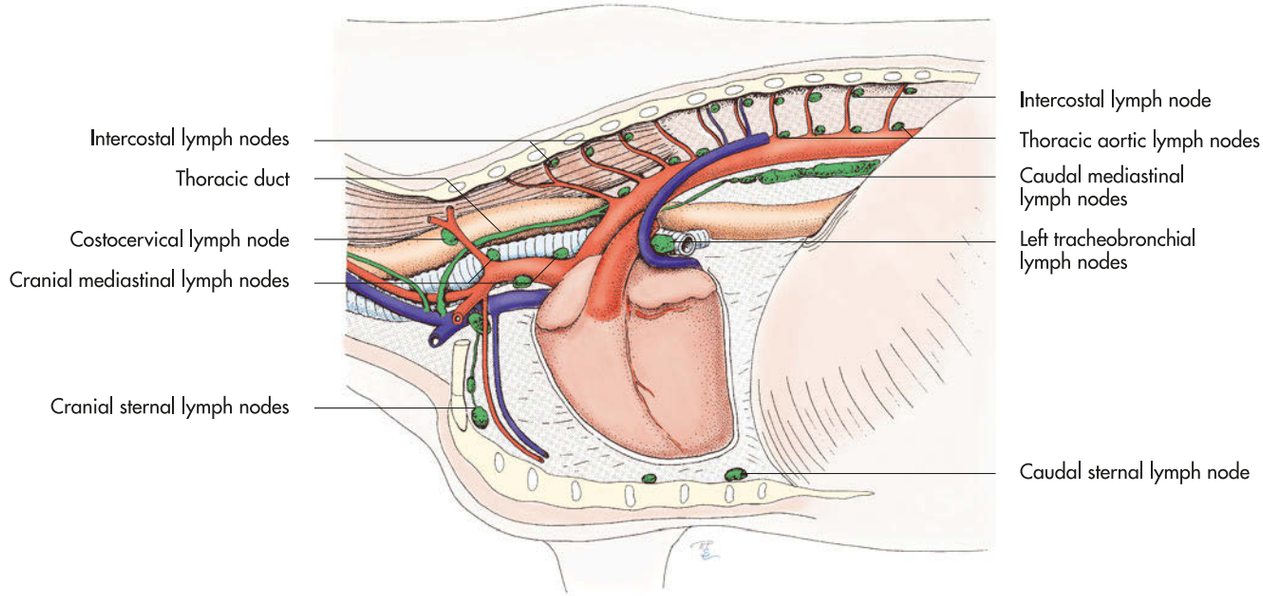


Fig. 14.10 Lymph nodes of the thorax of the ox (schematic).

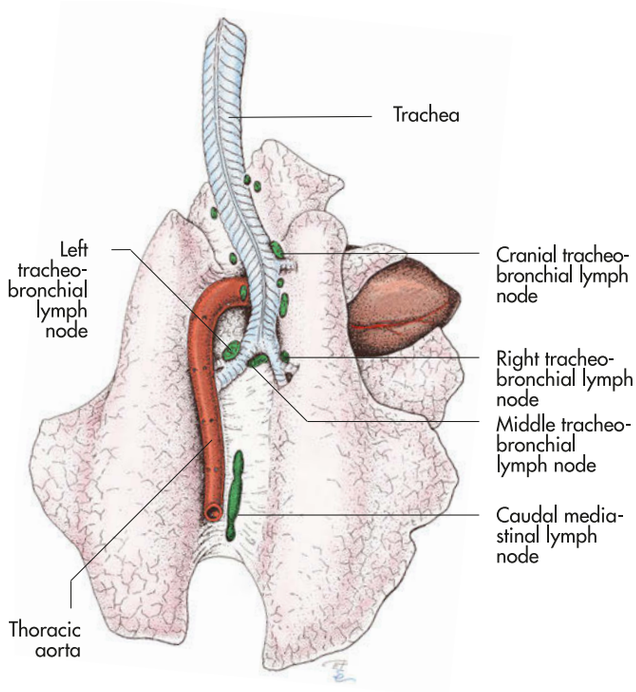


Fig. 14.11 Tracheobronchial lymph nodes of the lung of the ox (schematic, dorsal aspect).

Ventral thoracic lymph centre

The lymph nodes of the ventral thoracic lymph centre are located dorsal to the sternum and lateral to the transverse thoracic muscle. They are grouped in a cranial set in all domestic species, with ruminants and some cats having a second caudal set of ventral thoracic lymph nodes (▶ Fig. 14.10 and ▶ Fig. 14.12).

The ventral thoracic lymph centre drains the ventral part of the thoracic wall and sends its efferent lymph vessels either directly to the **thoracic duct** or to the **mediastinal lymph nodes**.

Mediastinal lymph centre

The mediastinal lymph centre comprises cranial, middle and caudal mediastinal lymph nodes, which are located in the like-named part of the mediastinum. The caudal set is missing in the dog and cat, although in 25% of cats a phrenic lymph node is present next to the caval foramen. In ruminants the caudal mediastinal lymph nodes form a relatively large mass on the dorsal aspect of the oesophagus (▶ Fig. 14.10).

Enlargement of these lymph nodes can cause obstruction of the oesophagus in these species. The tributary territory of the mediastinal lymph centre comprises the organs within the mediastinum, including the heart, the trachea, the oesophagus and the thymus. It receives efferent lymph vessels from other thoracic lymph nodes, the diaphragm and abdominal organs located just caudal to the diaphragm.

Bronchial lymph centre

The bronchial lymph centre consists of the **tracheobronchial** (sometimes called bifurcational) **lymph nodes** (lnn. tracheobronchales seu bifurcationis) located above the bifurcation of the trachea (▶ Fig. 14.10 and ▶ Fig. 14.11). These are grouped into a right, middle and left set of lymph nodes. In ruminants and pigs, which have a tracheal bronchus, there is an additional cranial tracheobronchial group. Small **pulmonary lymph nodes** (lnn. pulmonales) may be present within the lung tissue along the main bronchi (▶ Fig. 9.26, ▶ Fig. 9.27, ▶ Fig. 9.28, ▶ Fig. 9.29 and ▶ Fig. 9.30). These lymph nodes are important for lymphatic drainage of the lungs.

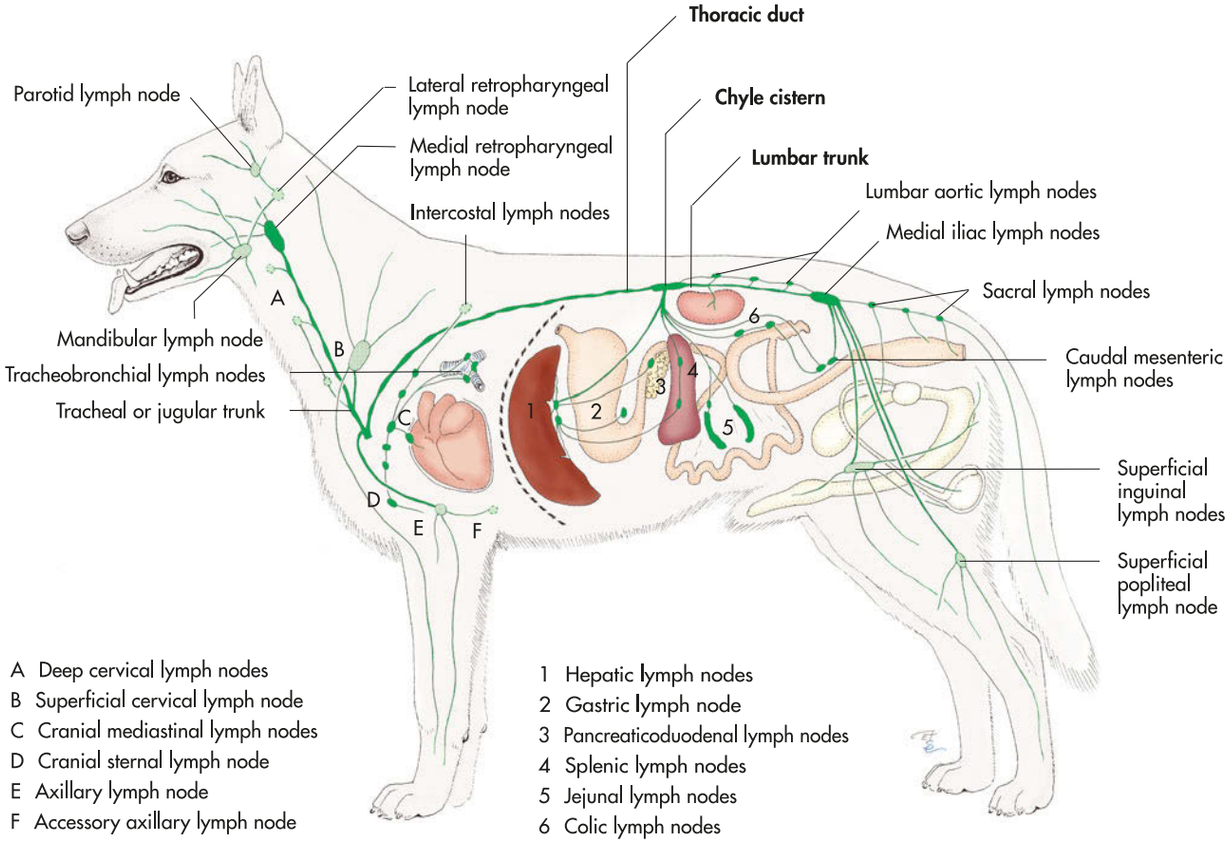


Fig. 14.12 Lymphatic system of the dog (schematic); fig. based on data from Budras, Fricke and Richter, 1996.

Clinical note

In the horse the **left tracheobronchial group** is of special importance with regards to the pathogenesis of the **paralysis** of the **left recurrent laryngeal nerve**. It is hypothesised that inflammation of these lymph nodes could spread to the adjacent nerve or that enlargement of the lymph nodes could mechanically damage the nerve, thus leading to the clinical condition of **laryngeal hemiplegia (roaring)**.

14.2.5 Lymph nodes of the abdomen

The abdominal cavity and its organs are drained by several groups of lymph nodes along the abdominal aorta, located in the lumbar region and at the origin of the intestinal arteries. Additional lymph nodes are found close to the organs they drain and are described together with these organs, in Chapter 8 "Digestive system" (p. 327).

The **three lymph centres** associated with the drainage of the abdominal viscera have tributary territories broadly corresponding to those of the coeliac, cranial mesenteric and caudal mesenteric arteries. The efferent vessels of these centres converge to form the chyle cistern.

Lumbar lymph centre

The lumbar lymph centre consists of the **lumbar aortic** and **renal lymph nodes**. The lumbar aortic lymph nodes lie either side of the aorta, between the transverse processes of the lumbar vertebrae (▶ Fig. 14.12). Haemal nodes may also be present in the same location in ruminants. The lumbar lymph nodes receive afferent lymph vessels from the abdominal roof and from efferent vessels of more caudally located lymph nodes. The lymph drainage from the lumbar lymph centre is received by the **chyle cistern** (cisterna chyli).

Renal lymph nodes are associated with the renal vessels and drain the kidneys.

Coeliac lymph centre

The coeliac lymph centre includes the lymph nodes located within the region supplied by the coeliac artery. These are the **coeliac, splenic, gastric** and **pancreaticoduodenal lymph nodes** (▶ Fig. 14.12). In ruminants the gastric lymph nodes are subdivided in ruminal, reticular, omasal and abomasal nodes. Their tributary territories are indicated by their names. Their efferent vessels form the coeliac lymphatic trunk, one of the radicles of the **chyle cistern**.

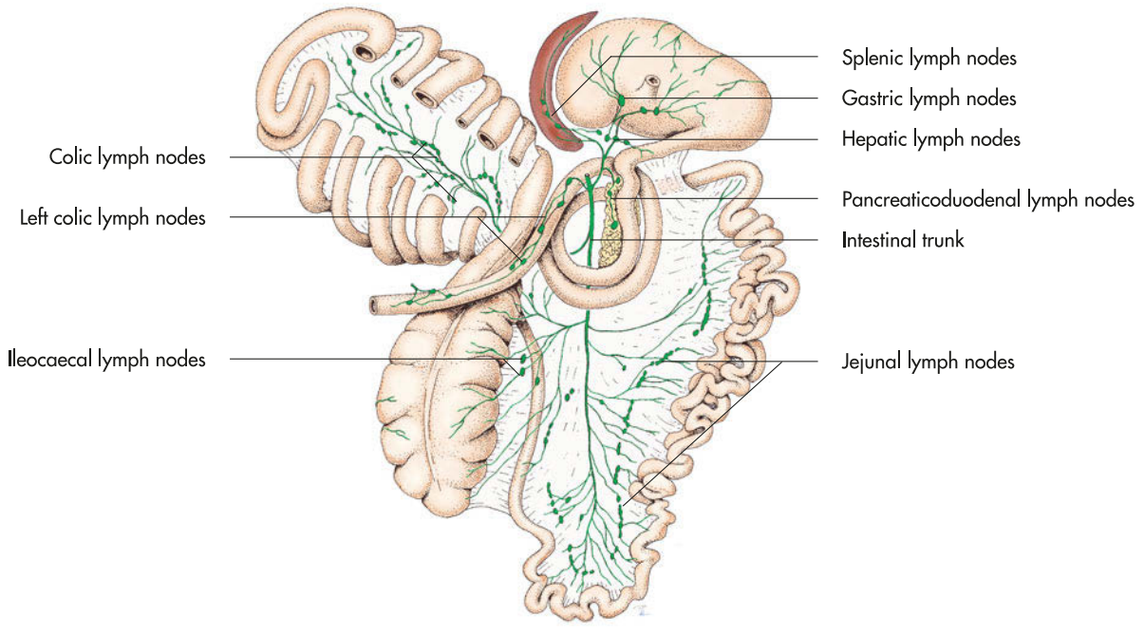


Fig. 14.13 Lymph nodes and lymph vessels of the intestine of the pig (schematic).

Cranial mesenteric lymph centre

The cranial mesenteric lymph centre includes the **cranial mesenteric, jejunal, caecal** and **colic lymph nodes**. They show considerable interspecies variations with regard to number, form and location (▶ Fig. 14.12 and ▶ Fig. 14.13). These nodes drain the small intestines and the large intestines as far distally as the transverse colon. Their efferent vessels converge to form the cranial mesenteric trunk, which unites with the caudal mesenteric trunk in the **intestinal trunk** before it joins the chyle cistern.

Caudal mesenteric lymph centre

The caudal mesenteric lymph centre consists of the caudal mesenteric lymph nodes, which receive the lymph from the descending colon (▶ Fig. 14.12). Its efferent vessels form the caudal mesenteric trunk, which opens into the **chyle cistern**.

14.2.6 Lymph nodes of the pelvic cavity and the pelvic limb

The tributary territories of the lymph nodes of the pelvis often overlap with those associated with the abdominal wall (▶ Fig. 14.14). This is of clinical importance with regards to the removal of tumours of the mammary glands in dogs.

Iliosacral lymph centre

The iliosacral lymph centre comprises the:
- medial iliac lymph nodes (lnn. iliaci mediales),
- lateral iliac lymph nodes (lnn. iliaci laterales),
- internal iliac lymph nodes (lnn. iliaci interni),
- sacral lymph nodes (lnn. sacrales) and
- anorectal lymph nodes (lnn. anorectales).

The **medial iliac lymph nodes** are the main group of the iliosacral lymph centre and are located at the quadrification of the aorta (▶ Fig. 14.14). These nodes are the secondary filtration centres through which flows the efferent lymph from the other lymph nodes of the pelvic viscera and the hind limbs. This is of special clinical relevance when tumours occur in this region, e.g. in cancer of the testicles, as cancerous cells are transported directly to the medial iliac lymph nodes without passing through another lymph node. The medial iliac lymph nodes give origin to the **lumbar trunks**, which open into the **chyle cistern** (▶ Fig. 14.12).

The **lateral iliac lymph nodes** are lacking in the dog and cat and are not consistently present in the other domestic mammals. When present they are found at the bifurcation of the deep circumflex ilial artery.

Other lymph nodes belonging to the iliosacral centre are found **ventral to the sacrum** (sacral lymph nodes), lateral to the **rectum** (anorectal lymph nodes) and at the **internal iliac artery** (internal iliac lymph nodes). These various lymph nodes drain the adjacent structures (▶ Fig. 14.14).

Iliofemoral lymph centre

The iliofemoral lymph centre comprises nodes located along the course of the external iliac artery or its femoral continuation (in the cat and horse) (▶ Fig. 14.14). Their tributary territory includes the adjacent body wall and the thigh. They also receive efferent lymph vessels from the superficial inguinal nodes in the cat and from the popliteal nodes in the horse. Their efferent vessels drain to the **medial iliac nodes**.

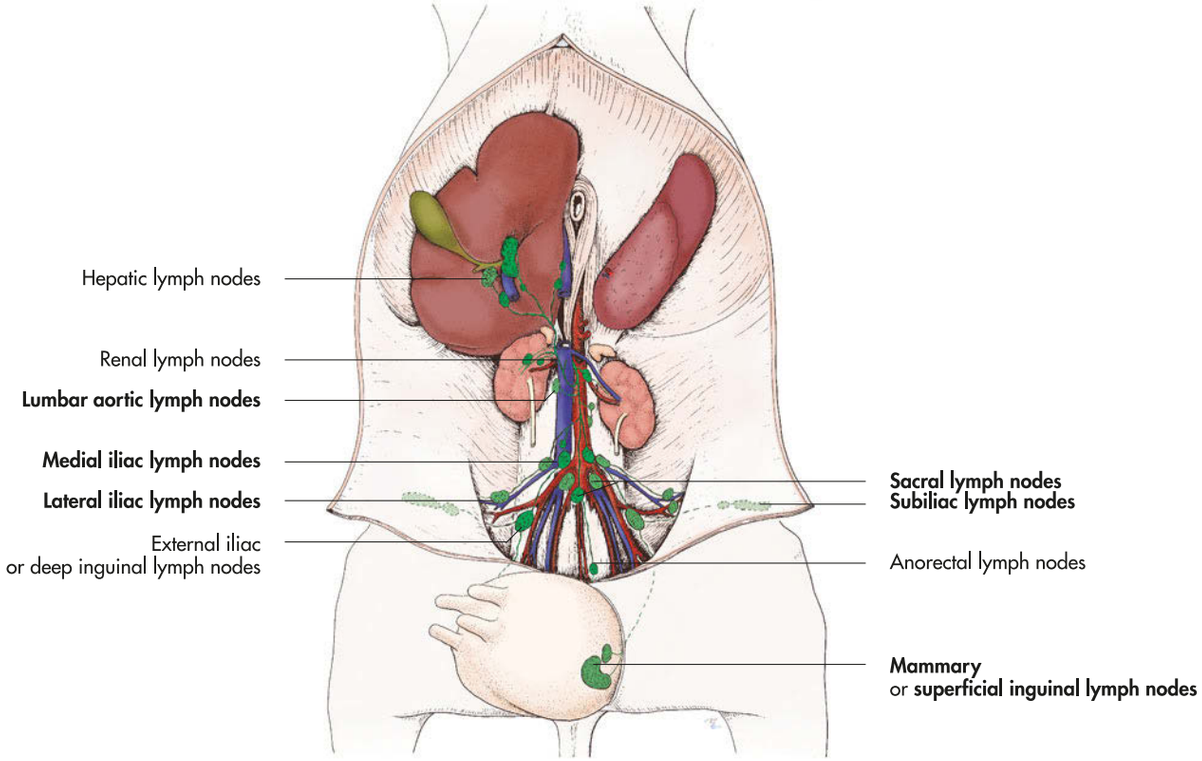


Fig. 14.14 Lymph nodes and lymph collecting ducts of the abdominal cavity of the cow (ventral aspect); fig. based on data from Baum, 1912.

Inguinofemoral lymph centre (lymphocentrum inguinofemorale)

The inguinofemoral lymph centre comprises the following lymph nodes:

- superficial inguinal lymph nodes (lnn. inguinales superficiales, also called scrotal or mammary lymph nodes),
- subiliac lymph node (missing in the dog, rare in the cat),
- coxal lymph node (ln. coxalis),
- lymph node of the paralumbar fossa (ln. fossae paralumbalis) and
- epigastric lymph nodes (lnn. epigastrici).

The **inguinofemoral lymph centre** drains the flank, the caudoventral part of the abdominal wall, the scrotum and the mammary glands (▶ Fig. 14.14). Hence the superficial inguinal lymph nodes should be examined and may have to be removed when mammary tumours are excised. The efferent vessels of these lymph nodes drain into the medial iliac lymph nodes.

Ischial lymph centre (lymphocentrum ischiadicum)

The ischial lymph centre consists of the ischial lymph node, which is located on the lateral aspect of the sacrosciatic ligament close to the ischial tuberosity. It receives the lymph from the caudal part of the rump and thigh and in the cat from the efferent lymph vessels from the popliteal node. Its efferent vessels drain into the iliosacral lymph node. This lymph node is not present in the dog.

Popliteal lymph centre (lymphocentrum popliteum)

The popliteal lymph centre is the most distal centre of the pelvic limb and comprises superficial and deep popliteal lymph nodes, which are located within the popliteal fossa caudal to the stifle. In the dog and cat the superficial popliteal nodes are easily palpable through the skin. The popliteal centre drains the distal part of the limb and directs its efferent flow to the medial iliac centre, except in the horse, in which it passes to the deep inguinal nodes (▶ Fig. 14.12).

14.3 Lymph-collecting ducts

The major lymph-collecting channel is the **thoracic duct** (ductus thoracicus). Its lymph, also called chyle, appears milky due to the emulsified fat it receives from the intestinal tract. The thoracic duct begins between the crura of the diaphragm as a cranial continuation of the **chyle cistern**. It bifurcates or trifurcates dorsal to the aorta, and the branches are connected by a network of branches, forming a widespread plexus, through which the intercostal arteries pass.

The thoracic duct passes through the **aortic hiatus** into the mediastinum and continues as a single duct cranially and ventrally over the left side of the aorta. Before it opens into the **left jugular vein** or the **cranial vena cava** it may split again into several terminal branches. Normally the lymph vessel joins the venous system at the **jugular venous angle**, the point of confluence of the external and internal jugular veins, or at the junction of the jugular and subclavian veins; see Chapter 13 “Organs of the cardiovascular system” (p. 471).

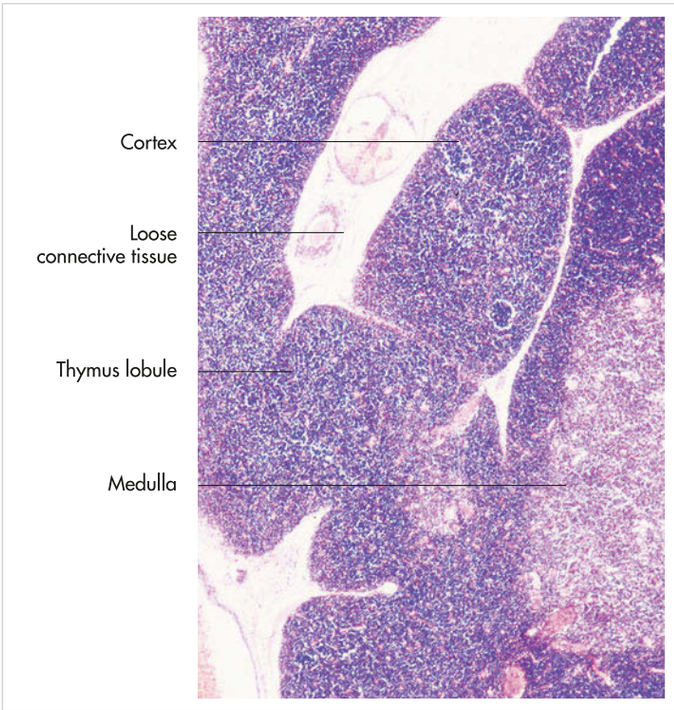


Fig. 14.15 Histological section of the thymus of a cat.

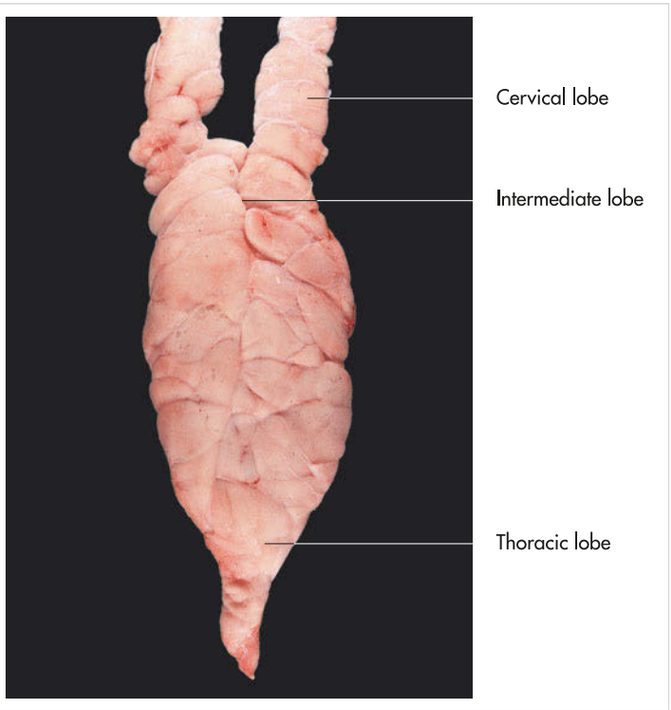


Fig. 14.16 Thymus of a calf (dorsal aspect). (source: courtesy of PD Dr. S. Reese, Munich)

The thoracic duct receives the lymph from the left side of the head and neck via the **left jugular** (tracheal) lymph duct and from the left forelimb by the lymph-collecting duct which is formed by the convergence of the efferent vessels of the axillary and superficial cervical lymph nodes. Lymph from the right side of the **head** and **neck** (right jugular or tracheal lymph duct) and the right thoracic limb is returned via the right lymphatic duct to the venous system at the venous angle.

The **chyle cistern** has the shape of a spindle or sac and lies retroperitoneally dorsal to the aorta extending from the diaphragmatic crura to the origin of the renal arteries (▶ Fig. 14.12). The flow of the lymph is assisted by the respiratory movements of the diaphragm and the pulsation of the aorta. The chyle cistern receives afferent vessels at its caudal aspect from the lumbar lymph trunks, which are continuous with the lymph trunks of the pelvic area.

The **chyle cistern** also receives afferent vessels from the visceral trunk, from the abdominal organs, which is formed by the convergence of the coeliac, cranial and caudal mesenteric trunks. In some species these open into the chyle cistern individually. The cranial and caudal mesenteric trunks may unite to form an intestinal lymph trunk before converging with the coeliac trunk.

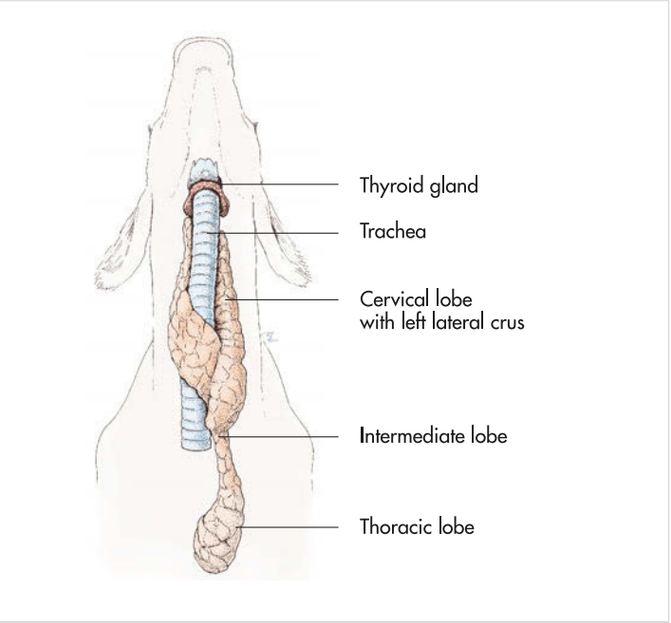


Fig. 14.17 Topography of the thymus of the calf (schematic).

14.4 Thymus (thymus)

14.4.1 Function of the thymus

The thymus is the **control organ** of the immune and lymphatic systems (▶ Fig. 14.15). Its importance is greatest in the juvenile animal and accordingly it reaches its maximum development three weeks after birth in dogs, nine months after birth in pigs and one year after birth in the horse. After this time it begins gradually to **involute** until the animal reaches sexual maturity. Regression starts at the cranial, cervical part of the organ, so that the thoracic part remains longer. As it decreases in size and loses its lymphoid structure, it is replaced by fat. However, evidence of the thymus can be seen in most animals regardless of age.

As well as its lymphopoetic function, the thymus is hypothesised to have an **endocrine function**. The "thymus factor" stimulates growth and differentiation of peripheral lymphatic organs. Removal of the thymus in newborn mice results in severe growth retardation, impaired development of lymphatic organs and death two weeks post partum.

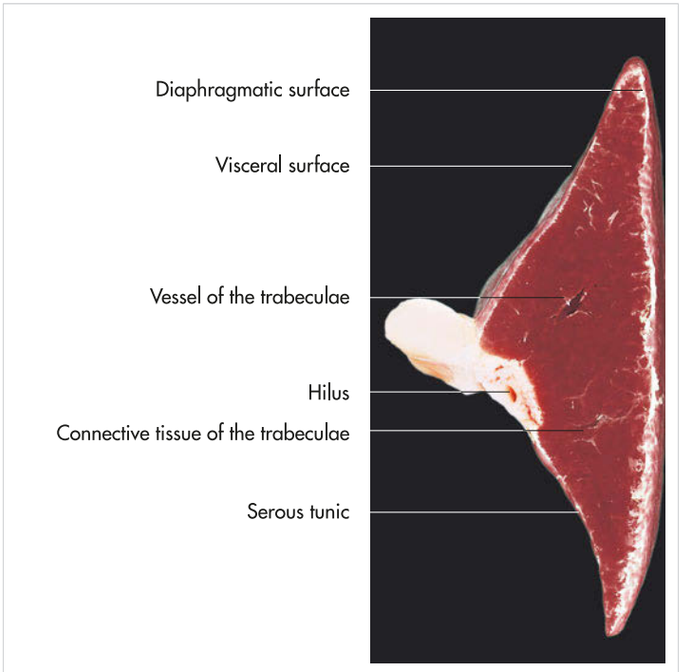


Fig. 14.18 Spleen of a pig (cross section). (source: courtesy of PD Dr. S. Reese, Munich)

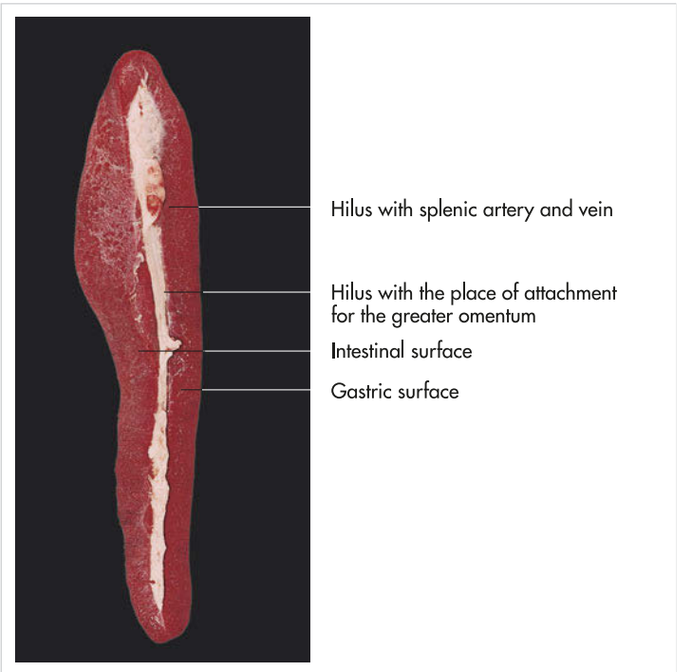


Fig. 14.19 Spleen of a pig (visceral surface). (source: courtesy of PD Dr. S. Reese, Munich)

14.4.2 Position and form of the thymus

The thymus has a **paired origin** from the third pharyngeal pouches, and the buds grow down the neck beside the trachea and invade the **mediastinum**, in which they extend to the pericardium. In the pig and in ruminants the thymus is divided into an **unpaired thoracic part** (lobus thoracicus) and **left** and **right cervical parts** (lobus cervicalis dexter et sinister) (▶ Fig. 14.16 and ▶ Fig. 14.17). The two parts are joined together by the **intermediate part** (lobus intermedius) at the thoracic inlet. In the dog and horse the cervical part regresses prematurely and the thymus is represented by the thoracic part only.

In the dog the thoracic part is divided into a **larger right lobe** and a **smaller left lobe** and is located almost entirely in the cranial mediastinum along the sternum, extending to the pericardium at its caudal end. In the pig the thymus is particularly well developed and consists of a **paired cervical** and a **paired thoracic** part. In the piglet its bulbous cranial end may extend to the base of the skull. The cervical portion is located ventral and to the side of the trachea.

In the calf the thymus is particularly **large** and extends from the **larynx to the pericardium**. It is distinctively divided into a **paired cervical** and an **unpaired thoracic** part, which are connected by a narrow isthmus ventral to the trachea (▶ Fig. 14.16 and ▶ Fig. 14.17). The cervical part consists of a body that divides into two tapering horns along the trachea. The thoracic part is located in the left half of the dorsal part of the cranial mediastinum.

In most horses the thymus is represented by a **bipartite** thoracic part only. However a cervical part may extend beside the trachea in the caudal part of the neck. It is often separated from the thoracic part and may consist of several masses. The thoracic part extends dorsal to the sternum from the cranial mediastinum to the 4th or 5th rib. Its larger left lobe extends to the left lung lobe and the brachiocephalic trunk dorsally. In a one-year-old foal the thymus can reach 15 cm in length and 12 cm in height.

Macroscopically the thymus is a light-grey, distinctly lobulated organ with a pink tinge in fresh material. Its **polygonal lobules** (lobuli thymi) are separated from each other by a delicate, but distinct connective tissue capsule. Microscopically each lobule is divided into an **outer cortex** and an **inner medulla** (▶ Fig. 14.15). Lymphopoetic cells migrate from the **bone marrow into the cortex**, where they divide and mature to form **T lymphocytes**. Within the cortex the T lymphocytes become equipped with **receptors** that recognise the proteins belonging to the body. If the T lymphocytes fail to recognise proteins of the body, the **immune system** starts to react against these components. This results in autoimmune diseases such as multiple sclerosis or rheumatoid arthritis.

Although the medulla also contains lymphocytes, their number is less. Cells of the interstitial tissue form agglomerations known as **Hassall bodies**, the function of which is not fully understood. Their number is highest at the time of birth and in very young animals (about 1 million) (further details can be found in histology textbooks).

As well as its lymphopoetic function, the thymus is hypothesised to have an **endocrine function**. The "thymus factor" stimulates growth and differentiation of peripheral lymphatic organs. Removal of the thymus in newborn mice results in severe growth retardation, impaired development of lymphatic organs and death two weeks post partum.

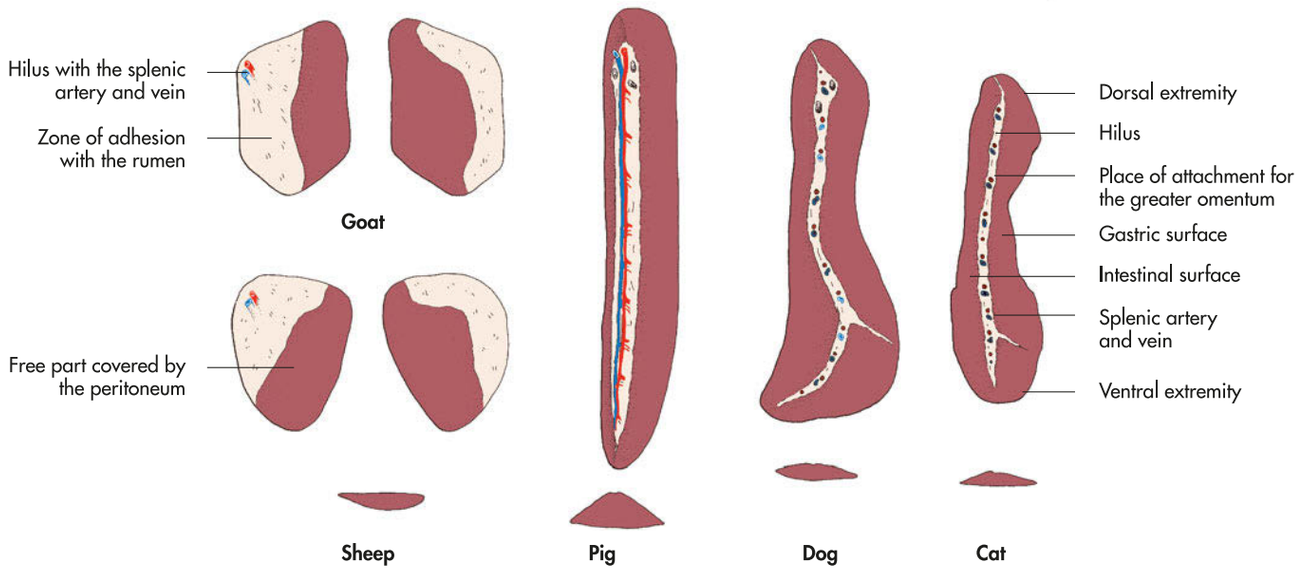


Fig. 14.20 Spleen of the small ruminants, pig, dog and cat (schematic, medial aspect and cross section).

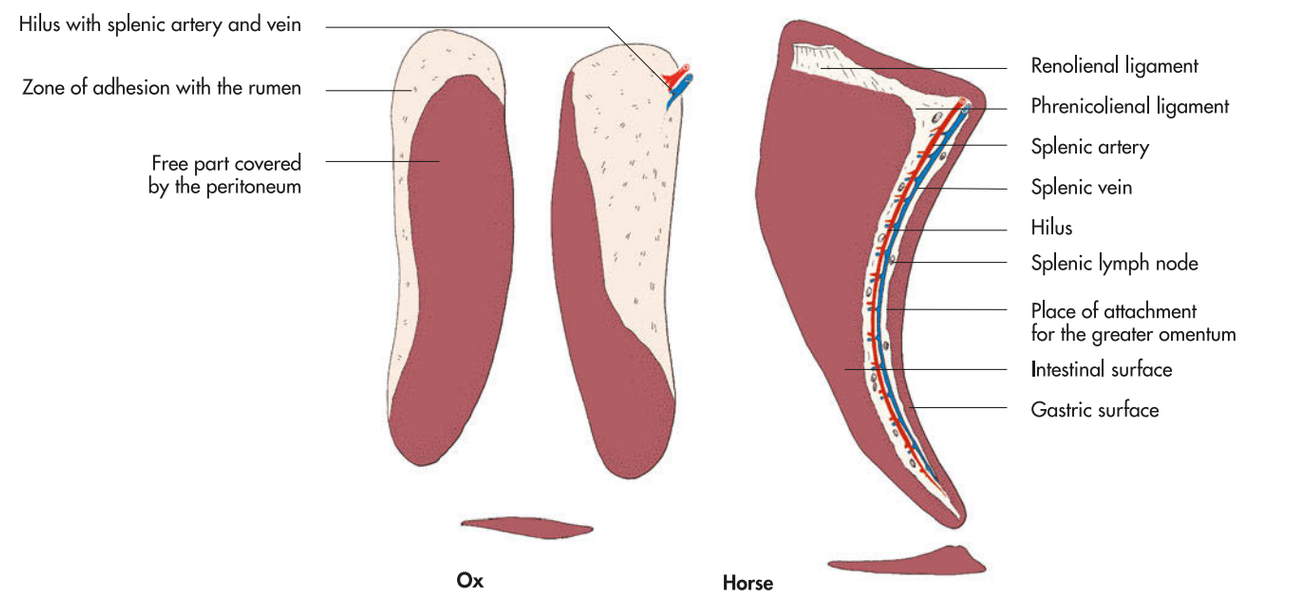


Fig. 14.21 Spleen of the ox (schematic, medial and lateral aspects and cross section) and horse (schematic, medial aspect and cross section).

14.5 Spleen (lien, splen)

14.5.1 Function of the spleen

Several diverse functions have been attributed to the spleen: it stores and concentrates erythrocytes and releases them when needed. It filters the blood and removes worn-out erythrocytes from the circulation. From the haemoglobin it extracts iron and releases it again for reuse. It produces lymphocytes and monocytes and has an important function in the production of antibodies. However, the spleen is not essential to life, as most of its functions are taken over by other tissues in its absence. Dogs and cats can lead a healthy life after splenectomy, but animal athletes do not return to their former performance levels.

14.5.2 Position and form of the spleen

The spleen is a reddish-brown to grey organ, depending on the species, and is situated caudal to the diaphragm within the left cranial part of the abdomen. It is located entirely within the peri-

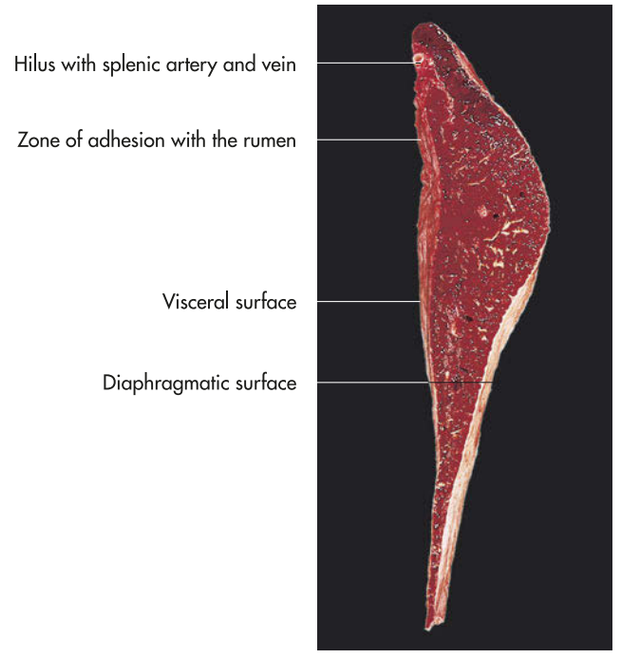


Fig. 14.22 Spleen of an ox (proximal end, cross section). (source: courtesy of PD Dr. S. Reese, Munich)

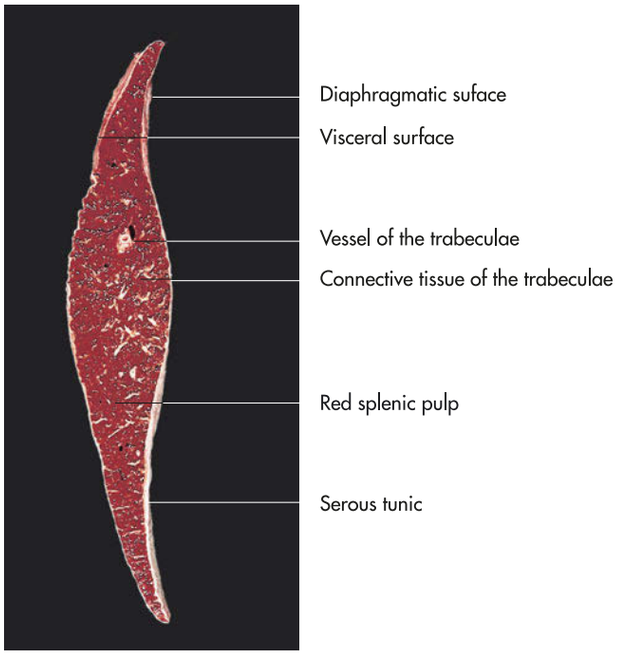


Fig. 14.23 Spleen of an ox (distal end, cross section). (source: courtesy of PD Dr. S. Reese, Munich)

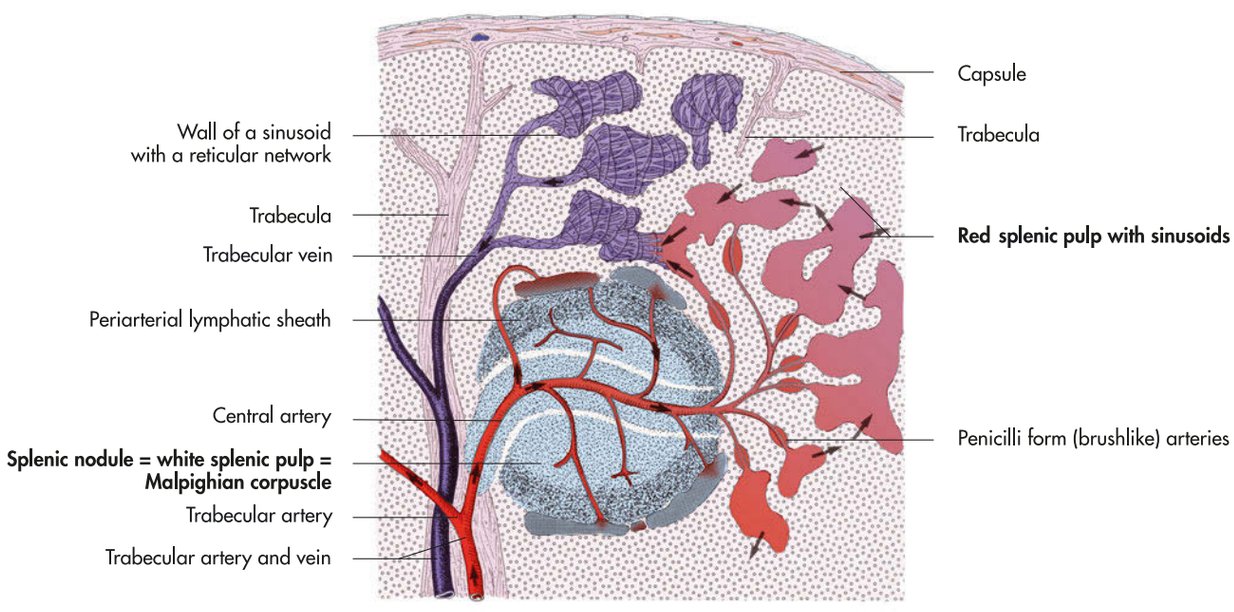


Fig. 14.24 Microvascularisation of the spleen.

toneum in all domestic mammals other than ruminants, where half of the spleen extends into the retroperitoneal attachment zone between the diaphragm and the dorsal sac of the rumen.

The spleen is attached to the stomach by the **gastrosplenic ligament**, which is part of the omentum. In the horse an additional ligament is present between the spleen and the left kidney, the **nephrosplenic** or **renosplenic ligament** (ligamentum lienorenale), creating the nephrosplenic space, in which parts of the intestines can become trapped, resulting in colic.

The basic form of the spleen varies in the different domestic mammals (▶ Fig. 14.18, ▶ Fig. 14.19, ▶ Fig. 14.20 and ▶ Fig. 14.21): it is **falciform** in the horse, **tongue-shaped** in pigs, **boot-shaped** in carnivores, **leaf-shaped** in small ruminants and resembling a wide strap in the ox (▶ Fig. 14.22 and ▶ Fig. 14.23).

It has two surfaces, the diaphragmatic surface and the visceral surface; the latter is marked by the hilus in all domestic mammals other than the ruminants.

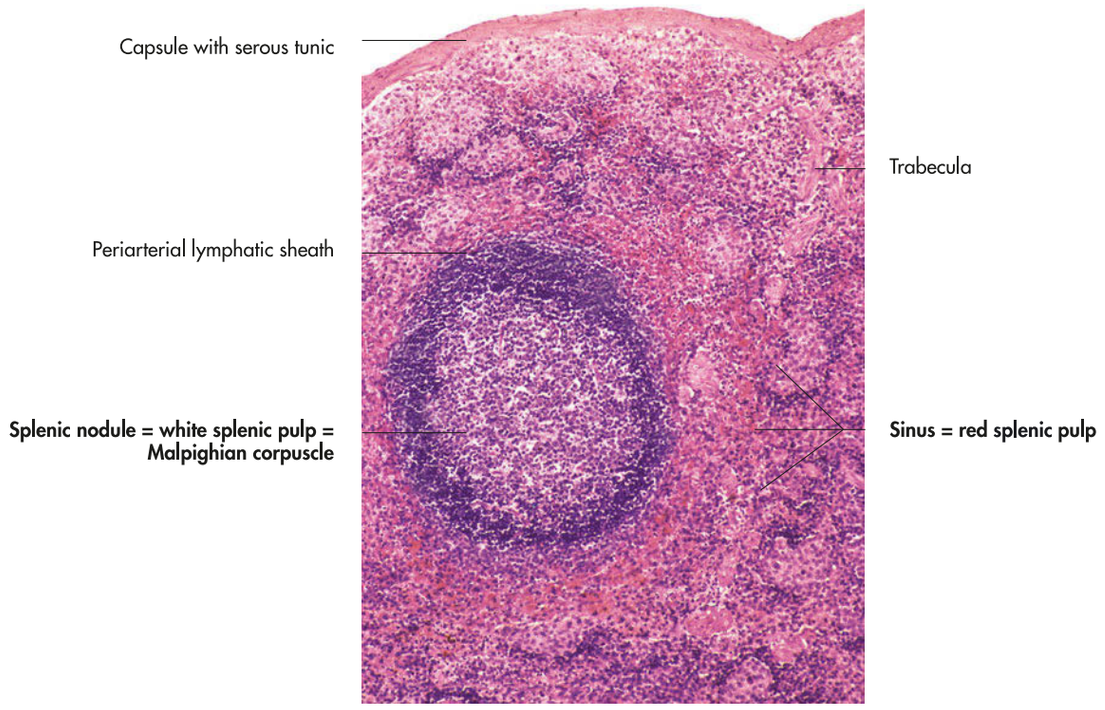


Fig. 14.25 Histological section of a splenic nodule and the sinus of a cat.

Several accessory spleens may be present, close to the hilus or embedded in the greater omentum, and these originate from dispersed primordial cells during embryonic development.

The spleen is enclosed by a **soft tissue capsule** which is rich in smooth muscle fibres and extends trabeculae into the organ. The **parenchyma** of the spleen consists of the **red** and **white splenic pulp** (▶ Fig. 14.24 and ▶ Fig. 14.25). The **red pulp** is composed of the venous sinuses, which are lined by an endothelium. The white pulp, which accounts for about one-fifth of the splenic volume, consists of diffuse and follicular lymphoid tissue (a more detailed description can be found in histology textbooks).

14.5.3 Blood supply, lymphatics and innervation

The **blood vessels** of the spleen are the splenic artery (a. lienalis) and the coeliac artery (a. coeliaca). The splenic vein drains into the portal vein. The blood vessels pass through the **hilus** and course in the **trabeculae**, branching repeatedly as they become smaller in diameter. They finally leave the trabeculae and become surrounded by lymphoid tissue, forming **central arteries** within the white pulp. The central arteries enter the red pulp, where they branch into about 50 small straight arterioles that open into **capillary** beds.

The venous side of the vascular pathway through the spleen begins in the **venous sinuses** which communicate with each other. The wall of these sinuses is composed of endothelial and reticular cells with an incomplete basal membrane. These sinuses coalesce into veins of the red pulp, which finally merge to become the **trabecular veins** (a more detailed description can be found in histology textbooks).

Lymphatic drainage of the spleen is to the splenic lymph nodes located at the hilus of the organ. Their efferent vessel joins the coeliac trunk to drain into the chyle cistern.

The spleen receives **parasympathetic** and **sympathetic nerve fibres** from the solar plexus.

Clinical terminology

Examples of clinical terms derived from anatomical terms: lymphangitis, lymphadenitis, lymphangiography, thymectomy, thymopathy, splenitis, splenectomy, splenomegaly, and many more.

15 Nervous system (systema nervosum)

H. E. König, Chr. Mülling, J. Seeger and H.-G. Liebich

The nervous system is responsible for the stimulus-response interaction between the environment and the organism and for regulation and co-ordination of other body systems. It acts with and so controlled by the endocrine, immune and sensory organs. An environmental change provides a stimulus that is recognized by the appropriate receptor organ. The provoked stimulus causes a reaction by an effector organ. In simple organisms, the receptor cell itself is connected directly to the effector cell. In higher organisms, the receptor and effector organs lie separate and are connected by neurons, which transmit the information from cell to cell. For a more detailed description see the Chapter 1 "Introduction and general anatomy" (p. 21).

Although the **nervous system** actually forms a single, integrated system, it is convenient for descriptive purposes to divide it **into parts**. The division can be made on topographical grounds, distinguishing the **central nervous system** (systema nervosum centrale), consisting of the **brain** (encephalon) and **spinal cord** (medulla spinalis) from the **peripheral nervous system** (systema nervosum periphericum) composed of **cranial** and **spinal nerves**. An alternative division distinguishes the somatic system that is concerned with locomotion from the **visceral** or **autonomic system**, concerned with functions related to the inner organs, such as heart and respiratory rate. The latter includes the **sympathetic** and the **parasympathetic nervous systems**.

15.1 Central nervous system (systema nervosum centrale)

The central nervous system consists of the **spinal cord** and the **brain**. The spinal cord runs within the vertebral column. The brain is housed within the cranial cavity and surounded by an osseous capsule. Both are surrounded by several meningeal layers, which enclose a fluid-filled space. Thus, the central nervous system is protected by its surrounding bones and the shock-absorbing properties of the cerebrospinal fluid. Without any distinct anatomical division, the brain continues as the spinal cord between the occipital bone and the atlas; the exact limit is drawn between the **last pair of cranial nerves** and the **first pair of cervical nerves**.

15.1.1 Spinal cord (medulla spinalis)

Shape and position of the spinal cord

The spinal cord is a **whitish**, **elongated cylinder** with a slight dorsoventral flattening (▶ Fig. 15.3). It has certain regional variations in form and diameter: at two locations, where nerves to the limbs arise, the relative diameter of the spinal cord is increased. The **cervical enlargement** or **intumescence** (intumescentia cervicalis) involves the caudal part of the cervical spine and the initial part of the thoracic spine and gives rise to the spinal nerves that form the **brachial plexus** that innervates the thoracic limb. The **lumbar enlargement** (intumescentia lumbalis) gives rise to the spinal nerves, which innervate the pelvic cavity and the pelvic limb. Caudal to the lumbar enlargement the spinal cord tapers into a **medullary cone** (conus medullaris), which is finally reduced to form the **terminal filament** (filum terminale) (▶ Fig. 15.2). Corresponding to the divisions of the vertebral column the spinal cord can be divided into the:

- cervical spinal cord (pars cervicalis),
- thoracic spinal cord (pars thoracica),
- lumbar spinal cord (pars lumbalis),
- sacral spinal cord (pars sacralis) and
- coccygeal or caudal spinal cord (pars coccygea).

The **spinal cord** is divided into two symmetric halves by the **dorsal median groove** (sulcus medianus dorsalis) and the **ventral median fissure** (fissura mediana ventralis).

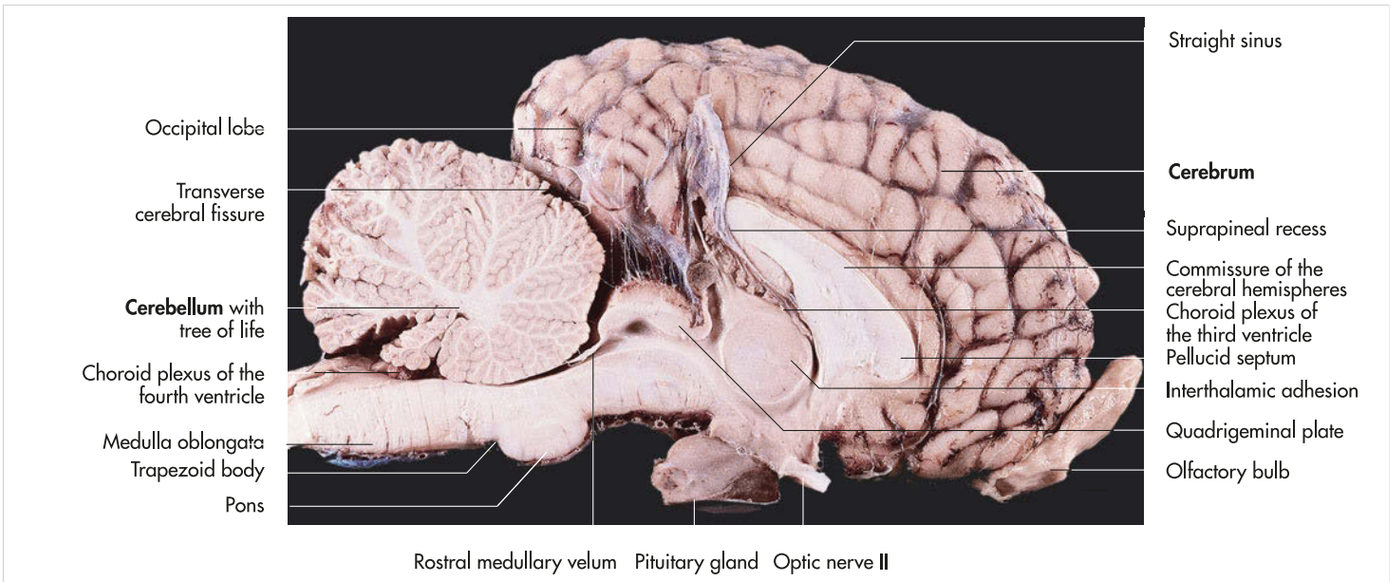


Fig. 15.1 Brain of a horse (median section). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

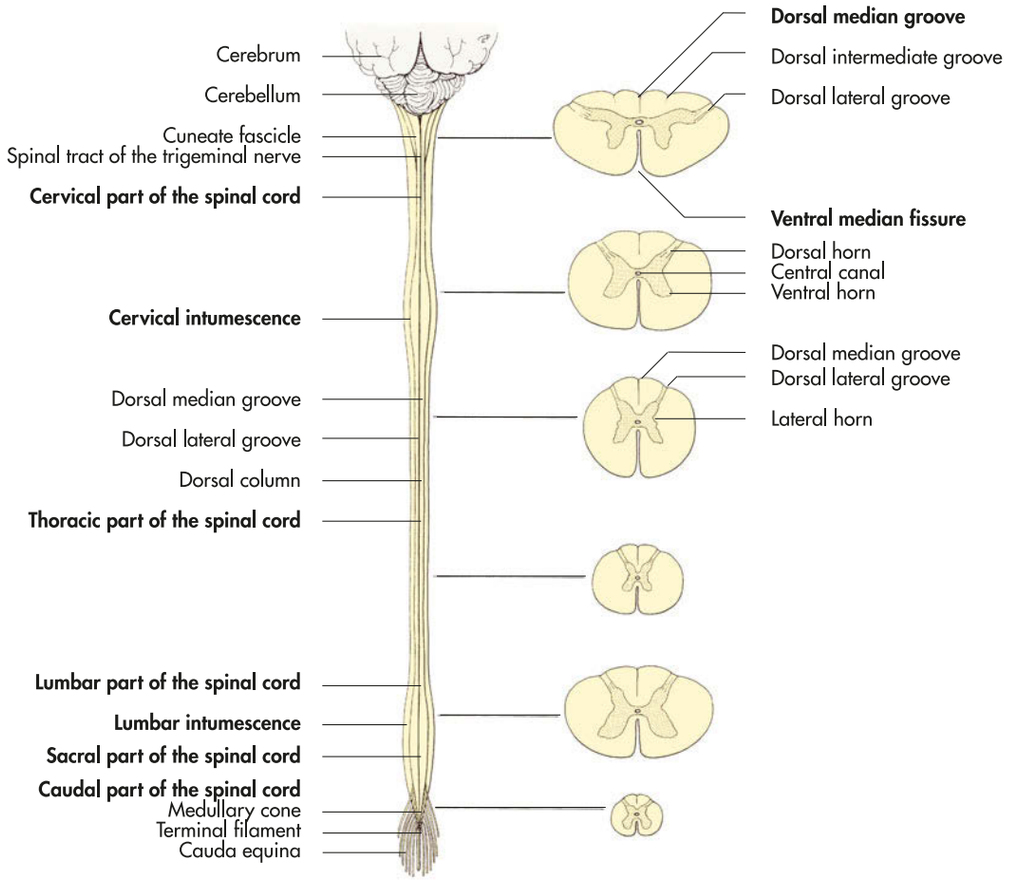


Fig. 15.2 Spinal cord (schematic, dorsal aspect and transverse sections).

On the dorsolateral aspect of each side, nerve fibres enter the spinal cord, forming the **dorsal spinal root** (radix dorsalis), while on the ventrolateral aspect, nerve fibres leave the spinal cord, forming the **ventral root** (radix ventralis) (▶ Fig. 15.5).

The nerve fibres of each root are bound together at the **intervertebral foramen**, where dorsal and ventral roots join to form the **spinal nerve** (n. spinalis). Although the spinal cord itself is not segmented, it can be divided into **segments** based on the spinal nerves. Each pair of spinal nerves is responsible for the innervation of a body segment.

A **spinal ganglion** is located within each **dorsal root**, and contains sensory neurons, with the exception of the first cervical nerve, which has no or only a rudimentary ganglion.

In the **foetus**, the spinal cord and vertebral column have the same length, and each spinal nerve leaves the vertebral canal through the intervertebral foramen at the level of its origin. During development, however, the vertebral column increases more in length than the spinal cord, and the caudal end of the spinal cord is cranial to the caudal end of the vertebral column. Instead of leaving the vertebral canal at the site of their origin, the spinal nerves have to pass caudally within the vertebral canal until they can leave through their appropriate intervertebral foramina. **Sacral** and **caudal spinal roots** stream caudally beyond the conus medullaris to exit at their respective intervertebral foramina. Collectively these roots are designated **cauda equina**, due to their shape, which resembles the tail of a horse (▶ Fig. 15.2 and ▶ Fig. 15.4).

Clinical note

Compression of the spinal cord between the seventh lumbar segment and the first sacral nerves is known as **cauda equina syndrome**. Treatment involves surgical removal of the vertebral arches **(laminectomy)** of the last lumbar and first sacral vertebrae to relieve pressure on the cauda equina.

A transverse section of the spinal cord shows a **central mass** of **grey matter** (substantia grisea) perforated in the middle by the **central canal** (canalis centralis). The central canal is the caudal continuation of the ventricles of the brain and passes through the whole of the spinal cord. It is lined by **ependymal cells**, a subgroup of glial cells, and filled with **cerebrospinal fluid** (liquor cerebrospinalis).

The grey matter is surrounded by the **white matter** (substantia alba). The spinal cord and the spinal roots are surrounded by protective, soft tissue layers termed **meninges**. All parts of the spinal cord are well vascularised by a dense capillary network. Vascular supply is also provided within the vertebral canal by large veins embedded in soft tissue rich in fat, which are not enclosed by the meninges. The soft tissue layers and the cerebrospinal fluid provide the spinal cord with protection against the mechanical forces it is submitted to.

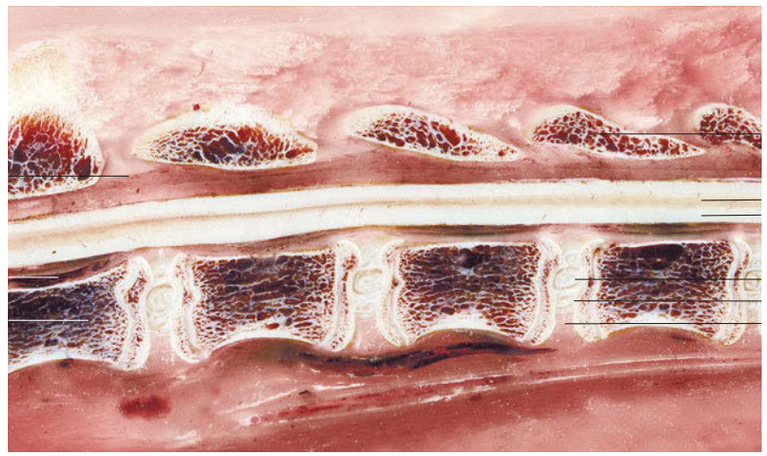


Fig. 15.3 Vertebral column with the spinal cord of a dog (median section, plastinate). (source: courtesy of Prof. Dr. M.-S. Sora, Vienna)

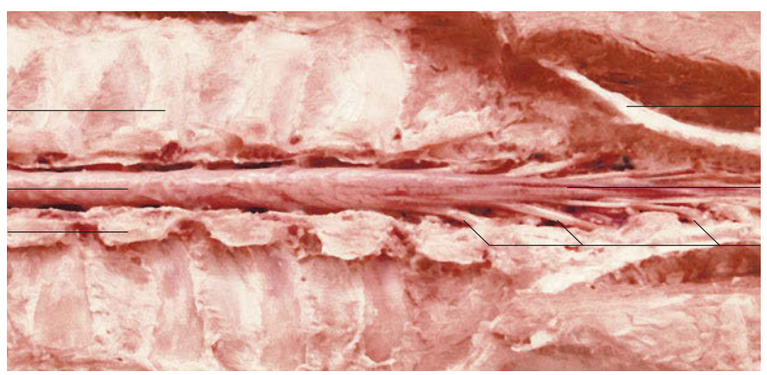


Fig. 15.4 Cauda equina of a pig (horizontal section, dorsal aspect). (source: courtesy of R. Herbener and D. Friedrich, Munich)

Structure of the spinal cord

The spinal cord is a **bilaterally symmetrical** structure, which is divided by different grooves of varying depths (▶ Fig. 15.5, ▶ Fig. 15.6 and ▶ Fig. 15.7). Dorsally there is the **dorsal median sulcus** (sulcus medianus dorsalis) at the surface and a **dorsal median septum** (septum medianum dorsale) that extends from the sulcus into the spinal cord. On the ventral surface, the spinal cord is marked by the deep **ventral median fissure** (fissura mediana ventralis).

A dorsolateral sulcus is visible on each side, where **dorsal nerve roots** (radices dorsales) enter the spinal cord. A corresponding ventrolateral sulcus, where **ventral nerve roots** (radices ventrales) leave the spinal cord, is reduced to a shallow groove.

Grey matter (substantia grisea)

The **grey matter** is composed of cell bodies and processes of neurons and glial cells. In transverse section, the grey matter appears **butterfly** or **H-shaped** (▶ Fig. 15.5, ▶ Fig. 15.6 and ▶ Fig. 15.7). This characteristic shape is due to the two-dimensional appearance of the dorsal, ventral and lateral columns of the grey matter on transverse section, where they appear as **dorsal** (cornu dorsale) and **ventral horns** (cornu ventrale). The dorsal and the more pronounced ventral horns are connected by the lateral intermediate substance, which extends to form an additional lateral horn in the thoracolumbar region. The **bilateral symmetrical columns** of the grey matter are the:

- **dorsal column** (columna dorsalis), appearing as the dorsal horn (cornu dorsale) in transverse sections,
- **lateral column** (columna lateralis), appearing as the lateral horn (cornu laterale) in transverse sections, and
- **ventral column** (columna ventralis) appearing as the ventral horn (cornu ventrale) in transverse sections.

The **dorsal column** consists mainly of somatic and afferent visceral neurons, which tend to have their cell bodies grouped together. Clusters of cell bodies with similar functions are termed nuclei, e.g. the nucleus proprius of the dorsal horn. These nuclei may extend the entire length of the spinal cord or may be restricted to certain segments.

The **lateral columns** of the thoracolumbar spine contain the visceromotor neurons. The intermediolateral (sympathetic) nucleus is located within the lateral intermediate substance and contains **sympathetic neurons**. The sacral **parasympathetic** (intermediomedial) nucleus is found in the lateral column of the sacral spinal cord segments and is closely related to the ventral column.

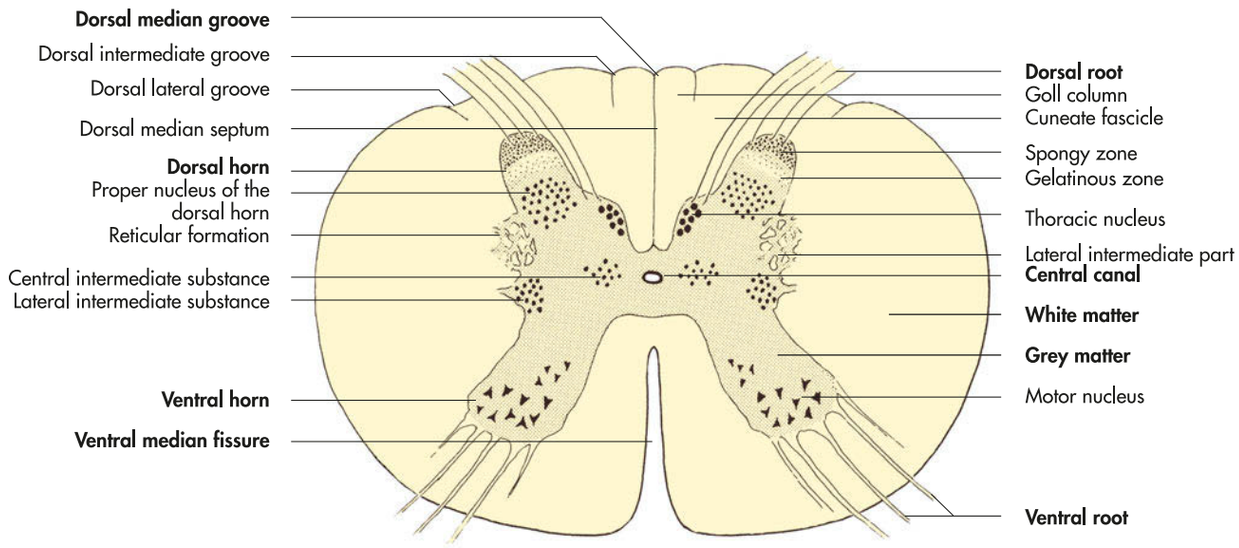


Fig. 15.5 Cervical spinal cord (schematic, transverse section).

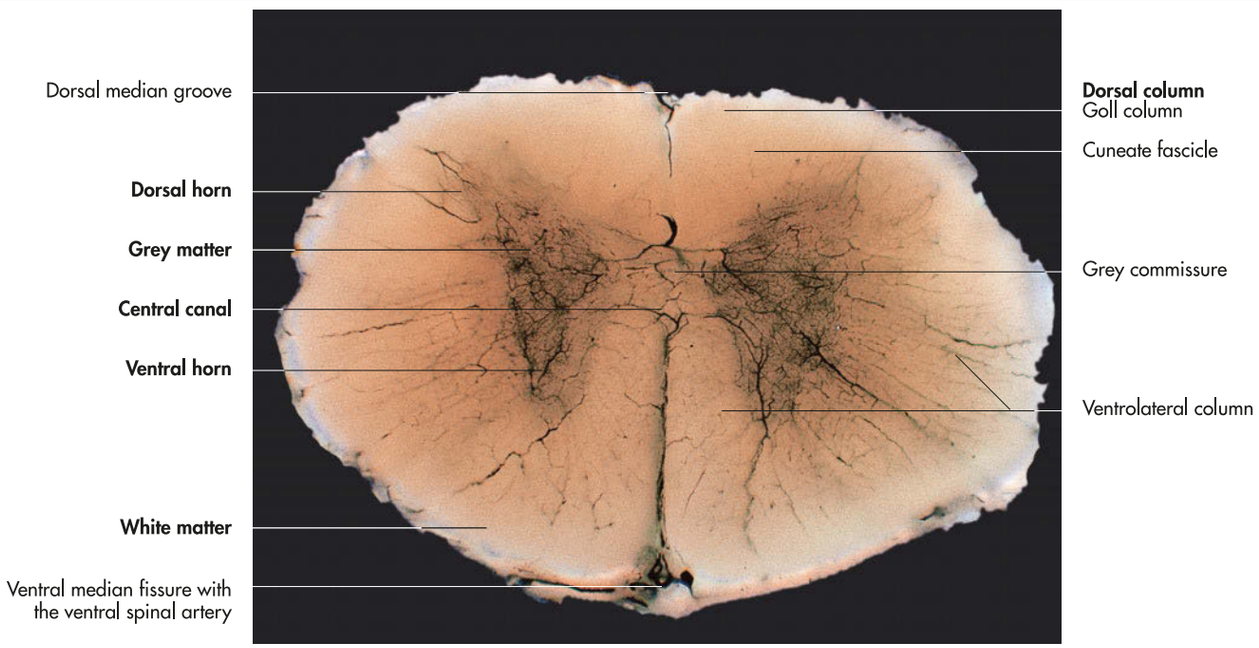


Fig. 15.6 Spinal cord of a sheep after injection of the blood vessels (transverse section).

The **ventral column** is mainly composed of **motor neurons**. Motor neurons of related skeletal muscles are grouped into motor nuclei.

Spinal cord neurons can be categorised as **interneurons** or **efferent neurons**. Spinal interneurons are interposed between a particular input and the resulting output of the spinal cord. Interneurons may be activated either by synaptic input that can arrive from afferent neurons, from descending pathways coming from the brain, from other interneurons or from axonal branches of efferent neurons. Spinal efferent neurons send axons into the white matter generally to form ascending pathways to the brain. They are activated by afferent neurons, which become excited in response to stimulation of viscera, muscles, joints or skin.

Spinal efferent neurons send axons through ventral roots to innervate muscles and glands. They may be classified as somatic or autonomic (visceral).

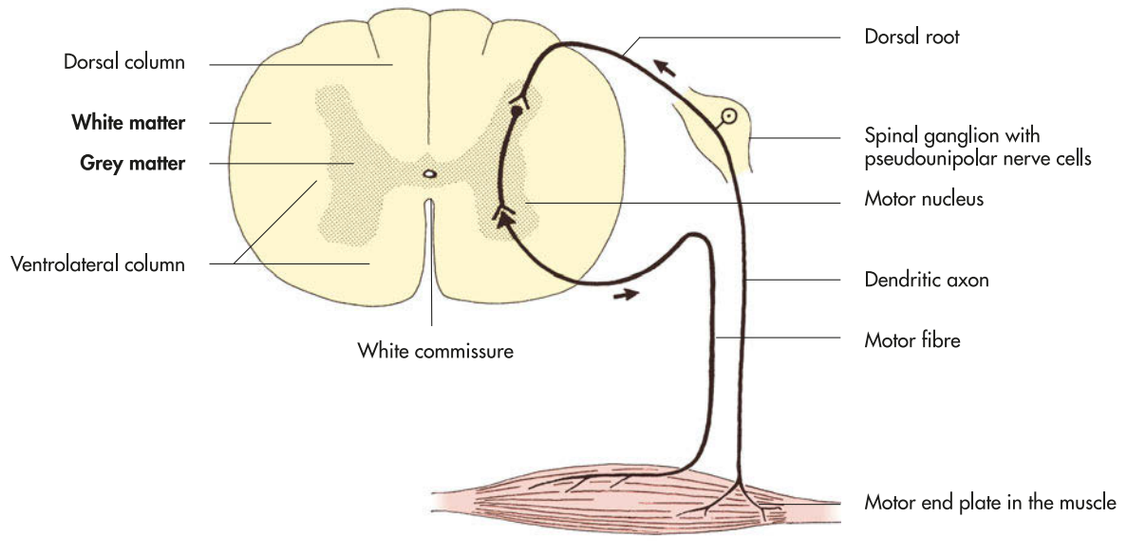


Fig. 15.7 Illustration of a monosynaptic spinal reflex arc (schematic).

White matter (substantia alba)

The white matter is positioned superficially in the spinal cord, surrounding the grey matter (▶ Fig. 15.5, ▶ Fig. 15.6 and ▶ Fig. 15.7). It is composed mainly of **myelinated ascending** and **descending nerve fibres**. The myelin sheaths are formed by **oligodendrocytes** and are responsible for the white colour of the unstained white matter.

The white matter of each half of the spinal cord is divided into **columns** or **funiculi**, which are composed of bundles (fasciculi or tracts) of nerve fibres of common origin, destination and function. There are the:

- dorsal column (funiculus dorsalis) and
- ventrolateral column (funiculus ventrolateralis).

The **dorsal column** includes all of the white matter located between the dorsal median sulcus and the line of origin of the dorsal roots of the spinal nerves. The **ventrolateral column** is contained between the dorsal and ventral spinal roots and continues to the ventral median fissure (▶ Fig. 15.6). The ventral fissure penetrates into the white matter, leaving a considerable **commissure** (commissura alba) that consists of myelinated axons crossing from one half of the spinal cord to the other, ventral to the grey matter. The **dorsal column** almost exclusively consists of **ascending spinal tracts** that convey information about superficial and deep sensation to the brain. The **ventrolateral column** consists of ascending sensory as well as descending **motor nerve tracts**.

Intersegmental fibres that arise and terminate within the spinal cord are known collectively as the proper fascicle of the spinal cord (fasciculus proprius) and are found bordering the grey matter in all funiculi.

Ascending and descending tracts cannot be distinguished anatomically or histologically, but are determined experimentally by the stimuli-response reaction. For clinical purposes it is important to know that damage to the dorsal column will result in **sensory deficits**, while damage to the ventrolateral column may result in **sensory** and **motor deficits** as well as in paralysis of certain muscles, as for example seen in animals with disc prolapse. Due to the segmental nature of the spinal cord, the extent of the clinical symptoms can provide information regarding the location of the spinal cord lesion.

Reflex arcs of the spinal cord

A reflex is a subconscious, relatively consistent response to a particular stimulus. A typical reflex arc consists of a **receptor organ** that responds to a particular stimulus (touch, sound etc.), an **afferent neuron** that conveys the initiated impulse to the central nervous system, a **synapse** that in the simplest version connects the afferent neuron with an **efferent neuron** and conveys the impulse from the centre to the **effector organ** (muscle, gland etc.) in the periphery.

There are **three typical categories** of spinal reflexes which are of clinical importance:

- myotactic reflex,
- withdrawal reflex and
- cutaneous trunci reflex.

The **myotactic reflex**, also called **muscle stretch reflex**, can be demonstrated by tapping the tendon of a muscle, thus abruptly stretching the muscle and observing its immediate contraction. This type of reflex has a monosynaptic component with primary afferent neurons synapsing directly on efferent neurons; this reflex is thus the fastest and relatively resistant to fatigue.

The **withdrawal reflex** is clinically tested by applying a noxious stimulus to a part of the limb and observing withdrawal of the entire limb. It is a multisynaptic reflex, which is initiated by free nerve endings in the periphery. These enter the dorsolateral fascicle, where they extend over several segments and synapse with interneurons and efferent neurons to finally stimulate the afferent neurons of several muscle groups.

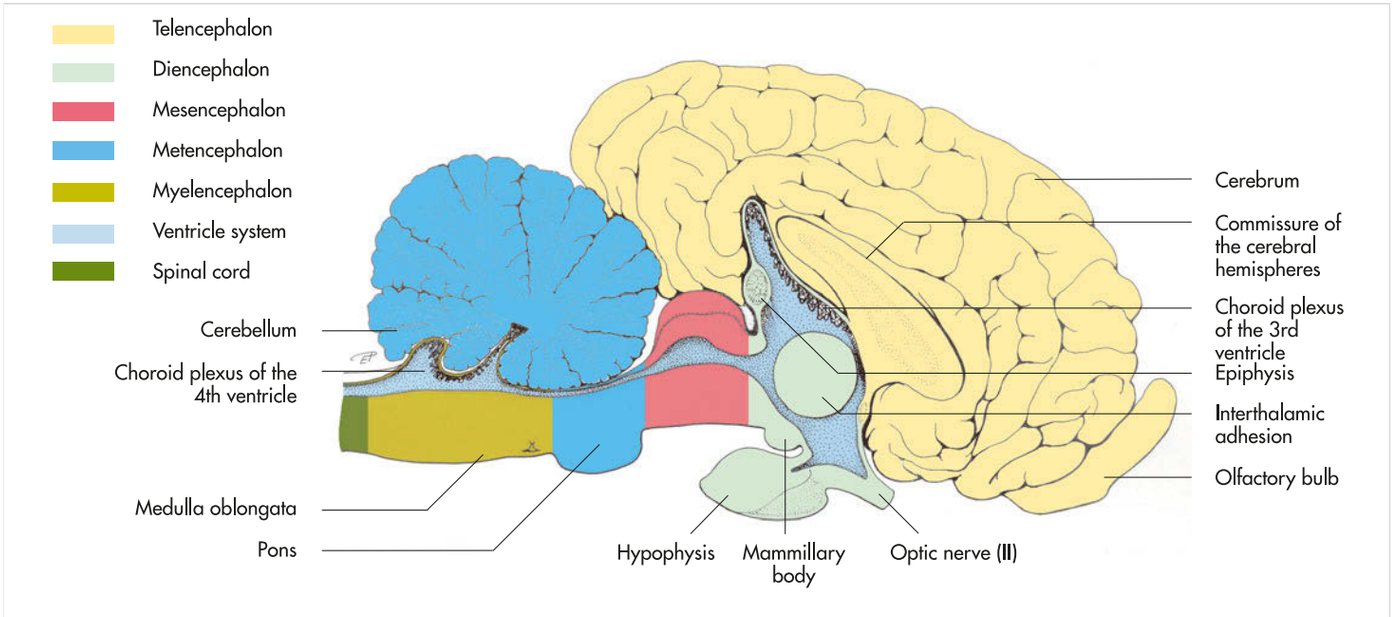


Fig. 15.8 Brain of the horse (median section).

The **cutaneous trunci** reflex is elicited by pricking the skin and observing it twitch, owing to the contraction of the cutaneous trunci muscle. It is an intersegmental reflex, since a number of segments intervene between the afferent input and the efferent output.

15.1.2 Brain (encephalon)

The brain is the control organ of the body, and is responsible for the regulation, co-ordination and integration of the rest of the nervous system. Its abilities are resembled by its morphological features. Based on its ontogenetic and phylogenetic development from the rostral part of the neural tube, the brain can be subdivided into **five major parts** (▶ Fig. 15.8):

- **rhombencephalon (hindbrain)** with:
  - myelencephalon, medulla oblongata, and
  - metencephalon, pons and cerebellum;
- **mesencephalon (midbrain)** and
- **prosencephalon (forebrain)** with:
  - diencephalon and
  - telencephalon.

These divisions will be used in the following description of the brain. However, sometimes a simpler division is used based on gross anatomy. **Grossly the brain may be divided** into the:

- cerebrum,
- cerebellum and
- brain stem (truncus encephali) with:
  - medulla oblongata, bulb,
  - pons and
  - midbrain.

The brain is enclosed in the **cranial cavity** which is divided into a larger **rostral cavity** for the cerebrum and a smaller **caudal cavity** for the cerebellum by the tentorium cerebelli osseum. The brain of the domestic mammals is relatively small compared to the size of the head. It is located between a transverse plane drawn through the caudal rim of the orbit rostrally and a transverse plane drawn at the level of the external ear caudally. In the domestic mammals, the cerebellum is located ventral to the squamous part of the occipital bone.

In the ox and pig, the roof of the skull is pneumatised by parts of the extensive frontal sinus. Thus, the cerebrum is located deeper and further away from the external lamina of the skull.

In small ruminants, cats and brachycephalic dogs the cerebral hemispheres are located superficially in the frontal and parietal parts of the skull.

Rhombencephalon

Myelencephalon

The myelencephalon (▶ Fig. 15.8 and ▶ Fig. 15.9) comprises the **medulla oblongata**, which encloses the caudal part of the fourth ventricle of the brain and the caudal medullary velum dorsally.

Medulla oblongata

The medulla oblongata (▶ Fig. 15.1, ▶ Fig. 15.8 and ▶ Fig. 15.9) is continuous with the spinal cord; the border between the two is arbitrarily defined as the transverse plane just rostral to the first cervical nerves. It is located in the fossa medullae oblongata, dorsal to the basiocciput. Its rostral part is widened as the result of an **accumulation of nuclei**; and the central canal of the spinal cord opens into the **fourth ventricle**. Consequently, the characteristic organisation of the grey matter in the spinal cord is lost and the columns are moved to the side and divided into singular nuclei of spherical or **cylindrical shape**. The sensory nuclei are located furthest laterally, the **motor nuclei** closest to the middle and the **vegetative**, **parasympathetic nuclei** between them. The following nuclei are located **within the medulla oblongata** (▶ Fig. 15.50):

- nuclei of cranial nerves VI to XII,
- corresponding parasympathetic nuclei and
- caudal part of the large nucleus of the trigeminal nerve.

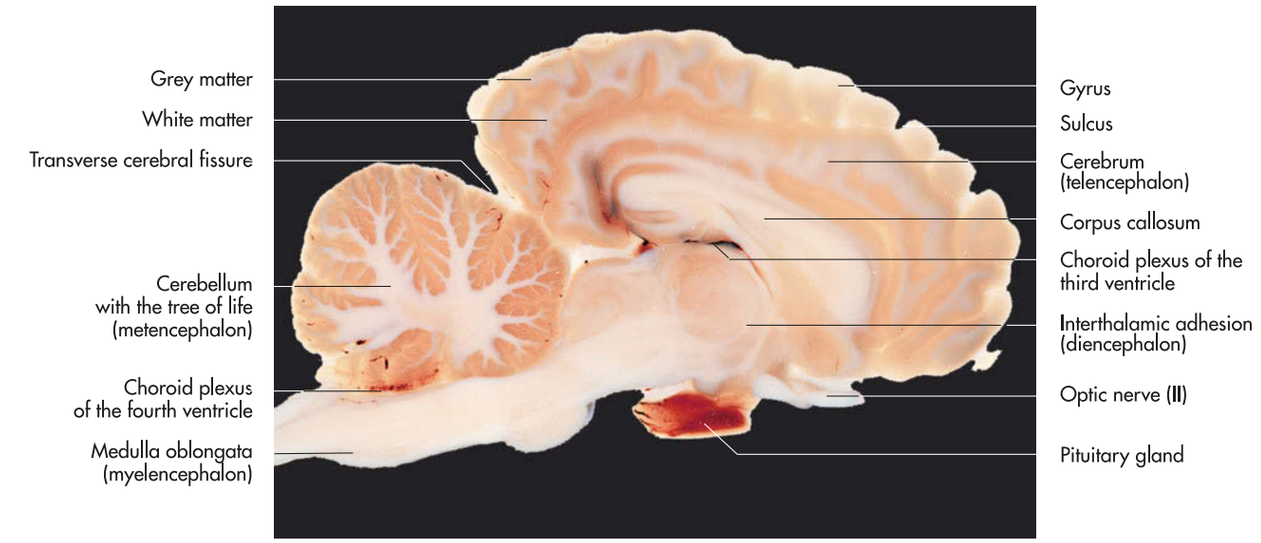


Fig. 15.9 Paramedian section of the brain of a horse (P 35 plastinate). (source: courtesy of Prof. Dr. M.-C. Sora, Vienna)

It also comprises nuclei of the respiratory and circulatory centre, located close to the fourth ventricle within the **reticular formation**. The **ventral surface of the medulla oblongata** is divided into halves by the ventral median fissure continuous with that of the spinal cord and flanked by longitudinal ridges, the **pyramids** (▶ Fig. 15.10 and ▶ Fig. 15.12). Each pyramid consists of myelinated axons, which originate from neuron cell bodies located in the cerebral cortex and extend to the medulla oblongata or the spinal cord. Most fibres cross the midline to form the **pyramidal decussation** (decussatio pyramidum) at the spinomedullary junction. The decussation of pyramidal fibres and other descending tracts is the reason why one side of the brain controls voluntary movement in the contralateral side of the body.

At the rostral end of the pyramids lies a flat band of transverse fibres, the **trapezoid body** (corpus trapezoideum), which ontogenetically belongs to the pons (▶ Fig. 15.10, ▶ Fig. 15.12 and ▶ Fig. 15.18).

The **abducent nerve** (VI) (▶ Fig. 15.12 and ▶ Fig. 15.18) appears caudal to the pons at the lateral angle formed by the pons and the pyramids. The **hypoglossal nerve** (XII) (▶ Fig. 15.12 and ▶ Fig. 15.18) emerges on the caudal end of the pyramids on their lateral aspect. The **facial** (VII) (▶ Fig. 15.10, ▶ Fig. 15.12 and ▶ Fig. 15.18) and the **vestibulocochlear** (VIII) (▶ Fig. 15.10, ▶ Fig. 15.12 and ▶ Fig. 15.18) **nerves** appear as lateral continuations of the trapezoid body. The **glossopharyngeal** (IX), **vagus** (X) and **accessory** (XI) (▶ Fig. 15.12 and ▶ Fig. 15.17) **nerves** arise from the lateral aspect of the medulla oblongata in close succession.

The **accessory nerve** receives an additional spinal root from the cervical spinal cord. These fibres arise from the cervical spinal cord and pass cranially to unite with the fibres of the accessory nerve from the medulla oblongata (▶ Fig. 15.12 and ▶ Fig. 15.18).

Dorsolateral to the pyramids at the caudal medulla oblongata is the **olivary eminence** that marks the **olivary nucleus** (nucleus olivaris). The olivary nucleus presents a distinctive serpentine profile and plays an important role in controlling **motor functions** of the body.

Ascending fibres constitute the **medial lemniscus**, which also passes through the medulla oblongata to reach the cerebellum via the caudal cerebellar peduncles.

Functions of the medulla oblongata

The medulla oblongata coordinates **respiration** and **circulation**, together with higher centres of the cortex. In addition, the nuclei for several reflexes for the **protection of the eye** (palpebral reflex, lacrimal secretion), the **upper respiratory tract** (sneezing and coughing), **food intake** (suckling, swallowing) are located within the medulla oblongata. Nerve fibres extending between the different nuclei form the **basis of central reflex arcs**. Lesions to the medulla oblongata result in deficits of the cranial nerves and may cause death in severe cases.

Metencephalon

The metencephalon (▶ Fig. 15.8) constitutes the rostral part of the rhombencephalon. It can be divided into the following parts:

- transverse pons,
- cerebellum,
- tegmentum of the metencephalon (tegmentum metencephali) and
- rostral medullary velum (velum medullare rostrale).

Pons

The pons (▶ Fig. 15.1, ▶ Fig. 15.8, ▶ Fig. 15.10, ▶ Fig. 15.12 and ▶ Fig. 15.18) consists of a **ventral** and a **dorsal part**; the latter is designated the **tegmentum of the pons** (tegmentum pontis). The **ventral part** features transverse pontine fibres that bulge out ventrally. The ventral surface of the pons has sharp rostral and caudal demarcations.

The **trigeminal nerve** (V) emerges on the lateral aspect of the pons, and its **motor nucleus** is located within the pons

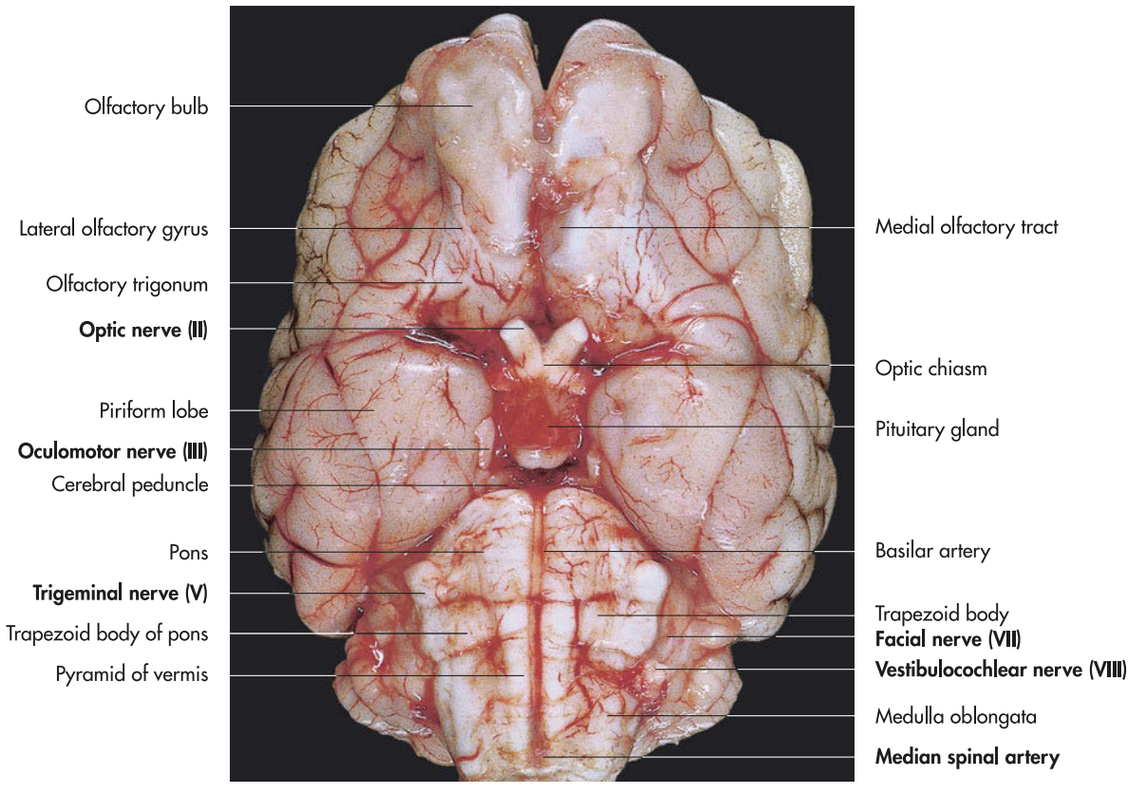


Fig. 15.10 Brain of a dog (ventral aspect).

(▶ Fig. 15.10, ▶ Fig. 15.17 and ▶ Fig. 15.18). Several other nuclei are situated within the pons and are responsible for **controlling motor functions** of the body. Similar to the medulla oblongata, nuclei and nerve fibres of the reticular formation occupy up to half of the pons on its transverse section. The pons also has a large number of ascending and descending nerve tracts, which proceed to the cerebellum as the middle cerebellar peduncle.

Cerebellum

The cerebellum (▶ Fig. 15.1, ▶ Fig. 15.8, ▶ Fig. 15.9, ▶ Fig. 15.10, ▶ Fig. 15.13 and ▶ Fig. 15.19) constitutes the second largest part of the metencephalon and is located above the fourth ventricle. It is roughly globular and its surface features fissures that divide the grey mass into **lobes**, and smaller **fissures** that further subdivide the mass into **small lobules** and these into smaller units known as **folia**. In the cerebellum the bulk of the grey matter forms the **cortex** (cortex cerebelli) and encloses the **white matter** or **medulla** (corpus medullare). The white matter arises from the **peduncles** and radiates through the various lobules, resembling a tree. Because of this appearance, it is often referred to as the **tree of life** (arbor vitae). Additional grey matter forms several nuclei, termed basal nuclei, embedded within the medulla. The cerebellum can be divided into the:

- median sagittal ridge (vermis) and
- lateral hemispheres (hemispheria cerebelli).

Based on the phylogenetic development, the **vermis** (▶ Fig. 15.11, ▶ Fig. 15.13, ▶ Fig. 15.14, ▶ Fig. 15.15, ▶ Fig. 15.16 and ▶ Fig. 15.19) can be further subdivided into **rostral** (archicerebellum), **caudal** (neocerebellum) **lobes**, and the **flocculonodular lobe** (palaeocerebellum) caudoventrally. The cerebellum is connected to the brain stem by **three peduncles** (▶ Fig. 15.23 and ▶ Fig. 15.24) on each side. Rostrally it is attached to the **rostral medullary velum** by the **rostral cerebellar peduncles** (▶ Fig. 15.15). The **caudal cerebellar peduncle** connects with the caudal medullary velum and the medulla oblongata. The **middle cerebellar** peduncles extend ventrolaterally to the pons. The functions of the cerebellum are reflected by its connections to other parts of the brain. The caudal peduncle is largely composed of afferent fibres with origins within the vestibular nuclei, the olivary nucleus and the reticular formation. The middle peduncle is also composed of afferent fibres, which arise from the pontine nuclei. The rostral peduncle is largely composed of efferent fibres dispatched towards the red nucleus of the midbrain, the reticular formation and thalamus. It also includes an afferent component from the spinal cord.

The **functions of the cerebellum** are concerned with **balance** and the **coordination of skeletal muscles** with regard to posture and locomotion. Balance is located in the flocculonodular lobe. The caudal lobe controls the **motor function**, the rostral lobe receives **proprioceptive information**. Deficits of cerebellar function results in cerebellar ataxia, clinically apparent as loss of balance and coordination.

Medullary vela (vela medullaria) and rhomboid fossa (fossa rhomboidea)

The **rostral** and **caudal medullary vela** (velum medullare rostrale et caudale) are thin medullary membranes that extend between the rhomboid fossa and the cerebellum like a tent (▶ Fig. 15.1). Together with the cerebellum, they form the roof over the **fourth**

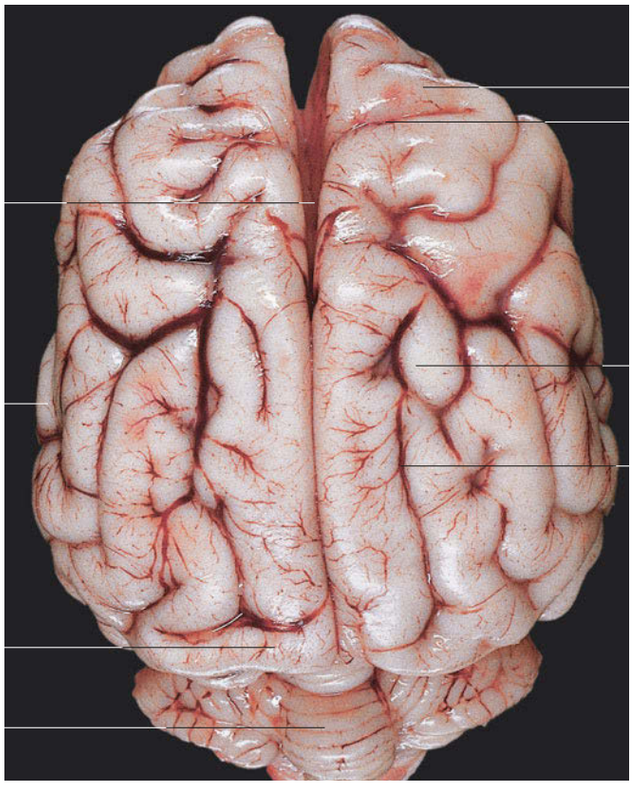


Fig. 15.11 Brain of a dog (dorsal aspect).

ventricle. Closely related to the caudal medullary velum is the **tela choroidea** of the fourth ventricle.

The floor of the fourth ventricle is formed by the **rhomboid fossa** (▶ Fig. 15.17). Gross visualisation of the rhomboid fossa requires the removal of the cerebellum and the medullary vela. Its rostral part belongs to the metencephalon, its caudal part, to the **myelencephalon**. It has a median sulcus and a bilateral sulcus limitans, marking the transition from floor to wall. Rostrally the sulcus limitans ends in the locus caeruleus, which overlies the motor nucleus of the trigeminal nerve.

The walls of the rhomboid fossa are marked by a bilateral **eminence** (area acustica) formed by the underlying nuclei of the vestibulocochlear nerve. Another eminence is visible between the median sulcus and the sulcus limitans (eminentia medialis) marking the **nuclei of cranial nerves IX**, **X** and **XII** (▶ Fig. 15.50). The caudal end of the sulcus medianus is called the **obex** (▶ Fig. 15.14, ▶ Fig. 15.15, ▶ Fig. 15.17 and ▶ Fig. 15.23).

Mesencephalon

The mesencephalon (▶ Fig. 15.8, ▶ Fig. 15.14, ▶ Fig. 15.16, ▶ Fig. 15.17 and ▶ Fig. 15.50) can be divided into:

- tectum (tectum mesencephali), also termed tectal plate (lamina tecti) or quadrigeminal plate (lamina quadrigemina) dorsally,
- tegmentum (tegmentum mesencephali) and
- cerebral peduncles (pedunculi cerebri) ventrally.

The **mesencephalon** or **midbrain** contains the **mesencephalic aqueduct**, a channel that extends between the fourth ventricle and the third ventricle (▶ Fig. 15.16). It is covered by the **tectal plate**, which consists of paired caudal and rostral swellings, the colliculi, that serve as reflex centres for hearing and vision. The **rostral colliculi** are joined to the lateral geniculate bodies of the diencephalon and are relay centres upon the visual pathways. The **caudal colliculi** are joined by a substantial commissure and are connected with the medial geniculate bodies. They are relay centres upon auditory pathways (▶ Fig. 15.23 and ▶ Fig. 15.24).

The **tegmentum** constitutes the core of the midbrain between the tectal plate and the cerebral peduncles (▶ Fig. 15.17 and ▶ Fig. 15.25). Much of it is formed by the **reticular formation** (▶ Fig. 15.15). It contains the motor and parasympathetic nucleus of the **oculomotor nerve** (▶ Fig. 15.50), the **trochlear nuclei** and the **red nucleus** (nucleus ruber).

Part of the trigeminal nucleus also extends into the tegmentum (▶ Fig. 15.25). The **substantia nigra** is a prominent lamina underlying the red nucleus that can be identified in cross sections by its darker colour.

The **cerebral peduncles** are visible on the ventral aspect of the brain caudal to the optic tract at the base of the brain. They are bound laterally by the piriform lobes and caudally by the pons (▶ Fig. 15.12). They comprise descending fibre tracts from the **telencephalon**.

The **cerebral peduncles** flank the interpeduncular fossa, which contains the **mammillary body**, **hypophyseal infundibulum** and **pituitary gland** (▶ Fig. 15.8, ▶ Fig. 15.18, ▶ Fig. 15.20 and ▶ Fig. 15.24). The oculomotor nerve emerges on the ventromedial aspect of the cerebral peduncles. The **trochlear nerve** leaves the midbrain dorsally, just caudal to the tectal plate.

The **functions of the midbrain** are determined by the nuclei of the **third** and **fourth cranial nerves** and the reflex centres for hearing and vision. It plays an important role in coordination of

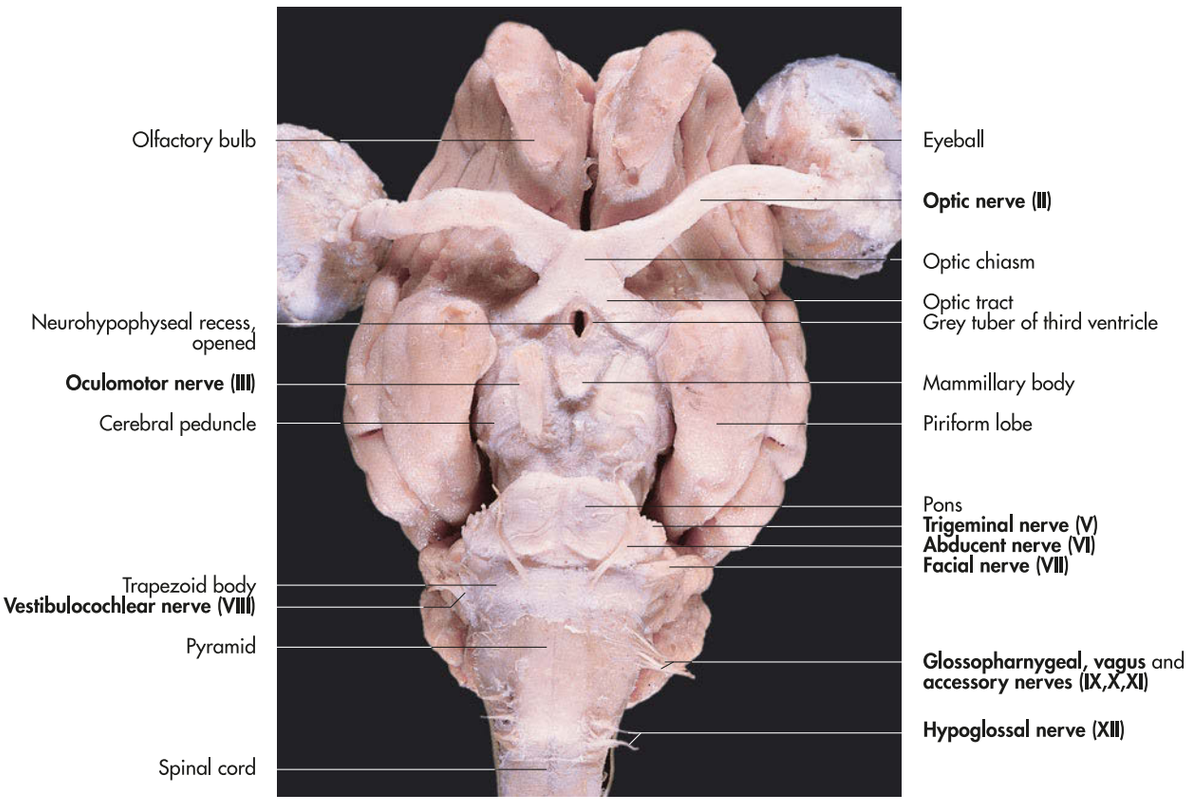


Fig. 15.12 Brain of a goat (ventral aspect); preparation Dr. E. Schabel, 1984.

voluntary motor function controlled by higher centres. The red nucleus is important for **muscle tone**, **body posture** and **locomotion**. The substantia nigra is essential for the initial phase of fast movement.

Prosencephalon

Diencephalon

The diencephalon (▶ Fig. 15.8) is only visible on the ventral surface of the brain, where parts of it protrude between the cerebral peduncles. Some textbooks classify the diencephalon as being the most rostral part of the brainstem. It can be divided into the following parts in dorsoventral sequence:

- epithalamus,
- thalamus,
- metathalamus and
- hypothalamus.

The **epithalamus** comprises the **pineal gland** (glandula pinealis, epiphysis cerebri) (▶ Fig. 15.23, ▶ Fig. 15.24 and ▶ Fig. 15.34) and the **habenula** with its associated tracts. The pineal gland is a small median body that projects dorsally. It is an **endocrine gland** that secretes **melatonin** and other compounds which affect sexual activity.

The **habenula** consists of habenular nuclei, which receive fibres from the telencephalon and send fibres to the mesencephalon. It is an important part of the **olfactory pathway**. The habenula of the left and right sides are connected by the habenular commissure.

The **thalamus** (▶ Fig. 15.14, ▶ Fig. 15.15, ▶ Fig. 15.28, ▶ Fig. 15.32 and ▶ Fig. 15.33) is the largest part of the diencephalon and can be further subdivided into the **dorsal thalamus** and the **subthalamus**. The dorsal thalamus is composed of a large number of nuclei through which input to the cerebral cortex is channelled, including sensory information from afferent tracts from **gustatory**, **optic**, **acoustic** and **vestibular organs** (except olfaction) (▶ Fig. 15.14 and ▶ Fig. 15.15).

The **subthalamus** is the rostral continuation of the tegmentum of the mesencephalon. It contains the subthalamic nuclei that act as relay stations in the **extrapyramidal motor** pathway. The **left** and **right thalamus** is connected by the **interthalamic adhesion**, which is encircled by the **anular third ventricle** (▶ Fig. 15.1, ▶ Fig. 15.8, ▶ Fig. 15.9, ▶ Fig. 15.14, ▶ Fig. 15.15 and ▶ Fig. 15.16).

The **hypothalamus** (▶ Fig. 15.22) forms the floor and the wall of the **third ventricle**. It consists of the **optic chiasm** rostrally, the **mammillary body** (▶ Fig. 15.8 and ▶ Fig. 15.12) caudally and the **grey tuber of the third ventricle** (tuber cinereum) in between. The grey tuber gives rise to the infundibulum, which suspends the **hypophysis** (pituitary gland) (▶ Fig. 15.1, ▶ Fig. 15.9 and ▶ Fig. 15.10). The hypophysis consists of the **neurohypophysis**, the **adenohypophysis** and an **intermediate part**.

The **metathalamus** comprises the **medial** and **lateral geniculate bodies** (corpora geniculata), which have already been mentioned in the description of the midbrain. The fibres from the **optic tract** (▶ Fig. 15.12 and ▶ Fig. 15.18) terminate in the lateral geniculate nucleus, which occupies the like-named body. It sends fibres to the optic areas of the cortex. The medial geniculate nuclei receive acoustic fibres and relay acoustic information to the cerebral cortex.

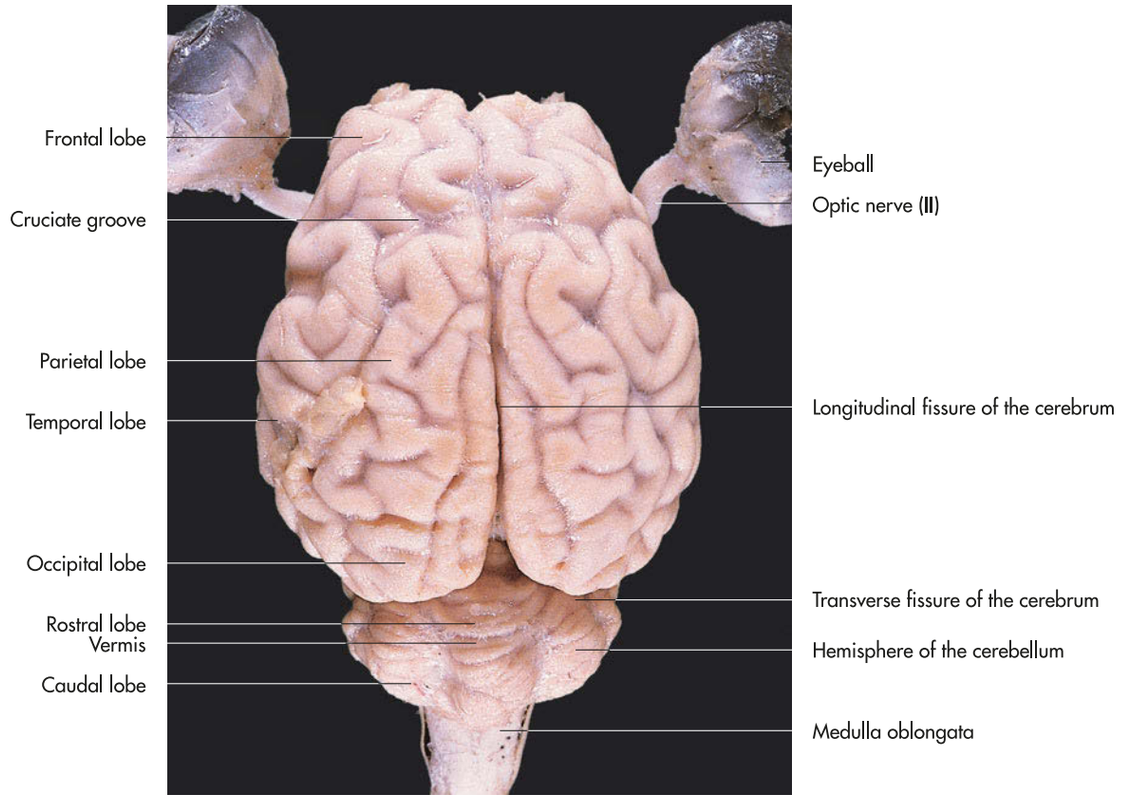


Fig. 15.13 Brain of a goat (dorsal aspect); preparation Dr. E. Schabel, 1984.

Functions of the diencephalon

The **pineal gland of the epithalamus** is an endocrine gland, which regulates sexual activity and its seasonal changes. It is also involved in the sleep-wakefulness cycle of the metabolism. The afferent nerve tracts of all sensory organs terminate within the thalamus. The thalamus channels input from the sensory organs (with the exception of the olfactory sense) to the cerebrum.

The **hypothalamus** controls the **hypophysis** (**pituitary gland**) and thus the endocrine system. It plays a major role in behaviour, including eating and drinking and regulates body temperature and the autonomic nervous system.

Telencephalon

The telencephalon (▶ Fig. 15.8) consists of the **paired cerebral hemispheres**, separated by the cerebral longitudinal fissure. They are connected across the midline by commissural fibres that form the corpus callosum, rostral commissure and the dorsal and ventral commissures of the hippocampus. The **surface of the hemispheres** features elevated bands (gyri cerebri), called **gyri**, separated by grooves called **sulci** (sulci cerebri). Each hemisphere is composed of **surface grey matter**, designated **cerebral cortex** or **pallium**, underlying cerebral **white matter**, and deep accumulations of grey matter, generally referred to as **basal nuclei**.

The alternating presence of these nuclei with the afferent, efferent, association and commissural fibres of the white matter in which they are embedded give the region a striated appearance when sectioned. The term **striated body** (corpus striatum) is therefore applied to this region.

The **cortex or pallium** can be divided into **three parts** based on evolutionary history:
- paleopallium,
- archipallium and
- neopallium.

The phylogenetically oldest part is the **paleopallium** and constitutes the ventral part of each hemisphere. It is primarily related to olfaction. The **archipallium**, the next oldest, forms the medial part of each hemisphere and extends from the longitudinal fissure into the hemisphere as the **hippocampus** (▶ Fig. 15.20, ▶ Fig. 15.21, ▶ Fig. 15.22 and ▶ Fig. 15.23).

The **neopallium** is the youngest part and constitutes the predominant part of the cerebrum.

Today it is hypothesised that the cortex is organised into **vertical columns** that extend vertically through all the cortical layers with a diameter of 200–300 µm. Each column is related to a specific group of receptor cells in the periphery. Repeated stimuli to receptor cells results in the response of the same cortical cell. The human brain consists of about four million of these columns with 2 500 nerve cells each. However, these are functional units and cannot be distinguished histologically.

Rhinencephalon

The olfactory pathway begins with special afferent neurons in the olfactory mucosa. Bundles of nonmyelinated axons of these neurons constitute the **olfactory nerves**, and pass through the cribriform plate to terminate in the **olfactory bulb** (▶ Fig. 15.20 and ▶ Fig. 15.21).

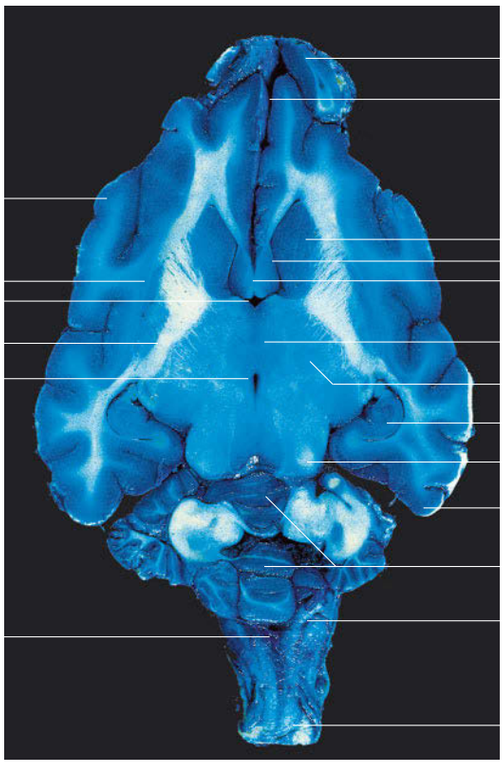


Fig. 15.14 Horizontal section of the brain of a dog at the level of the interventricular foramen (blue stain, after Mulligan).

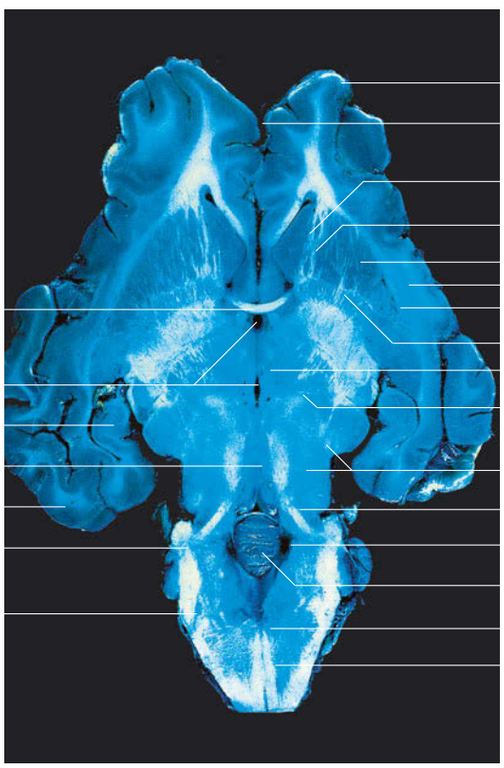


Fig. 15.15 Horizontal section of the brain of a dog at the level of the rostral commissure (blue stain, after Mulligan).

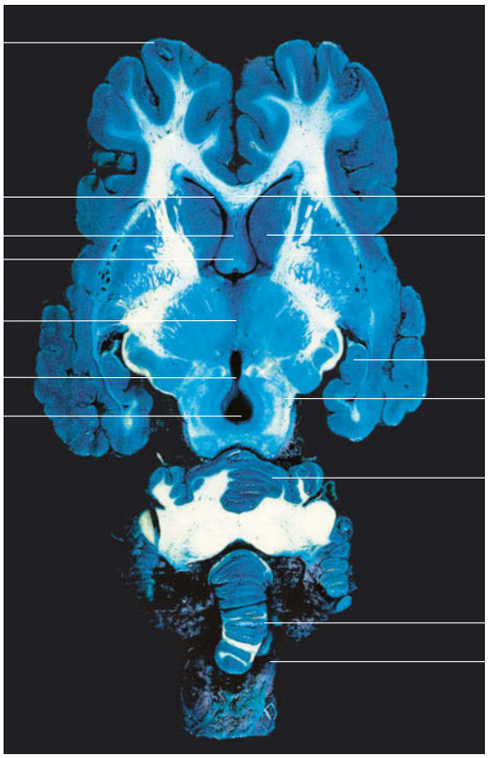


Fig. 15.16 Horizontal section of the brain of a horse at the level of the interthalamic adhesion (blue stain, after Mulligan).

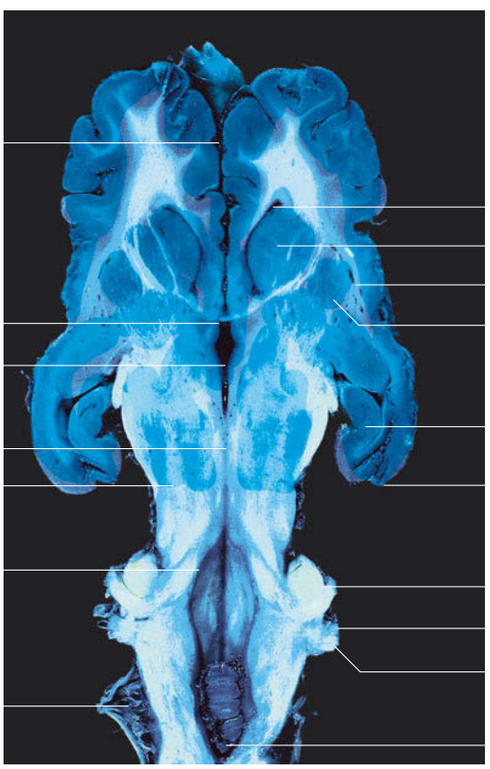


Fig. 15.17 Horizontal section of the brain of a horse at the level of the mesencephalic aqueduct (blue stain, after Mulligan).

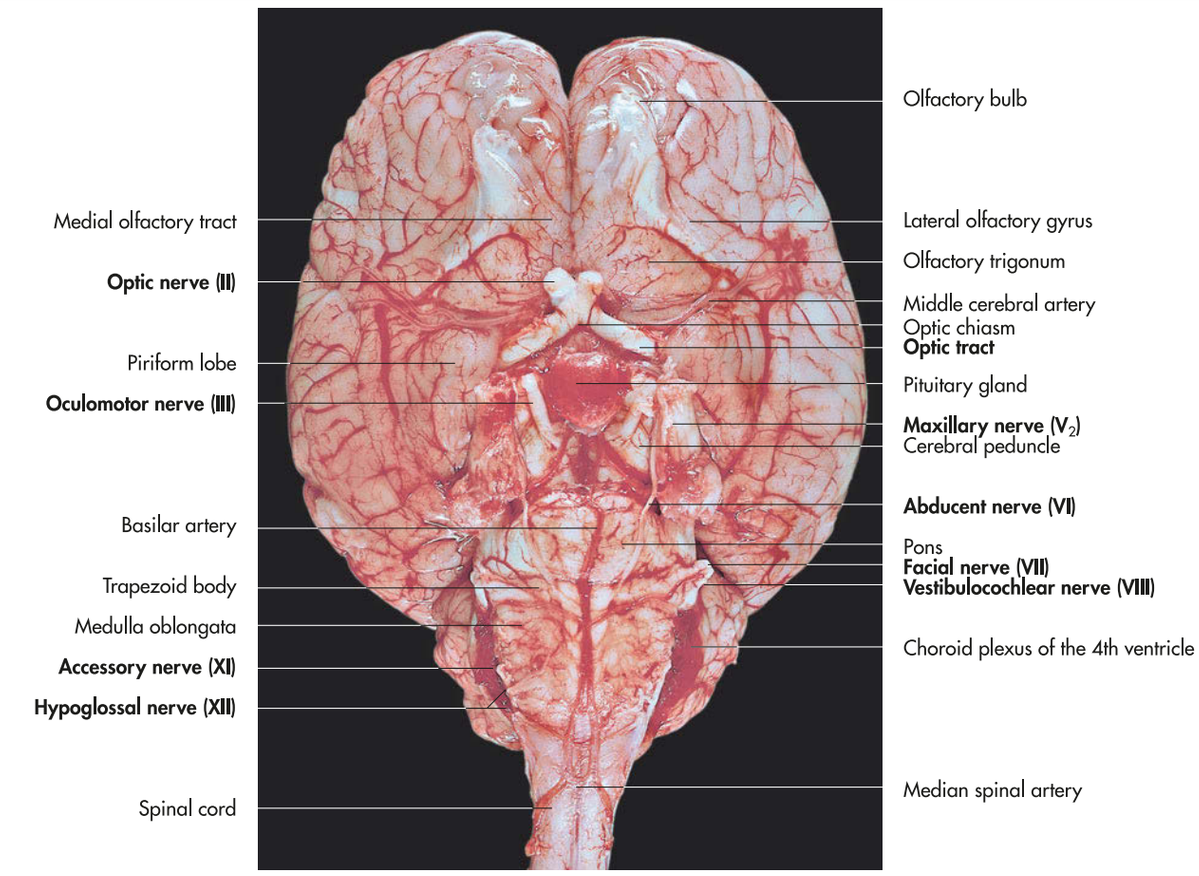


Fig. 15.18 Brain of a horse (ventral aspect).

The **olfactory bulb** (bulbus olfactorius) forms the most rostral part of the rhinencephalon, located in the **ethmoidal fossa**. The rhinencephalon continues caudally with the **olfactory peduncle** (pedunculus olfactorius), which extends from the olfactory bulb to bifurcate into the medial and lateral olfactory tract. The olfactory tracts border a **triangular area** (trigonum olfactorium) that together with the **rostral perforate substance** (substantia perforata rostralis) constitutes the olfactory area. The rostral perforated area is located caudal to the olfactory trigone and is perforated by numerous blood vessels.

The larger lateral olfactory tract continues caudally as the **piriform lobe** (lobus piriformis) and forms a massive bulge situated lateral to the hypothalamus (▶ Fig. 15.17 and ▶ Fig. 15.21). Medially this lobe is continuous with the hippocampus. Underlying the piriform lobe is the **amygdaloid body** (corpus amygdaloideum) (▶ Fig. 15.21, ▶ Fig. 15.22 and ▶ Fig. 15.24), which is composed of several nuclei.

Limbic system

The term limbic system is applied to a collection of brain structures involved in **emotional behaviour**. It consists of cortical and subcortical components (▶ Fig. 15.20). The **cortical part** comprises interconnected telencephalic structures on the medial and basal aspects of the hemispheres, namely the cingulate gyri, the piriform lobe and the hippocampus. The **subcortical part** includes components of the diencephalon (habenula, hypothalamus, thalamus), midbrain (interpeduncular and tegmental nuclei) and the amygdaloid body.

The limbic system receives olfactory input from the piriform lobe, which initiates mostly visceral motor activities, but also triggers emotional behaviour, such as fear, aggression and apparent pleasure. The limbic system has great input on thirst, hunger and sexual behaviour and is closely related to the **reticular formation** (▶ Fig. 15.15).

Neopallium and cerebral hemispheres

The neopallium constitutes the major part of the telencephalon, forming the dorsolateral part of each hemisphere, and is interposed between the ventral paleopallium and the medial archipallium. In the domestic mammals, its surface is marked by **cerebral convolutions** (gyri cerebri) and **grooves** (sulci cerebri), which can be used as anatomical landmarks.

The deep **longitudinal cerebral fissure**, which is flanked by the marginal and suprasylvian sulci, separates the **left** and **right hemispheres** (▶ Fig. 15.13, ▶ Fig. 15.15, ▶ Fig. 15.17, and ▶ Fig. 15.19). The **cruciate groove** extends from the longitudinal cerebral fissure running transversely on the rostrodorsal aspect. The **transverse cerebral groove** separates the cerebrum from the cerebellum. The **lateral surface** of each hemisphere is marked by the pseudosylvian fissure, in which the middle cerebral artery ascends. Rostral and caudal to the pseudosylvian fissure runs the rostral and the caudal ectosylvian sulci. The rhinal sulcus divides the neopallium from the rhinencephalon.

The **medial surface** features the splenial sulcus, which divides the **neopallium** from the **archipallium**. Caudodorsal to the splenial sulcus passes the ectosplenial sulcus. Close to the commis-



Fig. 15.19 Brain of a horse (dorsal aspect).

sure of the cerebral hemispheres is another sulcus (sulcus corporis callosi) and rostral to it the genual sulcus.

To facilitate description the neopallium can be divided into lobes named according to the overlying bones. These are the **frontal**, the **parietal**, the **temporal** and the **occipital lobes** (▶ Fig. 15.19). Motor areas are located mostly in the frontal lobe and give origin to the pyramidal tracts. The parietal lobe features mainly sensory areas, the temporal lobe includes the auditory area and the occipital lobe, the visual area.

Internal organisation of the hemispheres

The accumulations of grey matter embedded within white matter are generally known as the **corpus striatum** (formerly designated basal or stem ganglia) (▶ Fig. 15.14 and ▶ Fig. 15.22). The corpus striatum includes the following structures:

- caudate nucleus (nucleus caudatus),
- putamen,
- claustrum and
- amygdaloid body (corpus amygdaloideum).

The **caudate nucleus** protrudes at the rostral part on the floor of the **lateral ventricle** (▶ Fig. 15.22). Lateroventral to the caudate nucleus is the **putamen**, separated by fibres of the **internal capsule** (capsula interna). Adjacent to the lateral aspect of the putamen lies the **claustrum**, a narrow band of grey matter (▶ Fig. 15.24). Between the putamen and the claustrum, pass the fibres of the **external capsule** (capsula externa). A thin band of white substance (capsula extrema) separates the claustrum from the adjacent cerebral cortex.

The function of the claustrum is not well understood, but it has connections with the visual system and the limbic system.

The other nuclei are principally concerned with voluntary posture and movement. The corpus striatum is responsible for producing appropriate direction and magnitude of movement by selective inhibition of motor output. The white matter of the cerebrum consists of ascending and descending nerve fibres: the association, projection and commissural fibres.

Projection fibres either leave or enter the hemispheres from or to lower parts of the central nervous system. These fibres traverse a band of white substance termed the **internal capsule** (capsula interna) (▶ Fig. 15.23 and ▶ Fig. 15.24). Association fibres connect cortical regions within the same hemisphere. They range in extent from those that connect adjacent gyri to those that travel over longer distances.

Commissural fibres connect corresponding regions of the two hemispheres. The bulk of these fibres decussate in the **corpus callosum** (▶ Fig. 15.9, ▶ Fig. 15.20 and ▶ Fig. 15.34). The rostral commissure connects the two rhinal lobes and the amygdaloid body.

The **caudal commissure** (commissura fornicis seu hippocampi) is situated ventral to the splenium of the corpus callosum. The **corpus callosum** enables the two hemispheres to function coherently as a single cognitive centre.

On dissection, the callosal body consists of an **elongated region** (truncus corpori callosi), that has a **rounded caudal end** (splenium) and **rostral end** (genu corporis callosi). A thin membrane

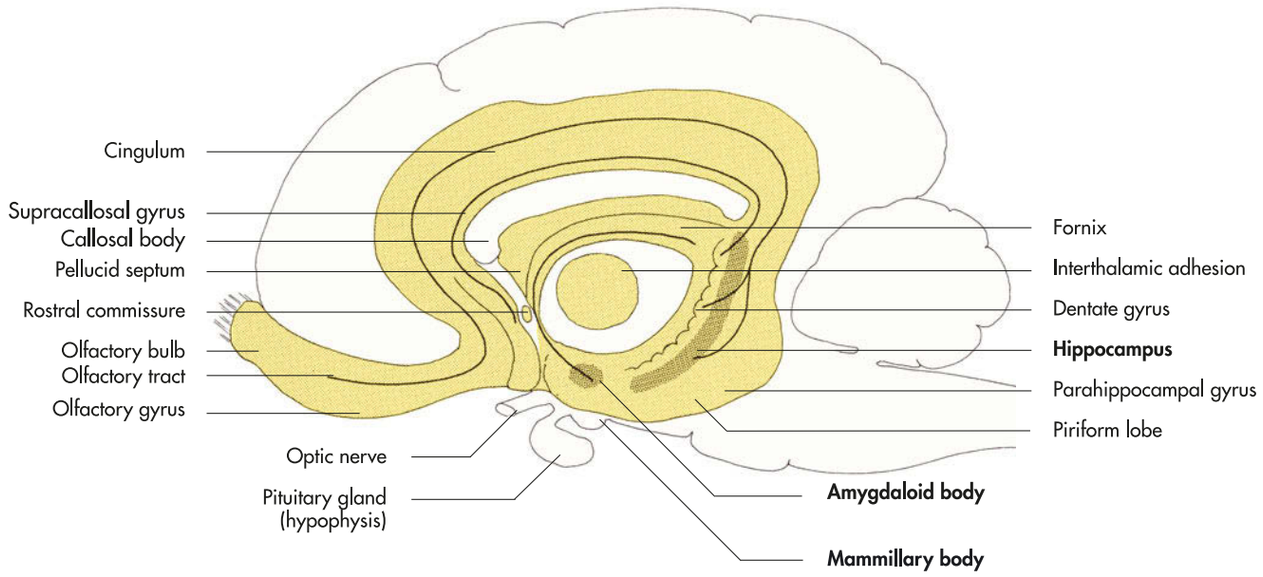


Fig. 15.20 Limbic system (schematic).

extends between and ventral to the corpus callosum and the fornix, the **septum pellucidum**, which separates the two lateral ventricles (▶ Fig. 15.26 and ▶ Fig. 15.34).

Functions of the telencephalon

The **cerebral cortex** can be divided into areas based on their function, which in turn are determined by their neural connections. The **somataesthetic area** receives tactile and kinaesthetic input from the skin. It is located in the caudal half of the postcruciate gyrus and the rostral suprasylvian gyrus. This area can be subdivided into the parts that receive information from the contralateral half of the body only (area sensorica contralateralis) and parts that receive information from both body halves (area sensorica bilateralis). The latter are located in the ectosylvian gyrus. Adjacent to the somataesthetic cortex is the gustatory area for the tongue and pharynx.

The **olfactory area** is located within the rhinencephalon and is described earlier in this chapter. The **visual area** (area optica) extends over the medial surface and part of the dorsolateral surface of the occipital lobe. The **auditory area** is located predominantly in the rostral sylvian gyrus; the **vestibular area** is adjacent to it.

The **motor area** of the cerebral cortex (area motorica) is located rostral to the somataesthetic area. It is located in the rostral half of the postcruciate gyrus, in the coronal gyrus, and in the ventrolateral part of the praecruciate gyrus up to the praesylvian sulcus. The motor area gives rise to corticospinal, corticonulcear and corticoreticular projection fibres for the control of voluntary posture and movement. The motor area of humans contains so-called Betz giant pyramidal cells, which form the longest and thickest axons extending from the cortex to the sacral spinal cord.

The **association cortex** has connections only within the cerebral cortex and is thought to be responsible for **intelligence**. It receives input from the sensory areas it surrounds and functions to interpret the information provided. The hippocampus, a gyrus of the archipallium folded inward deep to the piriform lobe, influences endocrine, visceral and emotional activity via its connections to the hypothalamus, the septum pellucidum and the gyrus cinguli. In humans, it plays an important role in the process of learning and memory.

15.1.3 Pathways of the central nervous system

Pathways of the central nervous system cannot be visualised anatomically, but are **functional units** that consist of ascending or descending axons travelling together and conveying information from one location to another. Their function and location have been determined by assessing the results of experimentally induced damage to certain parts of the central nervous system. The following section will deal only with fundamental, relatively discrete structured pathways (for a more detailed description see textbooks of neurophysiology and neuropathology).

Ascending pathways

General somatic afferent pathways

General somatic afferent pathways convey information from various types of receptors within the skin and deeper somatic tissues to the brain. This information includes a variety of sensory modalities: touch, pressure, vibratory sensation, thermal sensation, pain and kinaesthetic sensation relating to joint angulation and muscle tension.

The primary neurons concerned with these senses are located within the dorsal root ganglia of the spinal nerves and the corre-

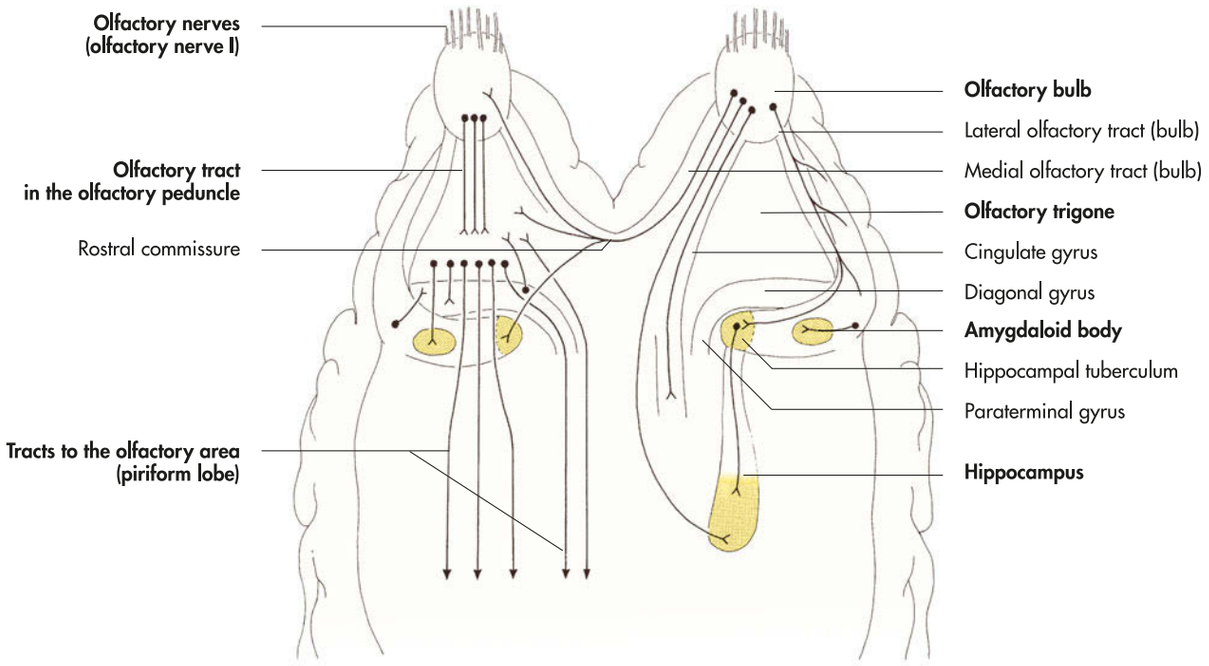


Fig. 15.21 Olfactory pathways (schematic).

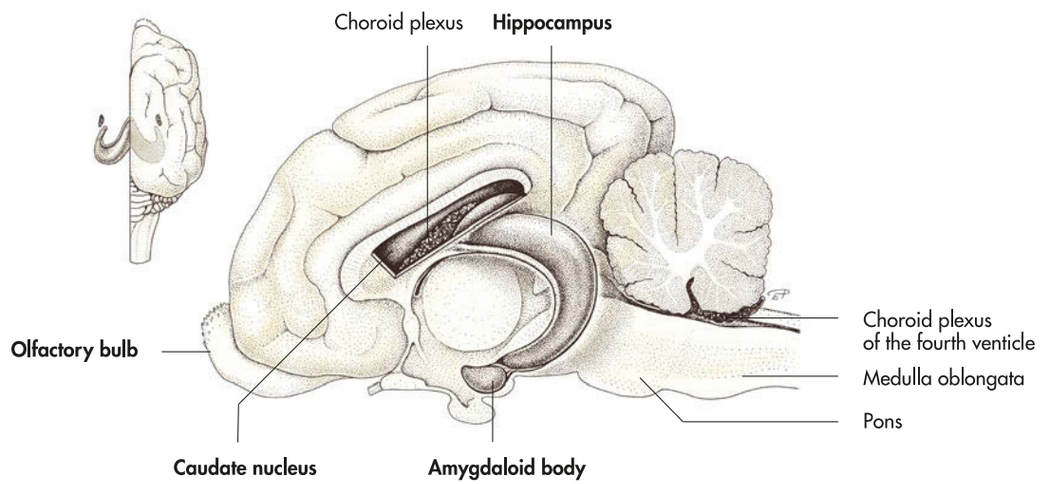


Fig. 15.22 Internal organisation of the hippocampus and the amygdaloid body (schematic).

sponding ganglion of the trigeminal nerve for the head. The ascending pathways of this group can be divided into the:

- medial lemniscus and
- extralemniscal system.

The **medial lemniscus** includes the most important ascending tracts (▶ Fig. 15.27 and ▶ Fig. 15.28). It can be subdivided into the **spinal lemniscus** for the trunk and limbs and the **trigeminal lemniscus** for the sensory nerve fibres from the head. The sensory neurons of the spinal lemniscus run in the dorsal funiculus of the spinal cord. Those arising from the lumbosacral plexus and the more caudal part of the trunk occupy the **medial positions** (Goll's column, fasciculus gracilis). Those from the brachial plexus and the cranial part of the trunk assume more **lateral positions** (cuneate fascicle, fasciculus cuneatus).

Both tracts end in the like-named nuclei (**nucleus cuneatus**, **nucleus gracilis**) of the dorsal part of the medulla oblongata. After synapsing, the axons of the second-stage neurons decussate

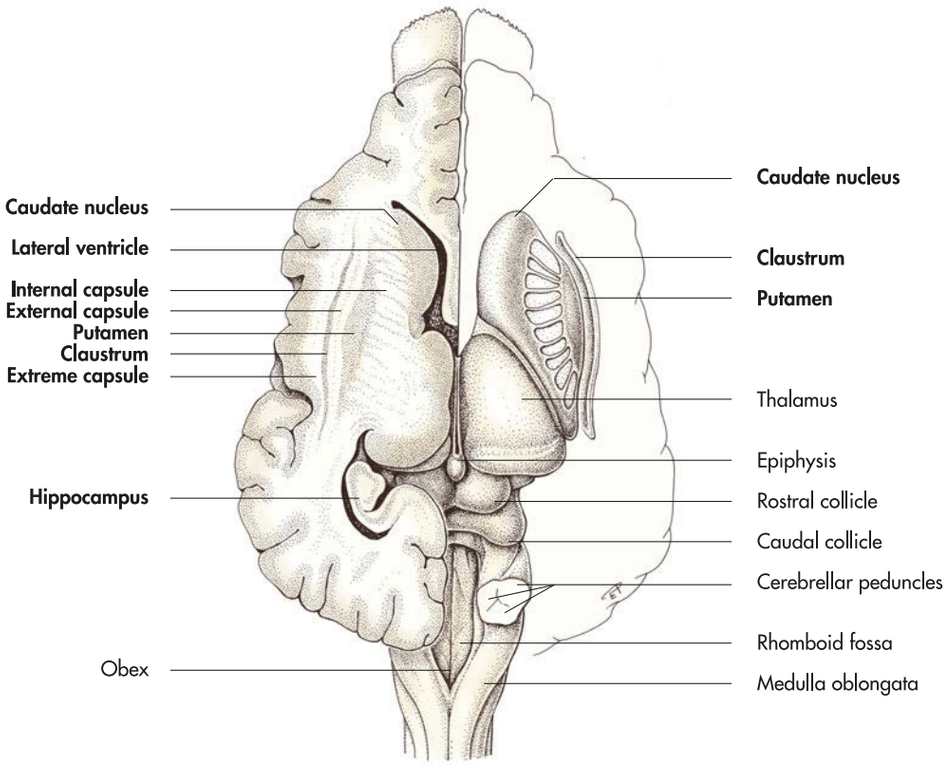


Fig. 15.23 Striate body (schematic; left = horizontal section, right = three-dimensional reconstruction).

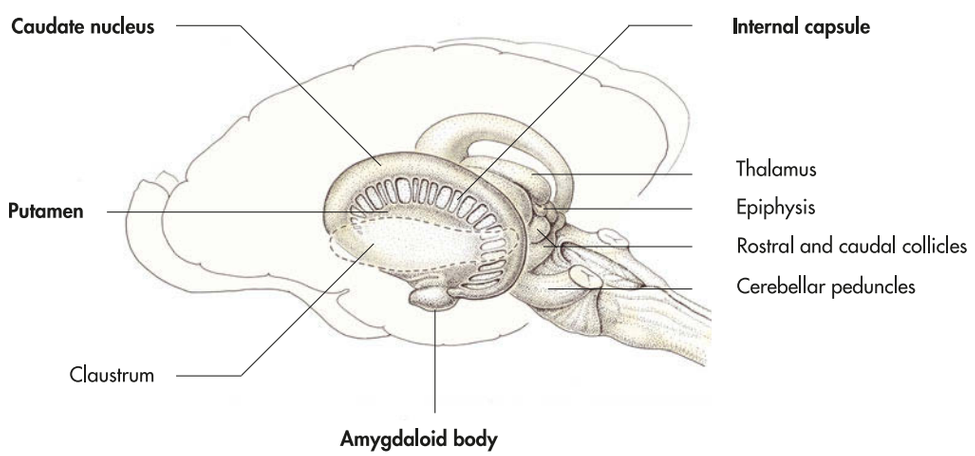


Fig. 15.24 Internal organisation of the striate body (schematic).

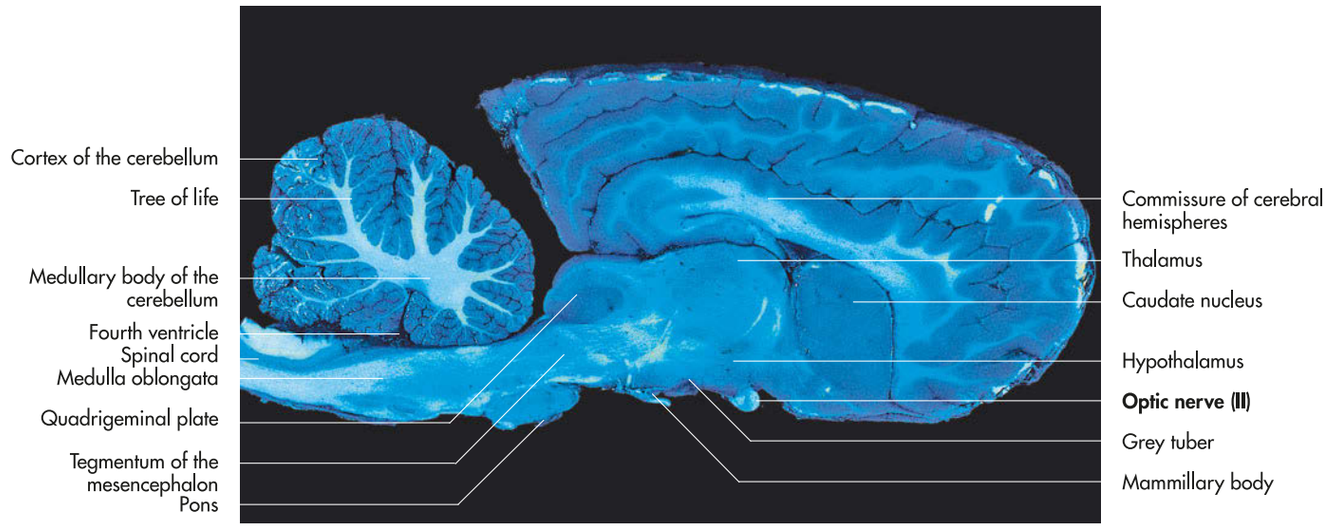


Fig. 15.25 Paramedian section of the brain of a horse (blue stain).

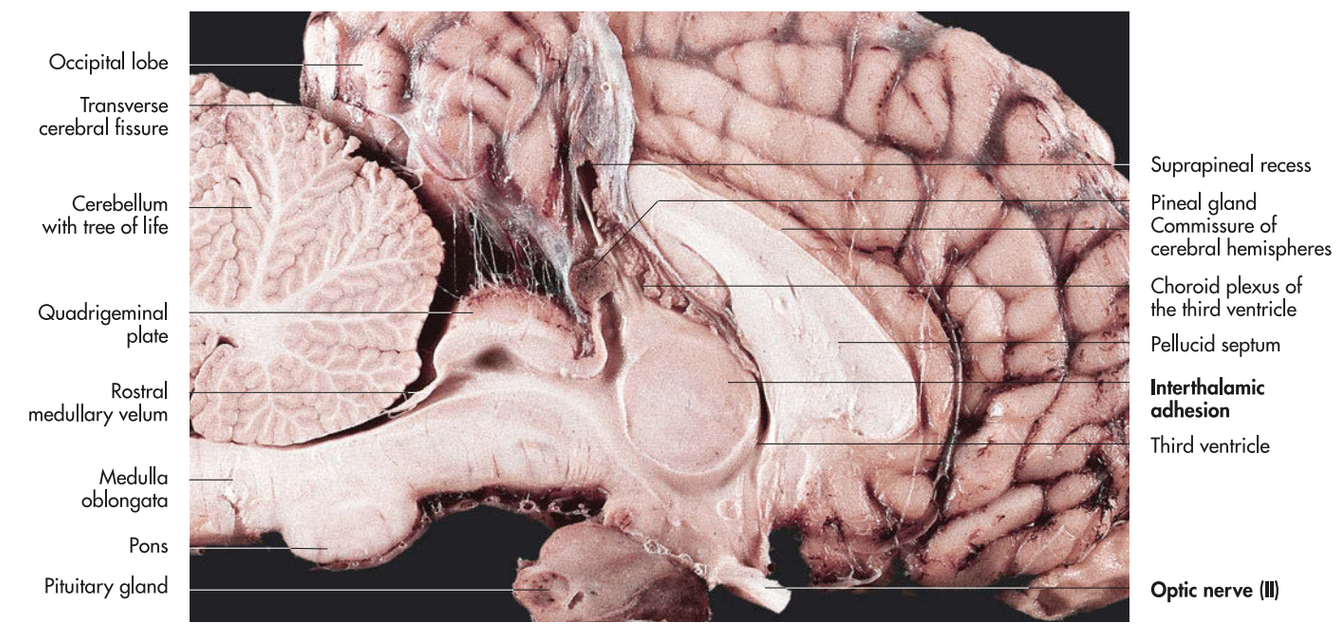


Fig. 15.26 Brain of a horse (median section). (source: courtesy of Prof. Dr. Sabine Breit, Vienna)

to the opposite side to reach the caudoventral nuclear complex of the thalamus, where they again synapse. The tertiary axons project to the somataesthetic area of the cerebral cortex. In its course through the brainstem, the medial lemniscus is joined by fibres from the sensory nucleus of the trigeminal nerve following decussation within the pons.

The **extralemniscal system** forms a second, **spinothalamic tract** which conveys impulses that are characterised by slower propagation and less precise localisation of the originating stimuli compared to the medial lemniscus. The primary axons terminate in neurons of the dorsal horns close to their spinal root. After forming synapses with several interneurons, the second-stage neurons then pass into the white matter, where they travel cranially in the ventrolateral funiculi of the white matter to synapse in the thalamus. The tertiary neurons project from the thalamus upon a cortical area rostral to that of the lemniscal system.

Information of **proprioceptive nature** from receptors within tendons and muscles do not reach conscious perception. The primary axons terminate on dorsal horn cells and reach the cerebellum via the dorsal and ventral spinocerebellar tracts.

Afferent pathways of the sense organs

Visual pathways

The retina contains the receptors for **visual information** (▶ Fig. 15.29). The information is meet in the **optic chiasm** on the ventral surface of the brain, where some of the fibres decussate (▶ Fig. 15.10, ▶ Fig. 15.12 and ▶ Fig. 15.18). The proportion of fibres that are exchanged with the opposing optic nerve is correlated with the degree of binocular vision enjoyed by the species. In most birds, in which vision is essentially monocular, all fibres decussate.

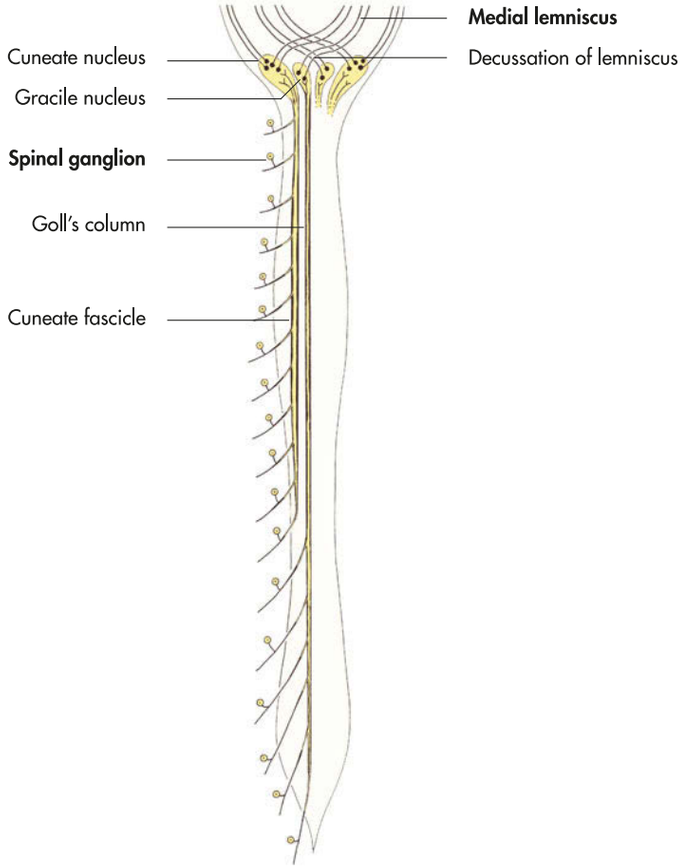


Fig. 15.27 Ascending pathways (schematic).

In the dog and cat, which have a better binocular vision, approximately 75% of the optic nerve fibres decussate to join the contralateral optic tract, caudal to the optic chiasm. In primates, in which binocular vision is best developed, approximately 50% of the fibres decussate.

After the optic chiasm, the fibres continue as the **optic tract** (tractus opticus), which synapses in the lateral geniculate nucleus and in the **optic thalamus**. From the thalamus second-stage neurons project, via the optic radiation of the **internal capsule**, on the **visual cortex** located within the occipital lobe of each hemisphere. This is the seat of conscious visual perception. Some fibres leave the optic tract to terminate in the **rostral colliculi of the midbrain**, in nuclei of the reticular formation and in the **caudate nucleus**. These fibres are responsible for optic reflexes such as the pupillary light reflex and accommodation.

Vestibular and auditory pathways

The receptor organs of balance and hearing are the **spiral organ**, the **semicircular ducts**, the **utricle** and **the saccule** of the **inner ear**. The primary neurons concerned with these senses are located within the spiral ganglion of the cochlea and the dorsal and ventral **vestibular ganglion** in the internal acoustic meatus (► Fig. 15.30).

The fibres of both sense organs enter the brainstem within the **common vestibulocochlear nerve**, which passes into the **trapezoid body**.

Parts of the vestibular fibres terminate in the vestibular nuclei from which second-stage neurons pass to the **cerebellum**. Some vestibular fibres bypass the vestibular nuclei and reach the cerebellum directly via the **caudal cerebral peduncles**. There are also neurons that descend from the vestibular nuclei to the motor neurons in the ventral horn of the spinal cord and to nuclei of cranial nerves III, IV and VI, which innervate the external ocular muscles. The fibres that lead to conscious perception of vestibular stimuli project on the cerebral cortex in the **temporal lobe via the thalamus**.

The **cochlear fibres** also enter the brainstem through the trapezoid body before they form synapses within the **dorsa**l and **ventral cochlear nuclei**. Axons from nuclei of the trapezoid body and from cochlear nuclei ascend in the **lateral lemniscus** to the **caudal colliculi** of the midbrain. Axons of the cochlear nuclei project to both sides of the brain, but the majority decussate. Some fibres responsible for the conscious perception of sound synapse in the **medial geniculate nucleus** before projecting on the **auditory cortex within the temporal lobe**.

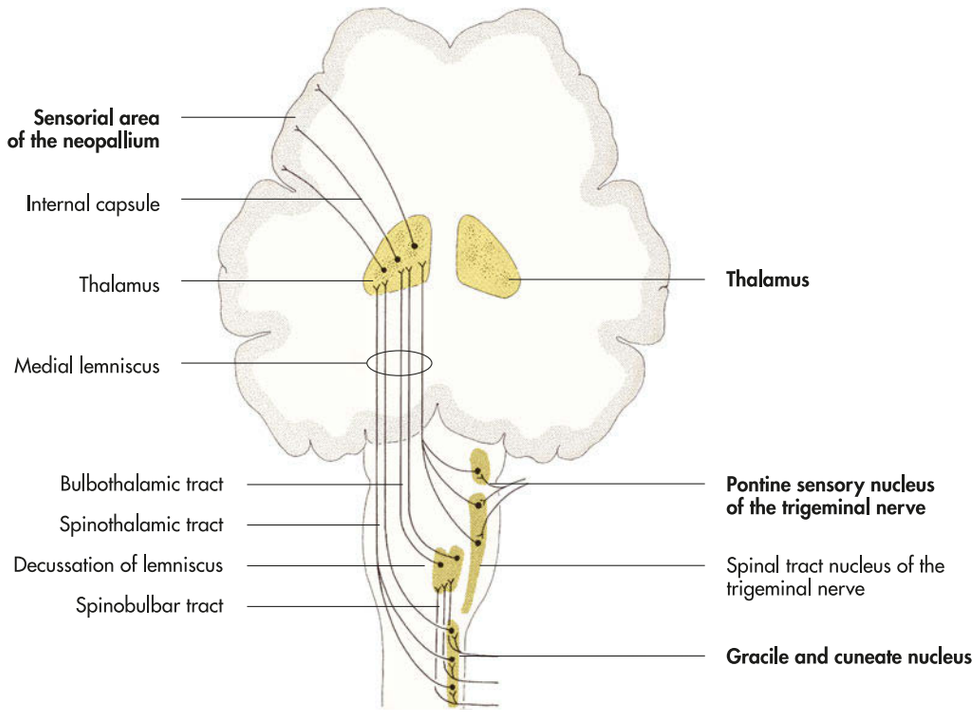


Fig. 15.28 Medial lemniscal system (schematic).

Descending pathways

Somatic motor pathways

Contraction of skeletal musculature is regulated by two systems of neurons located at different sites of the central nervous system. These are the:

- lower motor neurons and
- upper motor neurons.

The **lower motor neurons** are located within the **ventral column of the grey matter** of the spinal cord and within the **motor nuclei of the cranial nerves** with a motor component. Lower motor neurons provide the efferent part of simple reflexes, but are principally controlled by the upper motor neurons. Their axons pass to the effector muscles within spinal or cranial nerves. The majority of the upper motor neurons are located within the **neopallium**, some in the **red nucleus** of the mesencephalon and some in the reticular formation.

The **upper motor neurons** do not project directly upon muscle fibres, but regulate the activity of lower motor neurons by **excitation** or **inhibition**. The connections of the upper with the lower motor neurons are grouped in two descending pathways: the **pyramidal** and the **extrapyramidal systems**. The pyramidal system is concerned with finely adjusted movements, while the extrapyramidal system controls coarser and stereotype movements, although the two work in close collaboration.

Pyramidal system

The development and organisation of the pyramidal system varies considerably among species. It is most developed in primates, in which severe damage results in permanent paralysis of the skeletal musculature of the contralateral side. In general, domestic mammals recover at least partially from similar injuries.

The **fibres of the pyramidal system** (▶ Fig. 15.31) take origin from the giant Betz pyramidal cells of the **motor cortex of the neopallium**. They form an important fraction of the internal capsule on the lateral aspect of the thalamus before they traverse the ventral portion of the pons and enter the crus cerebri, on the ventral surface of the brain. They reappear on the surface as the **pyramids of the medulla oblongata**. The pyramidal system comprises three types of fibres:

- **corticospinal fibres** that extend from the cerebral cortex into the spinal cord,
- **corticobulbar fibres** that terminate in various nuclei of contralateral cranial nerves and
- **corticopontine fibres** that pass to nuclei in the pons.

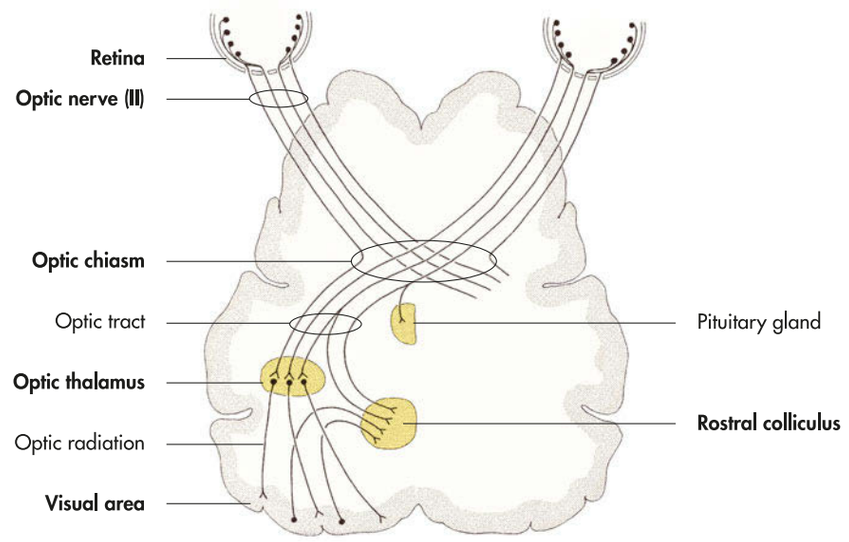


Fig. 15.29 Visual pathways (schematic).

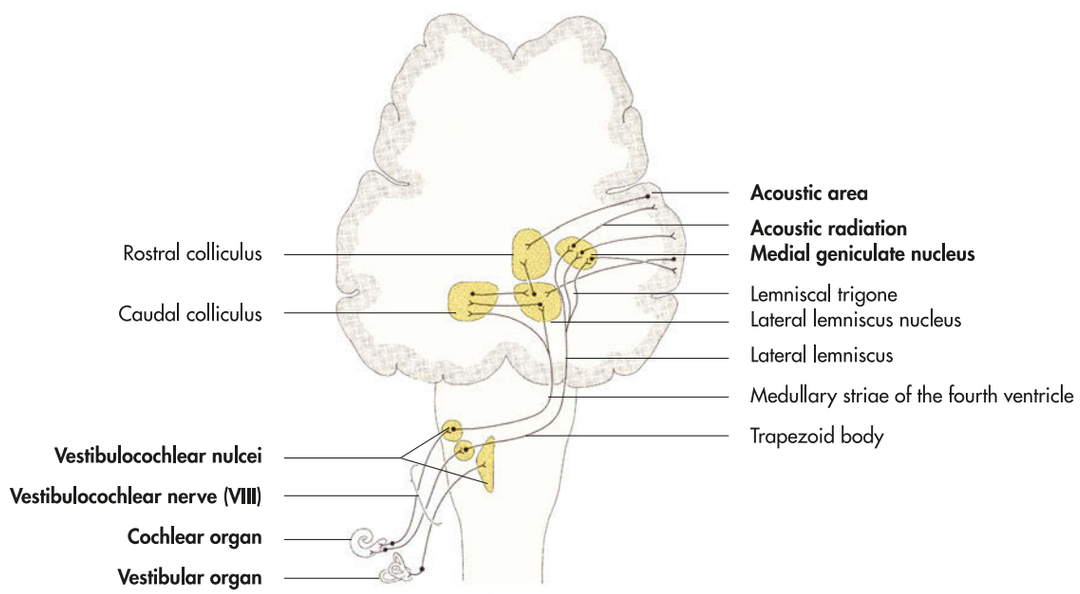


Fig. 15.30 Vestibular and auditory pathways (schematic).

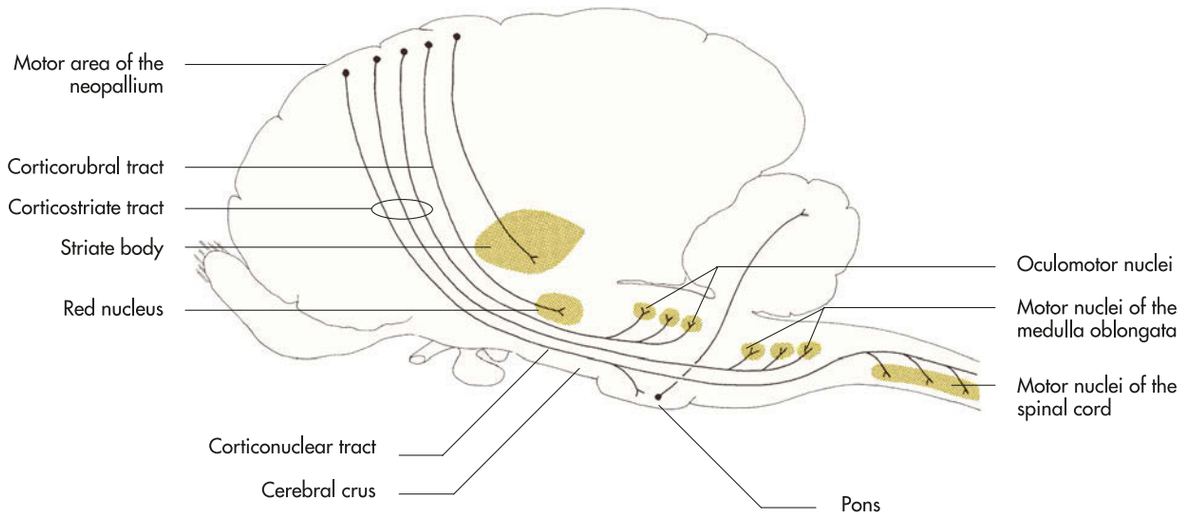


Fig. 15.31 Pyramidal system (schematic).

While some corticospinal fibres decussate within the medulla oblongata, others continue on their side of origin and cross over to the other side close to their terminations.

The fraction of fibres that decussate within the medulla oblongata varies among species. Almost all fibres decussate in the dog and cat, compared to 50% in ungulates. The extent of the fibres also varies. In carnivores, pyramidal fibres reach all levels of the spinal cord, while in ungulates the pyramidal system has terminated by the level of origin of the brachial plexus.

Extrapyramidal system

In contrast to the pyramidal system, the extrapyramidal system comprises various **multisynaptic pathways** which originate from the corpus striatum, subthalamic nuclei, the substantia nigra, the red nucleus and the reticular formation. Interconnected with these nuclei are several motor centres, such as the thalamic nuclei, the vestibular nuclei, the reticular formation and the cerebellum, to which all of the nuclei of the system project.

The **extrapyramidal system** is concerned with the maintenance of posture and with the execution of intended **movements**, by ensuring coordinated **muscle activity**. Numerous feedback circuits maintain the necessary balance between the inhibitory and excitatory parts of the extrapyramidal system. The **cerebellum** controls both the extrapyramidal and pyramidal systems. This is modified by afferent information from these two systems, as well as by the vestibular apparatus. The information is utilised to control red and thalamic nuclei, the reticular formation and the vestibular nuclei.

15.1.4 Central autonomic nervous system

The **autonomic** (also called **visceral**, **vegetative** or **idiotropic**) **nervous system** is concerned with the **coordination of function of the inner organs** essential for life. It regulates respiration, circulation, digestion, metabolism, body temperature, water and electrolyte balance, reproduction and many more body functions. Most of the mechanisms that fulfil these functions also occur in the unconscious animal, e.g. during sleep or under general anaesthesia. Hence the term **"autonomic"**.

The chief integration centre of the **autonomic nervous system** is the **hypothalamus** (▶ Fig. 15.25 and ▶ Fig. 15.33). It regulates activity through both neural and endocrine mechanisms. The neural pathways extend, either directly or via multisynaptic pathways through the **reticular formation**, from the hypothalamus to the autonomic nuclei of the brainstem or spinal cord. The **hypothalamus** receives information about visceral functions from almost all parts of the body via the mesencephalic nuclei, the reticular formation and the telencephalic parts of the limbic system. The **endocrine pathways** operate through **neurosecretory cells**, whose products are transported with the blood stream to the effector organs, where they act directly or are conveyed to the hypophysis by portal vessels, where they initiate the release of hormones.

The **hypophysis** or **pituitary gland** (▶ Fig. 15.26 and ▶ Fig. 15.34) is suspended below the hypothalamus by the infundibulum. Its caudal part, the neurohypophysis, stores and releases hormones that are produced by neurosecretory cells within the **supraoptic** and **paraventricular nuclei** of the hypothalamus and transported along the axons of the cells.

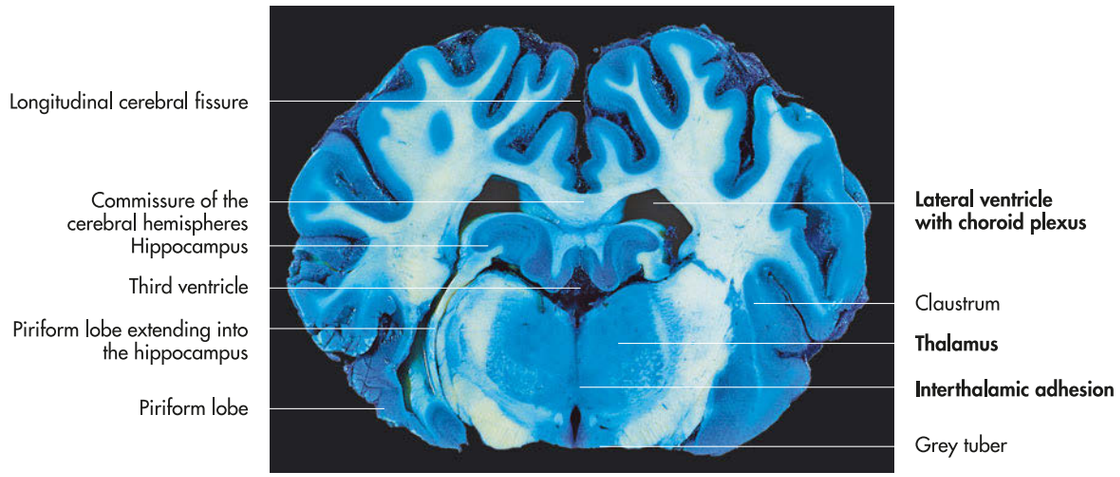


Fig. 15.32 Transverse section of the brain of a horse at the level of the interthalamic adhesion (blue stain, after Mulligan).

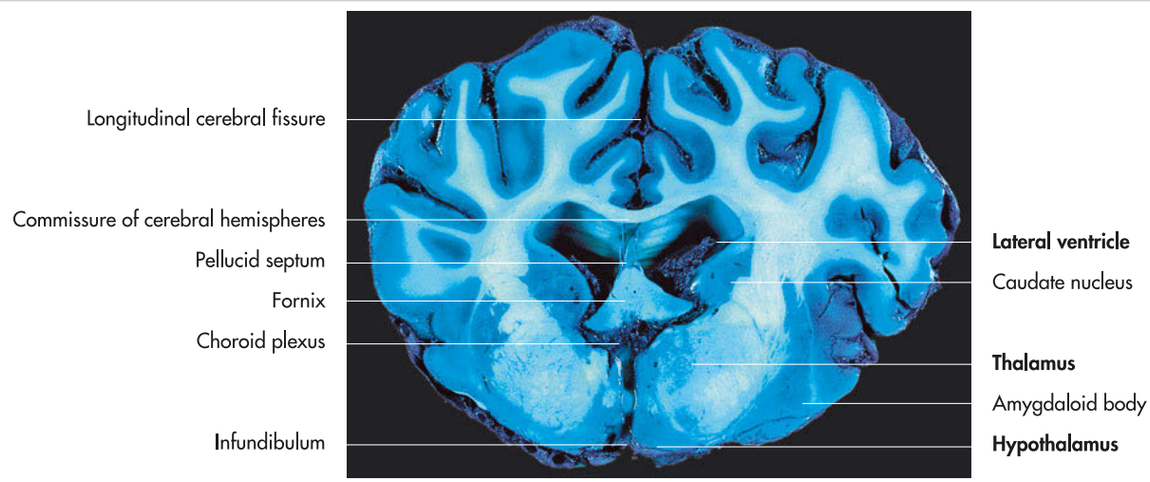


Fig. 15.33 Transverse section of the brain of an ox at the level of the rostral part of the diencephalon (blue stain, after Mulligan).

The **adenohypophysis** receives neurosecretions from the hypothalamus via **hypophyseal portal vessels**. Feedback circuits regulate the interaction between the hypothalamus and the hypophysis. For a more detailed description see Chapter 16 "Endocrine glands" (p. 587).

Visceral pathways

The visceral pathways can be divided into **afferent** and **efferent pathways** and the latter can be further subdivided into **sympathetic** and **parasympathetic pathways**.

The receptor system of the **visceral afferent pathways** consists of mechanoreceptors and chemoreceptors, which are located within the inner organs and blood vessels. The cell bodies of the primary neurons are found within the dorsal ganglia of the spinal nerves and the corresponding ganglia of certain cranial nerves. Ascending autonomic pathways follow the lemniscal and the extralemniscal system to terminate within the thalamus.

Although most visceral activity occurs without conscious awareness, some projections to the cerebral cortex give rise to conscious perception, such as hunger and the sense of fullness of the rectum or the bladder. Pain arising from diseased inner organs may be confused with pain arising from the surface of the body, due to the exchange of information between the afferent visceral pathway and the cutaneous somatic pathway. Each organ has its **own reflection area**, called **head zone**, on the body surface, which in turn can be used to relieve pain of visceral origin (massage, acupuncture). Similar reflex points on the skin exist for the skeletal system (joints, spine).

The **efferent visceral pathways** can be grouped anatomically, pharmacologically and functionally in two systems: the **parasympathetic** and **sympathetic systems**. Both systems have two neurons per pathway, meaning that two successive neurons link the central nervous system to the structure innervated.

The **body of the first neuron** of each pair is located within the central nervous system and sends its myelinated axon out as part of the peripheral nervous system. The axon of this **preganglionic neuron** terminates in a peripheral ganglion, where it synapses with the postganglionic neuron of the chain that end on the structure innervated (e.g. glandular, cardiac or smooth muscle cells). The preganglionic neurons of the sympathetic division are

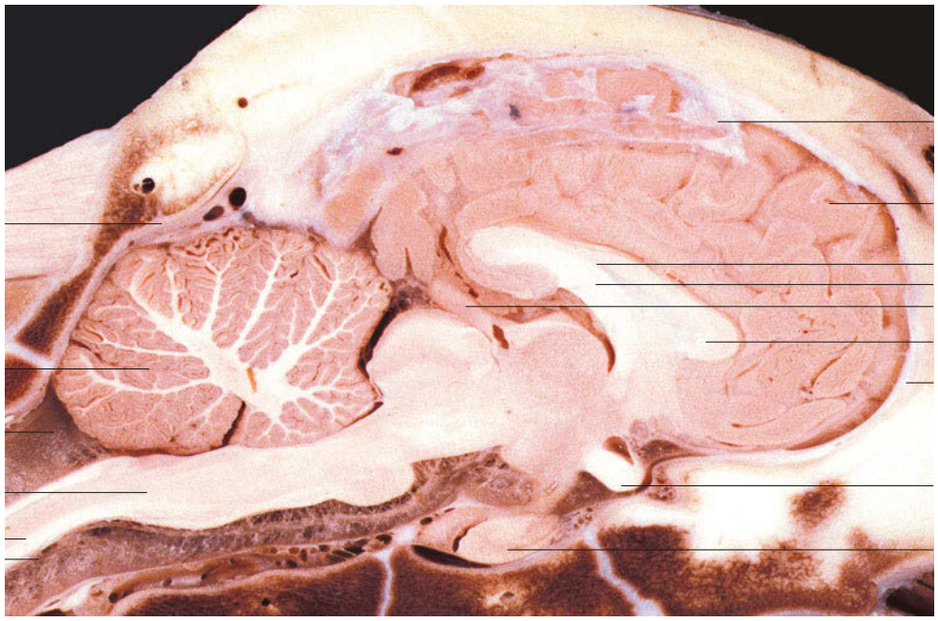


Fig. 15.34 Paramedian section of the brain of a calf with meninges and the beginning of the spinal cord.

situated within the lateral column of the spinal cord between the first thoracic and the middle lumbar segments. Their axons synapse with the **postganglionic neurons** relatively close to the spinal cord in the **paravertebral ganglia** of the **sympathetic chain** or in the subvertebral ganglia on the aorta. Stimulation of the sympathetic pathways results in an increase in blood pressure, heart rate and respiratory rate and dilatation of the pupils, while at the same time gut motility and intestinal gland activity are decreased.

The **preganglionic neurons of the parasympathetic** division are located within nuclei of the oculomotor, intermediofacial, glossopharyngeal and vagus nerves within the brainstem and within the lateral columns of the sacral spinal cord. The bodies of the **postganglionic neurons** are found in smaller ganglia close to or actually incorporated within the organ innervated. The **ganglia of the head** usually have names indicating their location (ciliary ganglion, pterygopalatine ganglion, otic ganglion, mandibular ganglion). Parasympathetic activity causes stimulation of gut motility, intestinal secretion, defecation and micturition, depression of heart and respiratory rate and constriction of the pupils.

The chief control centre of the visceral efferent pathways is the **hypothalamus** (▶ Fig. 15.25 and ▶ Fig. 15.33). The rostral part of the hypothalamus is responsible for the parasympathetic division, while the caudal part controls the sympathetic division.

15.1.5 Meninges of the central nervous system

The central nervous system is enclosed by soft tissue membranes, termed meninges, which can be differentiated into **three different layers** (▶ Fig. 15.35):

- dura mater,
- arachnoid membrane and
- pia mater.

Arachnoid membrane and **pia mater** are collectively designated the **leptomeninges** because they are relatively delicate compared to the thick and fibrous dura mater. The **dura mater** is the most superficial layer, followed by the arachnoid membrane and the pia mater as the deepest layer.

The meninges exhibit certain topographical differences and are therefore described separately for their cranial and vertebral parts (▶ Fig. 15.35). The **meninges** are richly innervated and very sensitive with regards to pain, unlike the neural tissue they surround (brain tumours are normally not painful).

Spinal dura mater (dura mater spinalis)

The spinal dura mater is separated from the periosteum lining the vertebral canal (**endorrhachis**) by the **epidural space** (cavum epidurale) (▶ Fig. 15.38 and ▶ Fig. 15.39). The epidural space is filled with fat and contains a large venous plexus. As spinal roots traverse the vertebral canal, they are enclosed by meningeal sheaths.

Clinical note

Regional anaesthesia can be performed by injecting an anaesthetic into the epidural space between the **last lumbar** and the **first sacral vertebra** (spatium lumbosacrale) or between the **last sacral vertebra** and the **first caudal vertebra**.

The caudal end of the dura mater forms a blind-ending sac and unites with the other meningeal layers to form a **fibrous cord** (filum terminale durae matris) that fuses with the dorsal surface of the caudal vertebrae. It is continuous with the cranial dura mater at the foramen magnum. The spinal dura mater is vascularised by spinal arteries.



Fig. 15.35 Paramedian section of the brainstem and spinal medulla of a horse. (source: courtesy of Dr. E. Gollob-Kammerer, Vienna)

Cranial dura mater (dura mater encephali)

The cranial dura mater is fused with the inner periosteum of the skull bones (▶ Fig. 15.38). In addition to lining the cavity, the dura mater forms partitions that project inward. The **cerebral falx** (falx cerebri) extends from the crista galli to the internal occipital protuberance and projects into the longitudinal fissure between the two hemispheres. Caudally the cerebral falx meets the **transverse tentorium cerebelli**, which separates the cerebellum from the cerebrum (▶ Fig. 15.37). The median part of the tentorium cerebelli is osseous, but the dura mater encloses the bone and extends beyond it. The free edge of the **membranous tentorium cerebelli** borders the tentorial notch through which the brain stem passes. A third partition, the **diaphragma sellae**, forms the roof of the hypophyseal fossa in which the hypophysis is located, forming a diaphragm around the infundibular stalk (▶ Fig. 15.36). **Large venous sinuses** (sinus durae matris) are present within these dural projections.

Like the spinal nerves, the **cranial nerves** are surrounded by dural sheaths until they leave the cranial cavity. Together with the leptomeninges they form cuffs that are surrounded by **cerebrospinal fluid**. At these sites, cerebrospinal fluid can enter perineural lymph vessels, and diseases can spread from the lymphatic system into the meninges and neural tissue. The cranial dura mater is vascularised by the meningeal arteries.

Arachnoid membrane (arachnoidea)

The outer part of the arachnoid membrane consists of a continuous membrane moulded against the **dura mater** (▶ Fig. 15.38 and ▶ Fig. 15.39). Some authors describe a capillary space, the subdural space, between the dura mater and the arachnoid membrane, while others believe it to be an artefact not present in the living animal.

The second continuous cell layer of the arachnoid membrane is moulded against the **pia mater** (▶ Fig. 15.38 and ▶ Fig. 15.39). Between the two membranes, numerous trabeculae and filaments extend, which form a network of communicating chambers. This space is termed the **subarachnoid space** (cavum subarachnoideale) and is filled with **cerebrospinal fluid**. The depth of the subarachnoid space is variable, since the arachnoid membrane stays in close contact with the dura mater, while the pia mater follows the surface of the brain.

At certain sites the subarachnoid space is enlarged to from so-called **cisternae**, which can be used for the extraction of cerebrospinal fluid or for injection. Of great importance is the cerebellomedullary cistern, which is located where the caudal surface of the cerebellum meets the dorsal surface of the medulla oblongata. It is a common site for obtaining cerebrospinal fluid and can be reached by passing a needle between the atlas and the skull. An alternative site is the lumbosacral space or the space between the sacrum and the first caudal vertebra. Large, mushroom-shaped projections extend from the **arachnoid membrane** (granulationes arachnoidales, Pacchioni granulations) into dural venous sinuses. It is hypothesised that in these areas cerebrospinal fluid can enter the general circulation. These arachnoidal villi are not present in the sheep.

Cerebral and spinal pia mater (pia mater encephali et spinalis)

The pia mater is in direct contact with the **glial limiting membrane of the neural tissue** (▶ Fig. 15.38 and ▶ Fig. 15.39). The pia mater is richly innervated and receives a generous blood supply from which several blood vessels extend into the neural tissue. The pia mater is bilaterally thickened along the lateral surface of the spinal cord, forming the **denticulate ligament** (▶ Fig. 15.39 and ▶ Fig. 15.63). Extensions of the denticulate ligament traverse the subarachnoid space and attach to the dura mater, thus suspending the spinal cord in cerebrospinal fluid within the subarachnoid space. Cranial vessels are surrounded by the pia mater for a short distance after entering the brain. Cerebrospinal fluid is thought to be able to enter the veins at these pial sleeves.

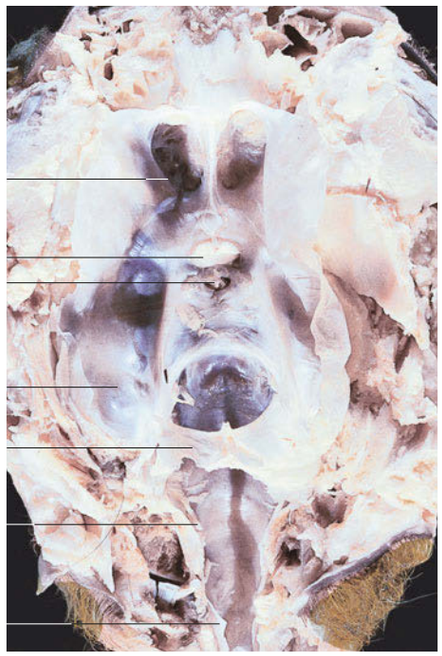


Fig. 15.36 Dura mater at the base of the cranium of a goat (dorsal aspect); preparation Dr. E. Schabel.



Fig. 15.37 Dorsal dura mater of a goat (ventral aspect); preparation Dr. E. Schabel.

15.1.6 Ventricles and cerebrospinal fluid

The lumen of the embryonic neural tube persists as the ventricles of the brain and the central canal of the spinal cord (▶ Fig. 15.40, ▶ Fig. 15.41, ▶ Fig. 15.42 and ▶ Fig. 15.43). These cavities are lined by **ependymal epithelium** and are filled with **cerebrospinal fluid**.

The ventricular system of the brain consists of **two lateral ventricles**, one in each hemisphere, the **third** and the **fourth ventricle**. Each lateral ventricle communicates with the third ventricle through an **interventricular foramen**. The third ventricle is a narrow, midsagittal chamber that surrounds the interthalamic adhesion of the diencephalon. The **mesencephalic aqueduct** of the midbrain is a canal that joins the third ventricle to the fourth. The fourth ventricle is located in the **rhombencephalon** and is continuous with the **central canal of the spinal cord**.

Clinical note

In several brachycephalic breeds of dog, **narrowing of the mesencephalic aqueduct** (aqueductus mesencephali) can impede drainage of the cerebrospinal fluid (liquor cerebrospinalis) resulting in **hydrocephalus**.

Cerebrospinal fluid is normally a clear, colourless liquid formed from the blood plasma by the **choroid plexus** of the brain. The choroid plexus consists of an epithelium and the underlying pia mater. They are adherent to the walls of the ventricle by an attachment of the pia mater. The attachment line is termed the taenia choroidea.

One choroid plexus is located in **each lateral ventricle** and two choroid plexus are present in the **third** and the **fourth ventricle**.

Cerebrospinal fluid flows within the ventricular system and into the central canal. It flows into the subarachnoid space from the fourth ventricle through bilateral recesses and apertures. In humans and carnivores a third, median aperture is present. Two major drainage roots for the return of cerebrospinal fluid to the blood are the arachnoid villi and the lymphatics associated with peripheral nerves.

The cerebrospinal fluid cushions the central nervous system and acts as a chemical buffer. It also transports nutrients and waste products, thereby taking over the function of the lymphatics lacking in the brain.

15.1.7 Blood vessels of the central nervous system

Blood vessels of the spinal cord

The cervical spinal cord is vascularised by segmental arteries from the **vertebral artery**, a branch of the **subclavian artery**. The remainder of the spinal cord receives its blood supply from **segmental arteries** from the cervical, intercostal and lumbar arteries. The segmental arteries enter the vertebral canal through the intervertebral foramina. There, each divides into a dorsal and a ventral branch, which reach the spinal cord together with the spinal nerves.

The branches unite to form three continuous arteries that run along the length of the spinal cord: the **ventral spinal artery** and the **paired dorsolateral spinal arteries**. The ventral spinal artery is the largest of the three and lies at the ventral median fissure. The smaller dorsolateral arteries extend along the lateral dorsal sulci, where the dorsal roots emerge. These arteries form plexuses at the surface of the spinal cord, from which deeper parts of the cord are supplied. The grey matter receives a far more generous blood supply than the white matter.

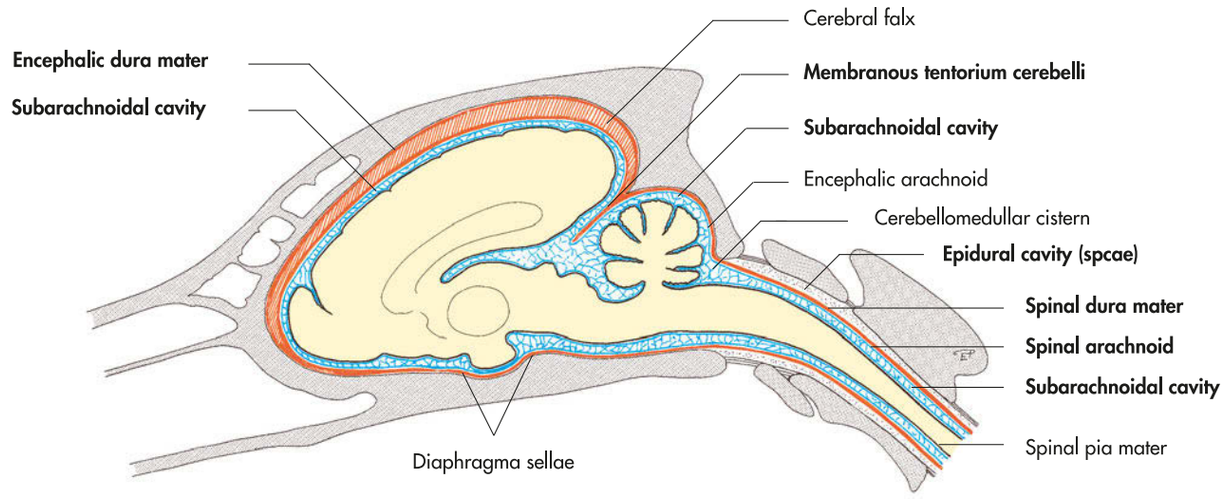


Fig. 15.38 Meninges of the cranium and the cranial part of the cervical spine of the dog (schematic) (red = pachymeninx, blue = leptomeninx).

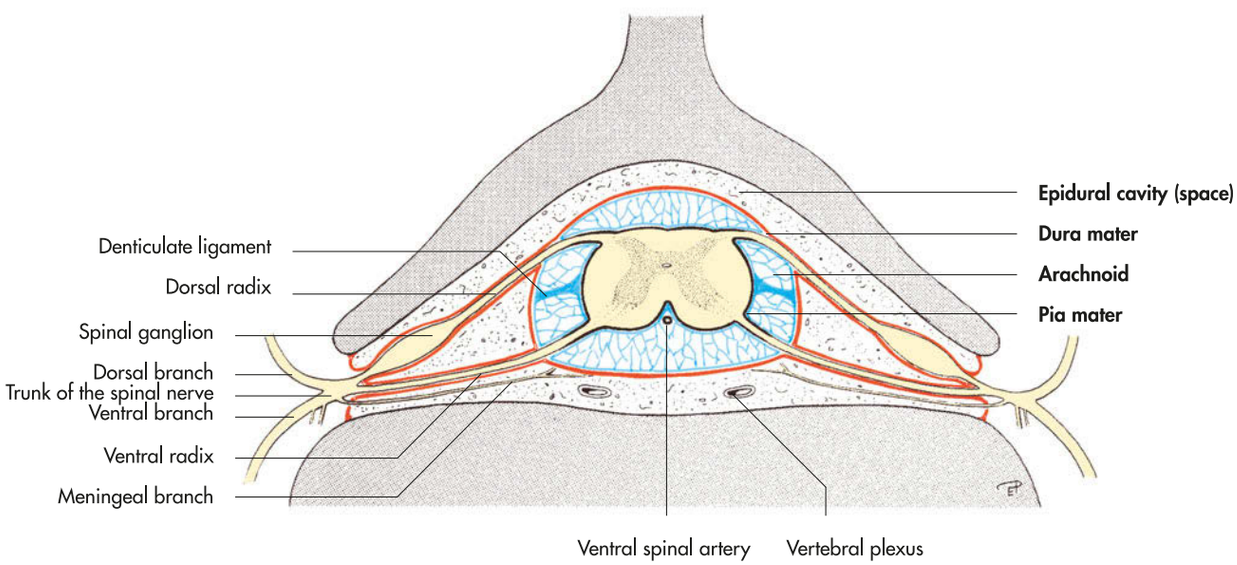


Fig. 15.39 Spinal meninges of the dog (schematic) (red = pachymeninx, blue = leptomeninx).

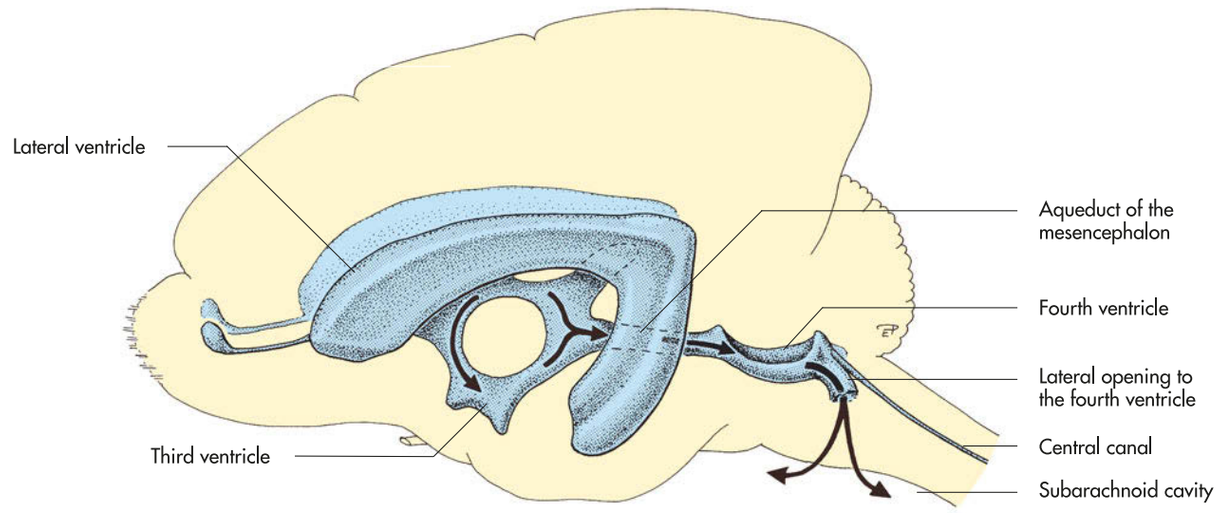


Fig. 15.40 Cerebral ventricles of the dog, demonstrating the flow of the cerebrospinal fluid (arrows) (lateral aspect); fig. based on data from Anderson and Anderson, 1994.

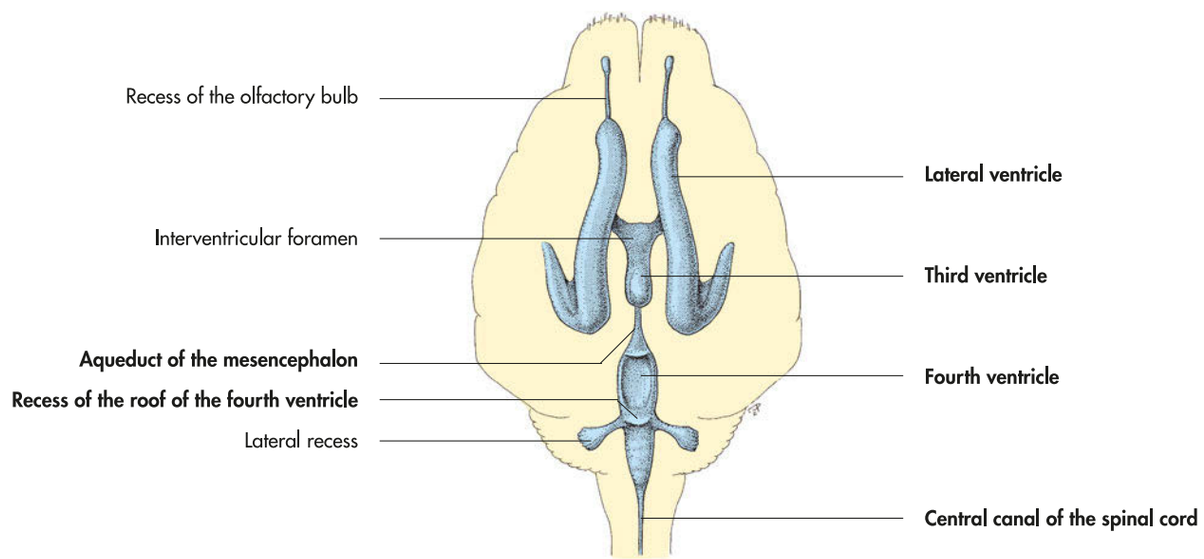


Fig. 15.41 Cerebral ventricles of the dog (dorsal aspect); fig. based on data from Anderson and Anderson, 1994.

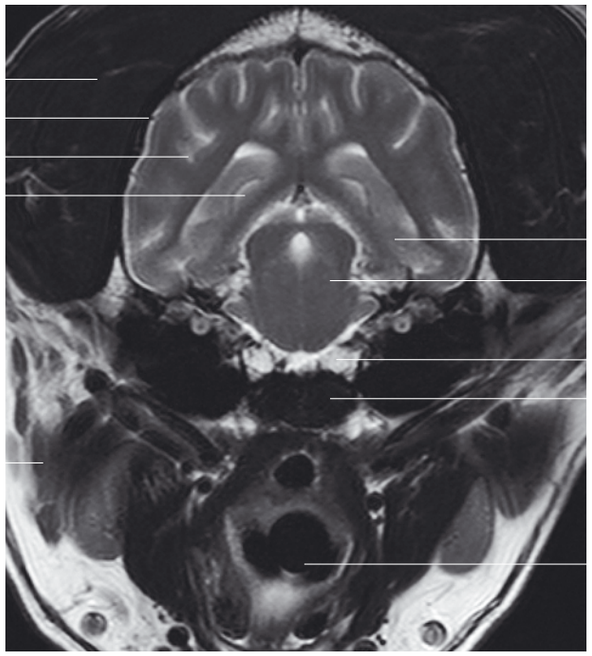


Fig. 15.42 Magnetic resonance imaging (MRI) of the head of a dog (transverse section at the level of the temporomandibular joints; T2-weighted image). (source: courtesy of Prof. Dr. E. Ludewig, Vienna)

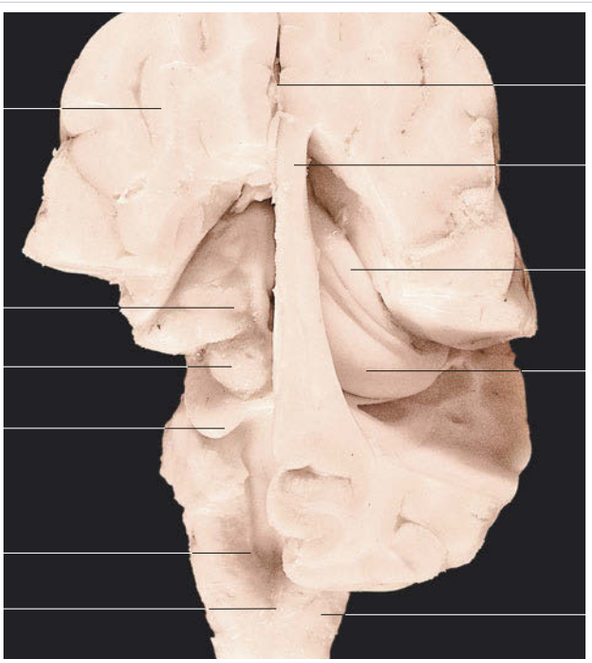


Fig. 15.43 Cerebral ventricles of a dog (dorsal aspect). (source: courtesy of Prof. Dr. W. Künzel, Vienna)

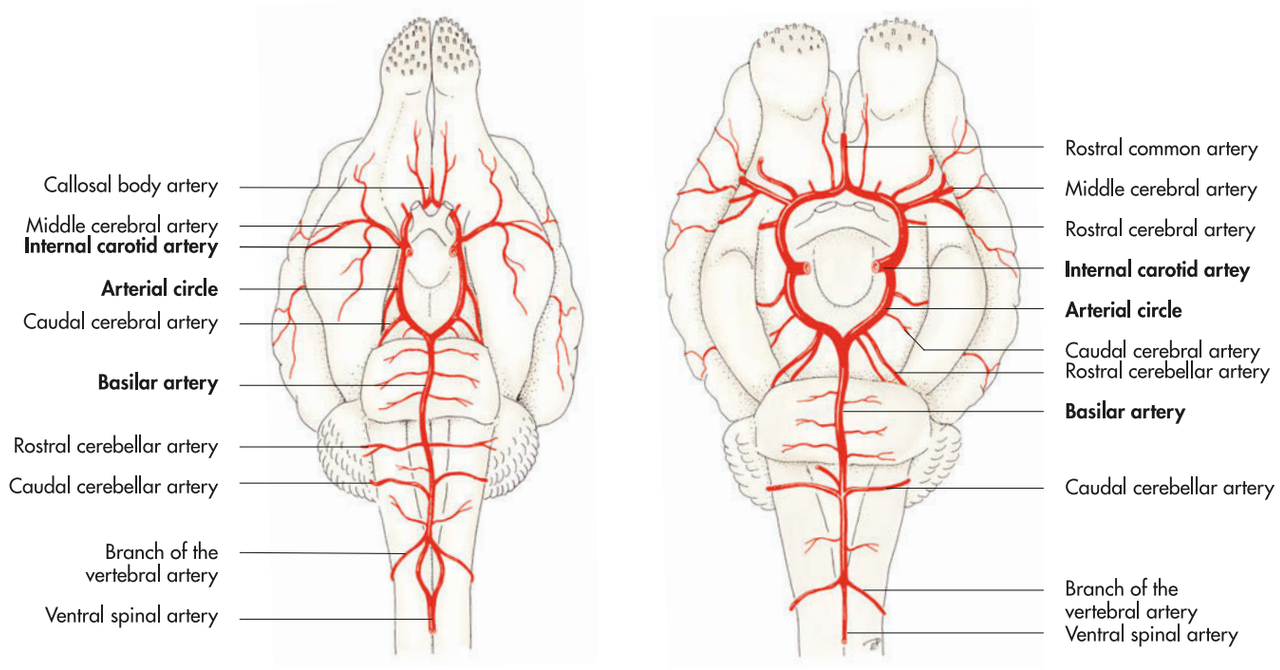


Fig. 15.44 Basal arteries of the brain of the dog (ventral aspect) (left); fig. based on data from Budras, 2007; and of the horse (right); fig. based on data from Rösslein, 1987.

The **spinal veins** form a **network** similar to the arterial plexus. The draining veins also follow the spinal nerves before they open into the **epidural venous plexus**. The epidural venous plexus consists of two channels within the epidural space on the ventral aspect of the spinal cord that are composed of segments extending between successive intervertebral foramina. The two channels are regularly connected by transverse branches, producing a ladder-like pattern of vessels. The veins composing the plexus are thin-walled and have **no valves**, so that blood can pass **in either direction**. The epidural venous plexuses are connected with venous plexuses outside the vertebral column, which drain into the vertebral vein, the cranial vena cava, the azygos vein or the caudal vena cava.

Clinical note

Since the epidural venous system provides alternative channels to the major systemic veins it may serve as an alternative route, when obstruction of either the jugular vein or the caudal vena cava occurs. However, blood flow is comparatively slow or sometimes even stops in the epidural veins. The slow venous flow facilitates the spread of **septic or neoplastic diseases**, allowing **tumour cells** or **microorganisms** to invade this area.

Another point of clinical importance is the risk of **haemorrhage** from the epidural venous plexus during epidural puncture or surgery (e.g. **laminectomy**).

Blood vessels of the brain

In the horse and dog, the blood supply to the brain comes mainly from the paired **internal carotid arteries**. In the cat and in ruminants, in which the internal carotid closes shortly after birth, the main blood supply to the brain is provided by branches of the **maxillary artery**. These branches form a complicated **arterial network** at the base of the brain, which consists of the rostral and caudal **epidural retia mirabilia**, which reunite in the **cerebral carotid artery**. The internal carotid artery of the pig also forms a rostral rete mirabile (▶ Fig. 15.48).

The **internal carotid artery** in the horse and dog and the cerebral carotid artery in the other domestic mammals penetrate the dura mater at the **diaphragma sellae** forming a **ring** around the infundibular stalk ventral to the hypothalamus. This **cerebral arterial circle** (circulus arteriosus cerebri), formerly known as the **circle of Willis**, is only complete in the dog, while it remains open rostrally in the other domestic mammals (▶ Fig. 15.44 and ▶ Fig. 15.45). The arterial circle is joined caudally by the **basilar** and the **vertebral arteries**. In the ox, the vertebral artery contributes a considerable proportion to the circle of Willis. The arterial cerebral circle and the basilar artery give rise to all other cerebral arteries (▶ Fig. 15.44 and ▶ Fig. 15.46).

The **main branches** are the:

- rostral cerebral artery (a. cerebri rostralis),
- middle cerebral artery (a. cerebri media),
- caudal cerebral artery (a. cerebri caudalis),
- rostral cerebellar artery (a. cerebelli rostralis) and
- caudal cerebellar artery (a. cerebelli caudalis).



Fig. 15.45 Arteries at the base of the brain of a horse (corrosion cast); preparation Dr. C. Rösslein, 1987.

The **main cerebral arteries** are located on the surface of the brain, from which they extend small arteries and arterioles into the neural tissue, which then branch into smaller vessels. While the **grey matter** contains a very dense network of capillaries, the **white matter** receives a less generous blood supply (▶ Fig. 15.47 and ▶ Fig. 15.49).

The permeability of the blood capillaries within the neural tissue is reduced by the so-called **blood-brain barrier**, which is formed by the endothelium of the capillaries and the surrounding glial cells.

Intracerebral anastomoses are rare and, when present, so narrow, that they connect functional end arteries. Occlusion of one of these end arteries e.g. by blood clots, air or fat emboli results in the death of the neural tissue it supplies. In human beings, the middle cerebral artery and its branches seem to be predisposed.

Clinical note

Knowledge of the arterial blood supply to the brain in ruminants is an important consideration in the appraisal of **ritual methods of slaughter**. After the cervical vessels are severed, blood continues to be supplied to the brain by the vertebral artery (a. vertebralis) which remains intact when the throat is cut. It is thus disputed that the rapid drop in blood pressure experienced by cattle slaughtered in this manner results in immediate loss of consciousness.

The **veins of the brain** can be grouped in **dorsal**, **basal** and **inner veins**, which are **valveless** and run independently from the arteries before they open into the also valve-less **dural venous sinuses** (sinus durae matris) (▶ Fig. 15.47). The sinuses enclosed within the dura mater are divided in dorsal and ventral systems.

The **dorsal system** includes the **dorsal sagittal sinus**, which collects the blood from the dorsal parts of the brain and the bones of the cranial vault. It passes within the falx cerebri and is joined towards its caudal end by the straight sinus before dividing into the transverse sinuses, which extend to both sides in the membranous tentorium cerebelli.

The **transverse sinuses** receive the blood from the cerebellar veins. The transverse sinuses unite with the **temporal sinus** which opens in the retroarticular foramen and connects with the **ventral system** (except in the horse). The straight sinus is continuous with the great cerebral vein, which drains the inner parts of the brain.

The **ventral** or **basilar system** drains the ventral part of the brain and parts of the face. It consists of the cavernous sinus, which **surrounds the hypophysis** and is closely related to the distal sigmoid end of the internal carotid artery or the **epidural rete mirabile** respectively. The ventral system receives considerable contribution from the face, orbit and nasal cavity by the deep facial vein. This arrangement cools the arterial blood supply to the brain, since the internal carotid artery is bathed in the colder venous blood when it passes through the cavernous sinus.

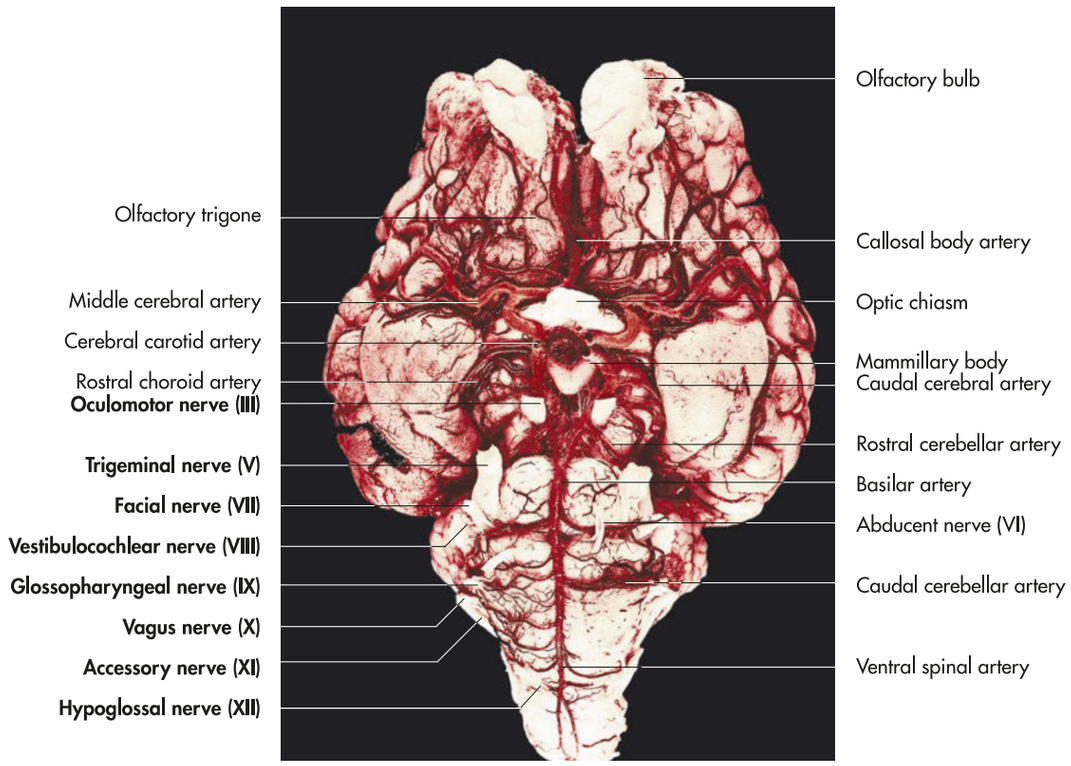


Fig. 15.46 Arteries at the base of the brain of an ox.

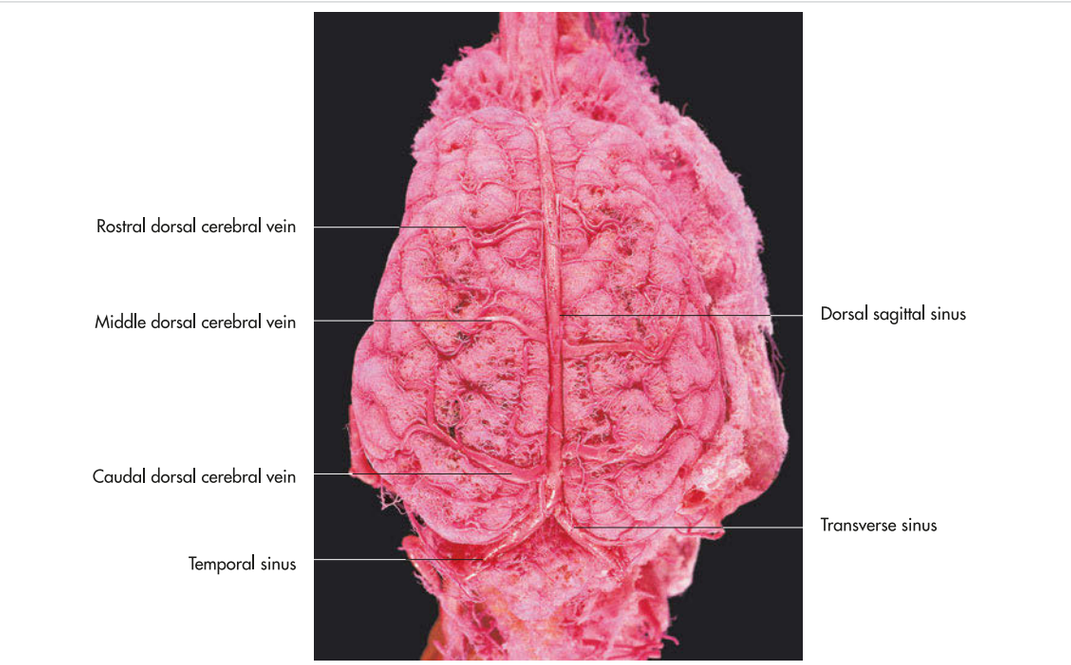


Fig. 15.47 Dorsal blood vessels of the brain of a young pig (corrosion cast).

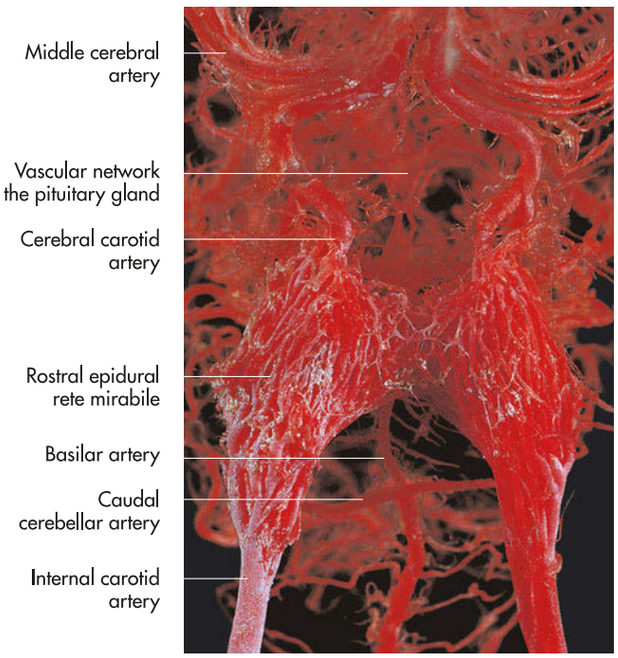


Fig. 15.48 Arteries of the cranial base of a pig (corrosion cast); preparation Dr. I. Engelkraut, 1987.

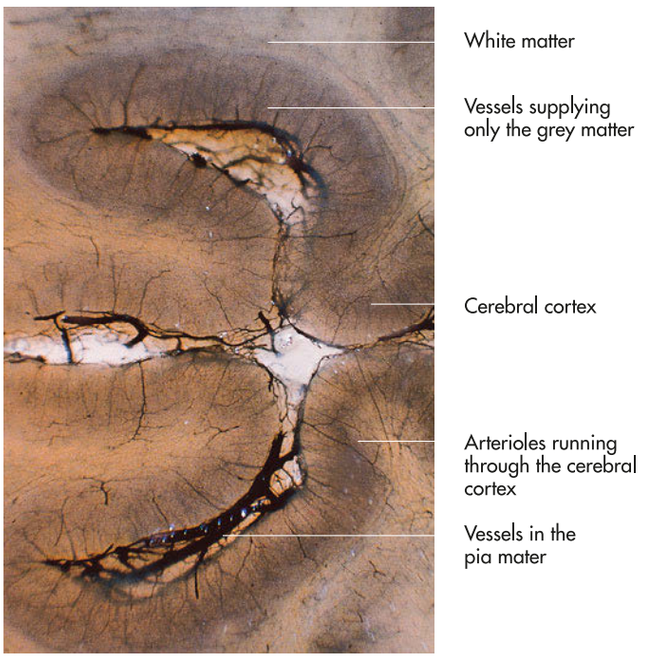


Fig. 15.49 Microvascularisation of the cerebral cortex.

15.2 Peripheral nervous system (systema nervosum peripheric um)

The nerves and ganglia of the peripheral nervous system do not form an independent functional unit, but are all connected to the central nervous system. Based on morphology and function they can be grouped in two different systems:

The **cerebrospinal (oikotropic) nerves** and **ganglia** connect the central nervous system with the **sensory organs** and the **skeletal musculature**. The cerebrospinal system is responsible for the stimulus-response interaction between the environment and the organism.

The **autonomous (idiotropic) nerves** and **ganglia** connect the central nervous system with the **viscera** and components of the **circulatory system**. This system is responsible for the regulation and coordination of the inner organs. Depending on the function, it can be further subdivided into a sympathetic and parasympathetic division.

15.2.1 Cerebrospinal nerves and ganglia

The cerebrospinal nerves are divided into:
- cranial nerves (nn. craniales) and
- spinal nerves (nn. spinales).

The cell bodies of the **cerebrospinal nerves** are either located in nuclei within the **central nervous system** or in **ganglia** close to the central nervous system. Their axons connect the effector organ directly to the central nervous system without forming synapses.

Cranial nerves (▶ Fig. 15.50) can be classified as sensory, motor or mixed. Some of them have autonomous fibres which often show an unusual pattern with regard to their course.

Spinal nerves (▶ Fig. 15.60) are of the mixed type, consisting of both sensory and motor fibres, which are joined in most cases by autonomous fibres as well.

15.2.2 Cranial nerves (nervi craniales)

Classic anatomy describes **12 paired cranial nerves**, although the first two are not peripheral nerves:
- olfactory nerve (I) (n. olfactorius),
- optic nerve (II) (fasciculus opticus),
- oculomotor nerve (III) (n. oculomotorius),
- trochlear nerve (IV) (n. trochlearis),
- trigeminal nerve (V) (n. trigeminus),
- abducent nerve (VI) (n. abducens),
- facial nerve (VII) (n. facialis),
- vestibulocochlear nerve (VIII) (n. vestibulocochlearis),
- glossopharyngeal nerve (IX) (n. glossopharyngeus),
- vagus nerve (X) (n. vagus),
- accessory nerve (XI) (n. accessorius) and
- hypoglossal nerve (XII) (n. hypoglossus).

Based on **function** and **embryonic development** the cranial nerves can be arranged in the following groups:
- The **sensory group** comprises the nerves that are only concerned with sensory organs; these are the olfactory, optic and vestibulocochlear nerves.
- The second group includes the nerves that innervate the **ocular muscles**; this group comprises the oculomotor, trochlear and abducent nerves.

- The third group comprises the so-called **branchial nerves** that innervate structures that take their embryological origin from the branchial arches; these are the trigeminal, facial, glossopharyngeal, vagus and accessory nerves.
- Based on its embryological development the hypoglossal nerve can be classified as the remnant of a **cervical spinal nerve**.

The **cranial nerves** have certain characteristic features that distinguishes them from the spinal nerves: they do not have a segmental embryonic precursor and their root is not divided into afferent and efferent tracts, but has a single combined outflow. Unlike spinal nerves, which have both sensory and motor functions, cranial nerves can be solely motor, solely sensory or mixed. Cranial nerves I, II and VIII are sensory, III, IV, VI, XI and XII are motor, while V, VII, IX and X are sensory and motor.

Olfactory nerve (I) (nervus olfactorius)

The olfactory nerve is not a single nerve, but consists of numerous **nonmyelinated axons**, whose cell bodies are located within the **olfactory epithelium**. These axons pass through the cribriform plate of the ethmoid to reach the olfactory bulbs, where they synapse. The **terminal nerve** (n. terminalis) from the vomeronasal organ is combined within the olfactory nerve. This relatively thin nerve ends in the rostral part of the **rhinencephalon** (▶ Fig. 15.51; ▶ Table 15.1). Some authors describe this nerve separately as a cranial nerve.

Optic nerve (II) (fasciculus opticus)

The optic nerve is not a true peripheral nerve, but a tract of the brain. The fibres of the optic nerve originate from the **retina**, which develops from the **diencephalon**. The optic nerve is also enclosed by extensions of the **meninges**, the dura, which blend with the sclera where the nerve leaves the globe. The axons of the optic nerve accumulate at the **optic disc of the retina**. The optic nerve leaves the eyeball on its caudal aspect and enters the cranial cavity by passing through the **optic canal** (▶ Fig. 15.29; ▶ Table 15.1).

After nerve fibres decussate to the opposite side at the **optic chiasm**, they form the optic tracts at the base of the brain. The optic fibres terminate in the **lateral geniculate nucleus**, the rostral colliculi of the **quadrigeminal plate** and the **thalamic nuclei**, where they synapse with fibres which project onto the **visual cerebral cortex** in the **occipital lobe**.

Oculomotor nerve (III) (nervus oculomotorius)

The oculomotor nerve consists of **somatic efferent fibres** from the **motor nucleus** and **visceral efferent neurons** from the **parasympathetic nucleus**. Both nuclei are located within the **tegmentum** of the midbrain. The motor nucleus is the principal nucleus of this nerve.

The **oculomotor nerve** exits the brain stem on the ventral aspect of the **cerebral peduncles**. It passes rostrally, sharing a common dural sheath with the ophthalmic and abducent nerves, before it leaves the cranial cavity through the **round foramen** (foramen rotundum) or through the combined **orbital fissure** and **round foramen** (foramen orbitorotundum), respectively. On entering the orbit, the oculomotor nerve divides into a dorsal and a ventral branch (▶ Fig. 15.50 and ▶ Fig. 15.51; ▶ Table 15.1).

The **dorsal branch** innervates the levator palpebrae muscle and ends in the dorsal rectus muscle. The **ventral branch** terminates in a number of branches which innervate the medial rectus, the ventral rectus and the ventral oblique muscles. The parasympathetic fibres travel within the ventral branch and synapse with postganglionic neurons in the **ciliary ganglion** located at the origin of the branch of the ventral oblique muscle. The postganglionic fibres innervate the ciliary muscle and the sphincter pupillary muscle, responsible for constriction of the pupil.

The oculomotor nerve includes some **sensory fibres** which join the ophthalmic branch of the trigeminal nerve and extend to the **trigeminal ganglion**.

Trochlear nerve (IV) (nervus trochlearis)

The trochlear nerve consists of **motor fibres** that arise from the **trochlear nuclei** in the tegmentum of the midbrain and innervate the dorsal oblique muscle of the eye. It is the only nerve that emerges from the dorsal aspect of the brainstem after crossing to the contralateral side at the trochlear decussation (decussatio nervorum trochlearium) (▶ Fig. 15.50 and ▶ Fig. 15.51; ▶ Table 15.1).

The **trochlear nerve** penetrates the dura mater at the ventral fold of the tentorium cerebelli and passes rostrally, lateral to the maxillary nerve. It leaves the cranial cavity through the round foramen, except in the horse, where there is a separate opening (foramen trochleare). The trochlear nerve comprises few **sensory fibres**.

Trigeminal nerve (V) (nervus trigeminus)

The trigeminal nerve is a complex nerve of the mixed type. It is the **largest sensory nerve of the head**. It is composed of sensory fibres from the skin and deeper tissues of the head and **motor fibres** to the masticatory musculature, the mylohyoid muscle, the rostral portion of the digastric muscle, the tensor muscle of the soft plate and the tensor tympani muscle (▶ Fig. 15.50 and ▶ Fig. 15.52; ▶ Table 15.1).

The **motor nucleus of the trigeminal nerve** (nucleus motorius n. trigemini) is found in the **metencephalon**, deep to the locus caeruleus of the rhomboid fossa. The **sensory fibres** arise from the pseudounipolar neurons of the **trigeminal ganglion** and pass to the sensory trigeminal nuclei in the mesencephalon, pons and spine.

The **nuclei of the mesencephalic tracts** (tractus mesencephali) of the trigeminal nerve consist of pseudo-unipolar neurons, whose fibres pass through the trigeminal ganglion without synapsing. Thus, this nucleus takes over the role of a sensory ganglion within the brain.

The **trigeminal nerve** emerges on the lateral aspect of the motor root (radix motoria). The **trigeminal ganglion** is located in a dural fold within the petrosal bone. As the nerve leaves the trigeminal ganglion, it divides into **three main branches**:

- ophthalmic nerve (n. ophthalmicus, V_1),
- maxillary nerve (n. maxillaris, V_2) and
- mandibular nerve (n. mandibularis, V_3).

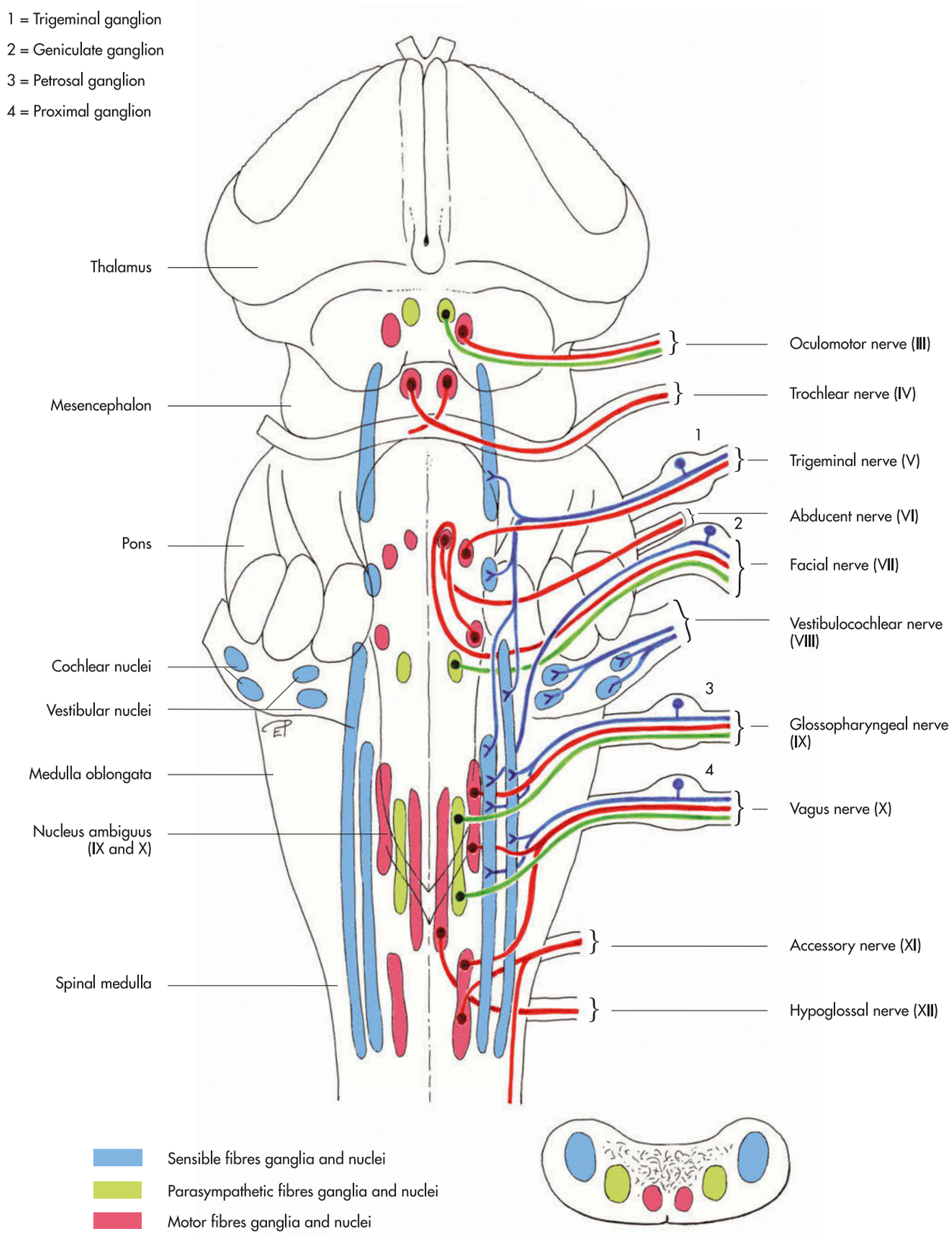


Fig. 15.50 Schematic illustration of the position of cerebrospinal nuclei, nerves and ganglia (schematic).

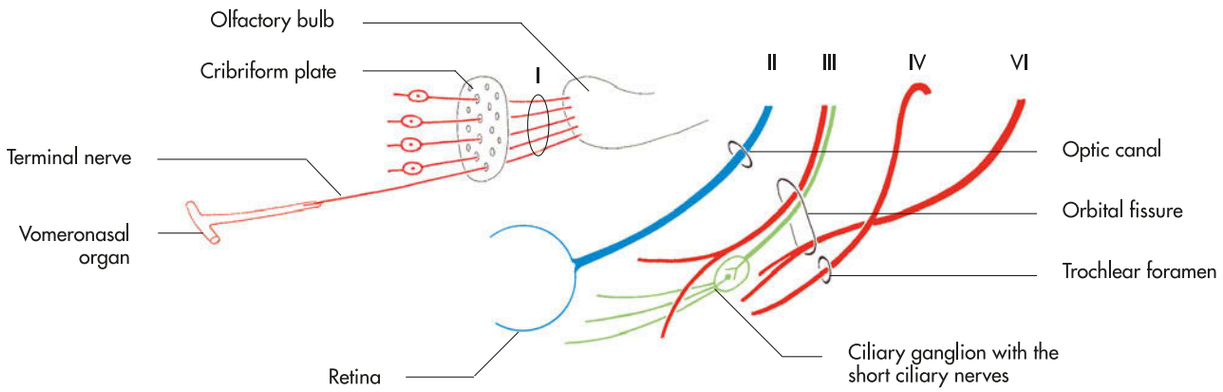


Fig. 15.51 Schematic illustration of the olfactory (light red), optic (blue), oculomotor, trochlear and abducent (red) nerves, and the parasympathetic fibres (green); fig. based on data from Budras and Röck, 1997.

Ophthalmic nerve (V_1) (nervus ophthalmicus)

The ophthalmic nerve passes rostrally, lateral to the hypophysis within a common dural sheath with the maxillary, trochlear and abducent nerves. The nerves leave the cranial cavity and enter the orbit through the round foramen or the orbital fissure, respectively (▶ Fig. 15.52; ▶ Table 15.1). It is closely related to the cavernous sinus and in ruminants, pigs and cats, to the **epidural rete mirabile**. After entering the orbit the ophthalmic nerve divides into the:

- lacrimal nerve (n. lacrimalis),
- frontal nerve (n. frontalis) and
- nasociliary nerve (n. nasociliaris) with:
  - ethmoidal nerve (n. ethmoidalis) and
  - infratrochlear nerve (n. infratrochlearis).

Covered by the periorbita, the **lacrimal nerve** runs along the lateral straight muscle of the eyeball to supply the lacrimal gland, the skin and conjunctiva of the temporal canthus of the eye. In the ox it contributes the majority of the fibres (together with the zygomatic nerve) to the cornual branch. The **secretory fibres** for the innervation of the lacrimal gland come from the intermedial portion of the intermediofacial nerve and form synapses in the **pterygopalatine ganglion**. The postganglionic fibres run with the maxillary and zygomatic nerves before they join the lacrimal nerve.

The **frontal nerve** passes rostrally under the periorbita dorsal to the dorsal oblique and dorsal rectus muscles of the eyeball. Upon reaching the dorsal margin of the orbit, it penetrates the periorbita and winds around its dorsal margin. In the horse, it passes through the supraorbital foramen. It innervates the skin and conjunctiva of the upper lid, the nasal canthus and the forehead. One branch extends to the frontal sinus.

The **nasociliary nerve** is the largest branch of the ophthalmic nerve. It passes lateral to the optic nerve before crossing over it to reach the medial aspect of the orbit. The nasociliary nerve gives off the short and long ciliary nerves before it bifurcates into the ethmoidal and the infrachtrochlear nerves. The short ciliary nerves pass through the ciliary ganglion. The ciliary nerves run between the sclera and choroid to reach the iris. They extend branches into the bulbar conjunctiva, the ciliary muscle and the cornea.

The **ethmoidal nerve** passes through the ethmoidal foramen to re-enter the cranial cavity. Staying external to the dura mater, it runs to the cribriform plate, through which it enters the nasal cavity. It innervates the olfactory mucosa with sensory fibres and sends branches to the frontal sinus and the roof of the nasal cavity to the nasal apex.

The **infratrochlear nerve** runs along the medial aspect of the orbit to the nasal canthus, where it innervates the conjunctiva, the third eyelid and the lacrimal caruncles.

Maxillary nerve (V_2) (nervus maxillaris)

The maxillary nerve is considerably stronger than the ophthalmic nerve. It is **sensory** to the lower eyelid, nasal mucosa, upper teeth, upper lip, and nose. Its distal branches comprise **postganglionic fibres** that supply the lacrimal, nasal and palatine glands. Before leaving the cranial cavity through the **round foramen and orbital fissure**, respectively, it detaches the **meningeal branch** (ramus meningeus) for the basal parts of the dura mater (▶ Fig. 15.53; ▶ Table 15.1). Closely related to the maxillary nerve is the **parasympathetic pterygopalatine ganglion**, which is located medial to the nerve in its course through the pterygopalatine fossa. In the pterygopalatine fossa it divides into the:

- zygomatic nerve (n. zygomaticus),
- pterygopalatine nerve (n. pterygopalatinus) and
- infraorbital nerve (n. infraorbitalis).

The **zygomatic nerve** runs on the lateral aspect of the orbit. It innervates the skin of the temporal and frontal region, together with the lacrimal, frontal and auriculopalpebral nerves. It contributes to the cornual nerve, which innervates the horn in ruminants. It provides the lacrimal nerve with parasympathetic fibres from the **pterygopalatine ganglion**. The zygomatic nerve is not present in the cat.

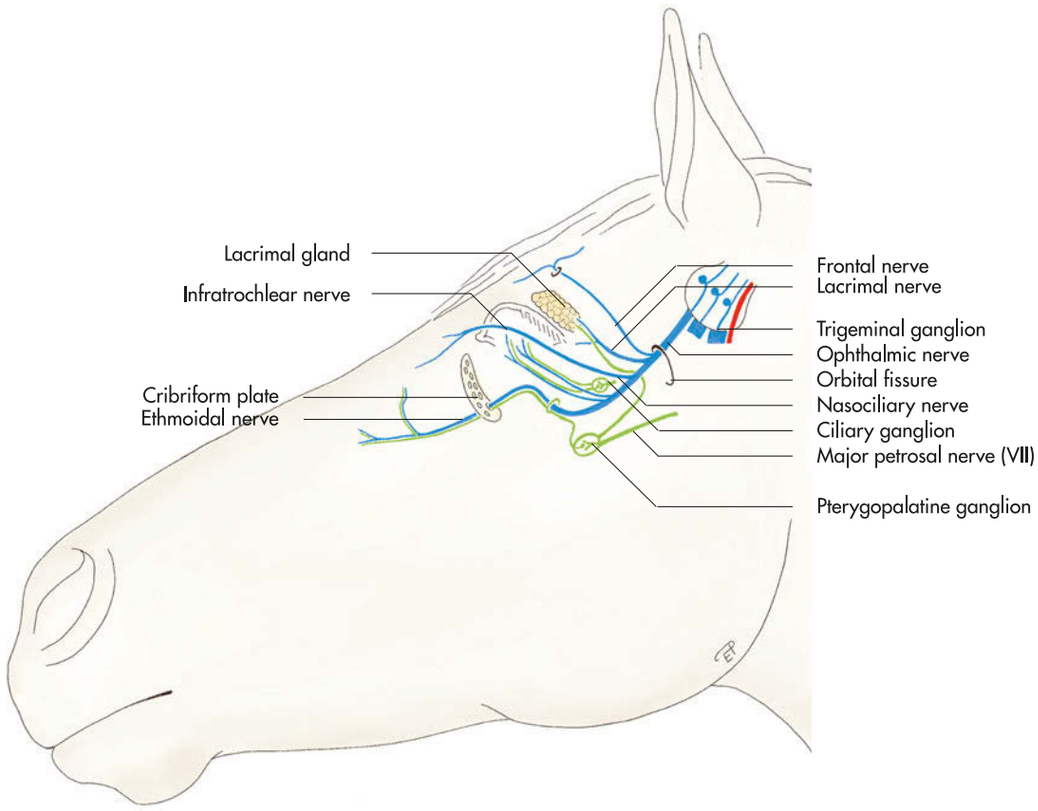


Fig. 15.52 Schematic illustration of the primary branches of the ophthalmic nerve in the horse (blue = sensory, red = motor, green = parasympathetic fibres).

The **pterygopalatine nerve** arises from the deep surface of the maxillary nerve and continues rostrally until it divides into the:
- caudal nasal nerve (n. nasalis caudalis),
- major palatine nerve (n. palatinus major) and
- minor palatine nerve (n. palatinus minor).

The **caudal nasal nerve** leaves the pterygopalatine fossa through the sphenopalatine foramen to enter the nasal cavity. It divides into medial and lateral branches, which provide sensory innervation to the nasal septum and to the nasal mucosa of the ventral nasal conchae and the ventral and middle meatus.

The **major palatine nerve** enters the palatine canal through the greater palatine foramen and innervates the mucosa of the hard palate. The thin, **minor palatine nerve** provides sensory innervation to the soft palate.

The **infraorbital nerve** is the direct continuation of the maxillary nerve. It enters the infraorbital canal at the maxillary foramen and reappears rostrally on the face through the infraorbital foramen. It gives off **alveolar branches** (rami alveolares) to the maxillary cheek teeth and innervates the skin on the nose, the skin and mucosa of the muzzle, and the upper lip.

Branches of the maxillary nerve convey secretory-parasympathetic fibres from the pterygopalatine ganglion to the lacrimal gland and to various glands of the nose and palate.

Mandibular nerve (V_3) (nervus mandibularis)

The mandibular nerve is as strong as the maxillary nerve, but in contrast to the other branches of the trigeminal nerve it is both **sensory** and **motor** (▶ Fig. 15.54 and ▶ Fig. 15.55; ▶ Table 15.1). It provides motor innervation to the muscles concerned with prehension and mastication. It provides sensory innervation to the buccal cavity, tongue, mandibular teeth, lower lip and parts of the facial skin. After detaching a meningeal branch, the mandibular nerve leaves the cranial cavity via the oval foramen (oval incisura in the horse). It detaches the following primary branches:
- masticator nerve (n. masticatorius) with:
  - masseteric nerve (n. massetericus) and
  - deep temporal nerves (nn. temporales profundi);
- medial and lateral pterygoid nerves (n. pterygoideus medialis et lateralis),
- buccal nerve (n. buccalis),
- auriculotemporal nerve (n. auriculotemporalis), formerly termed superficial temporal nerve (n. temporalis superficialis),
- inferior alveolar nerve (n. alveolaris inferior) and
- lingual nerve (n. lingualis).

Just after its passage through the oval foramen, the mandibular nerve detaches the **masticator nerve**, which divides into the **masseteric nerve** and the **deep temporal nerves**. The masseteric nerve passes through the mandibular notch between the condylar and the coronoid processes of the mandible to enter the mas-

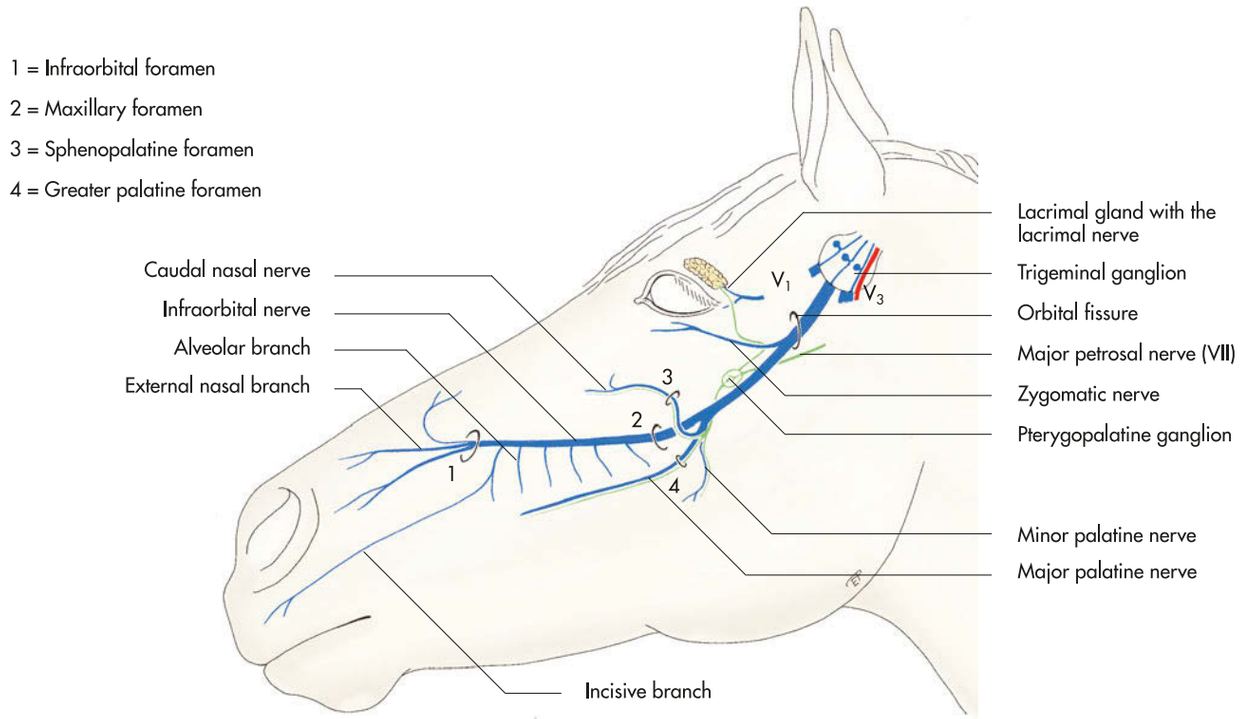


Fig. 15.53 Schematic illustration of the primary branches of the maxillary nerve in the horse (blue = sensory, red = motor, green = parasympathetic fibres).

seter muscle on its lateral side. The deep temporal nerves provide motor innervation to the temporal muscle.

The **medial** and **lateral pterygoid nerves** arise from the mandibular nerve ventromedially and innervate the like-named masticatory muscle. Close to the origins of masticatory nerves lies the **otic ganglion**. Motor nerves for the tensor muscle of the soft plate and tensor tympani muscle leave the mandibular nerve at the level of the otic ganglion.

The **buccal nerve** passes rostrally between the lateral pterygoid muscle and the temporal muscle to reach the cheeks. It is sensory to the mucosa and the skin of the cheek and conveys secretory fibres from the otic ganglion to the buccal glands. The term buccal branches, rami buccales, designates the motor branches of the facial nerves to the cheeks.

The **auriculotemporal nerve** arises from the caudal border of the mandibular nerve. It is covered by the parotid salivary gland and bends around the caudal border of the mandible to reach the face just ventral to the temporomandibular joint. It divides into an auricular branch and a temporal branch. The auricular branch runs along the rostral margin of the external acoustic meatus to the base of the external ear, and innervates the skin in this area, together with the rostral auricular branch of the intermediofacial nerve. The temporal branch detaches smaller nerves which innervate the external acoustic meatus, the parotid gland and the skin of the cheeks.

The **mandibular nerve** terminates by bifurcating into the **lingual** and the **inferior alveolar nerves**. The inferior alveolar nerve passes between the lateral and medial pterygoid muscles. Before entering the mandibular canal at the mandibular foramen, it detaches its last motor branch, the **mylohyoid nerve**, which innervates the mylohyoideus muscle and the rostral belly of the digastric muscle. It passes through the mandibular canal supplying alveolar sensory nerves to the teeth and reappears at the mental foramen as the **mental nerve**, which innervates the skin and mucosa of the lower lip and chin.

The **lingual nerve** passes lateral to the stylohyoid, then medial along the mylohyoideus to reach the tongue, where it divides into **deep** and **superficial branches**. It is sensory to the mucosa of the rostral two-thirds of the tongue and the floor of the oral cavity. It is joined by the **chorda tympani**, a branch of the facial nerve, which introduces sensory and parasympathetic fibres from the mandibular ganglion. These supply secretory innervation to the sublingual and mandibular glands.

Clinical note

Damage to the trigeminal nerve causes paralysis of the masticatory muscles characterised by a dropped jaw. This condition is most common in the dogs, in which it may be an idiopathic condition. In many cases it occurs concurrently with paralysis of the hypoglossal nerve, which causes the tongue to hang out of the mouth in affected animals. Most common aetiologies include brain abscesses, brain trauma and rabies.

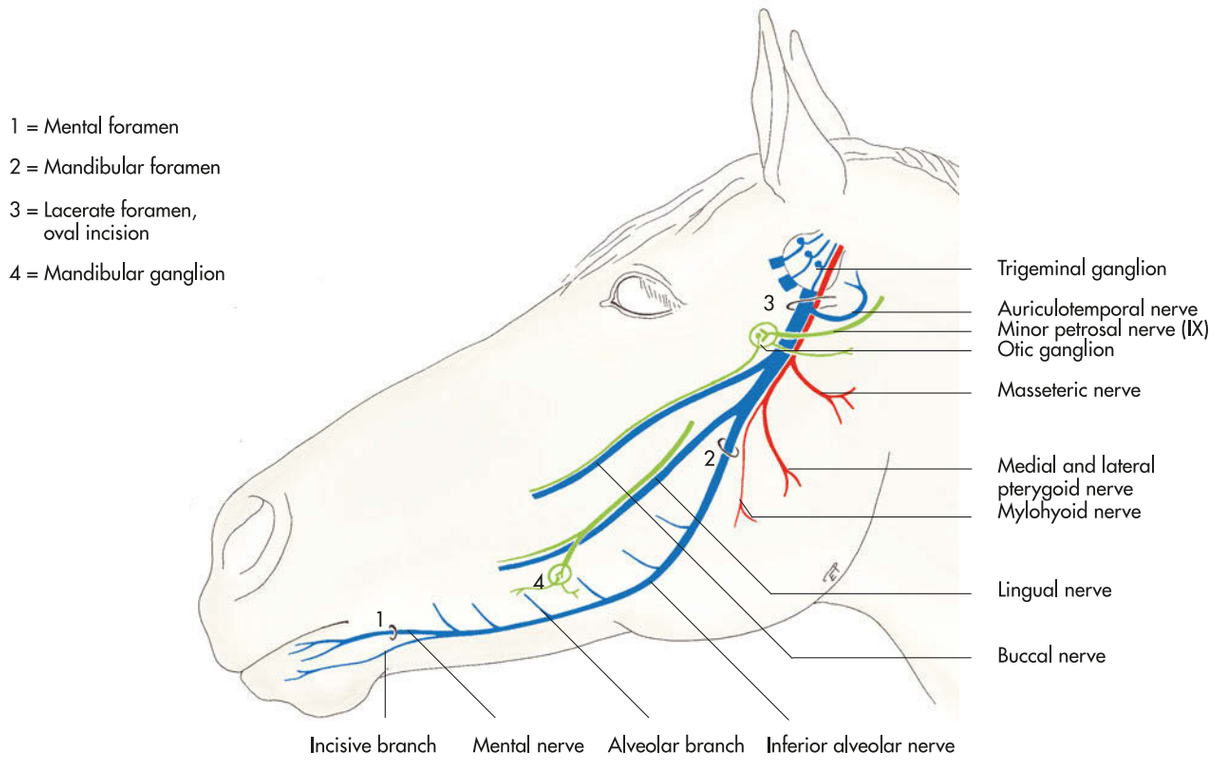


Fig. 15.54 Schematic illustration of the primary branches of the mandibular nerve in the horse without the deep temporal nerves (blue = sensory, red = motor, green = parasympathetic fibres).

Abducent nerve (VI) (nervus abducens)

The abducent nerve provides **motor innervation** to the lateral rectus bulbi muscle and the lateral quarter of the retractor bulbi muscle of the eyeball. Its fibres originate in the motor nucleus of this nerve in the dorsal part of the pons, where motor fibres of the facial nerve arch around it (▶ Fig. 15.50; ▶ Table 15.1).

The abducent nerve emerges on the rostral end of the lateral ventral groove of the medulla oblongata and leaves the cranial cavity together with the maxillary, oculomotor and trochlear nerves, through the round opening or the orbital fissure, respectively.

Facial nerve (VII) (nervus facialis)

The axons of the facial nerve arise from two separate nuclei in the **medulla oblongata** (▶ Fig. 15.50, ▶ Fig. 15.56 and ▶ Fig. 15.57). The motor nucleus is located in the ventral part of the rostral medulla oblongata close to the pons. The fibres from this nucleus run dorsally, around the abducent nucleus to curve ventrally again. The **preganglionic parasympathetic fibres** of the facial nerve originate in the parasympathetic nucleus, which is located caudal to the motor nucleus. The motor and parasympathetic fibres unite just distal to their emergence of the brainstem, lateral to the trapezoid body, to form the roots of the facial nerve. They are joined by sensory fibres from the **geniculate ganglion** (ganglion geniculi) (▶ Fig. 15.56). An intermediate portion constitutes the sensory and parasympathetic portions of the facial nerve, while the facial component provides motor innervation to the mimetic musculature.

The **facial nerve** passes to the internal acoustic meatus, accompanied by the vestibulocochlear nerve. It enters the facial canal, a passage within the petrous temporal bone, with a sharp caudal convexity, the genu of the facial nerve, where the nerve is enlarged to form the geniculate ganglion at the summit of the bend.

The bony walls of the facial canal have slit-like openings towards the tympanic cavity. In this location, the facial nerve is separated from the middle ear only by the mucosa lining the tympanic cavity. Thus, facial nerve paralysis may be associated with infections of the middle ear.

The **facial nerve** (▶ Table 15.1) gives off the:
- major petrosal nerve (n. petrosus major),
- stapedial nerve (n. stapedius) and
- chorda tympani within the facial canal.

The **major petrosal nerve** is mainly composed of parasympathetic fibres, which form synapses in the pterygopalatine ganglion. The postganglionic fibres innervate the lacrimal gland, the nasal glands and the palatine glands.

The **stapedial nerve** provides motor innervation to the like-named muscle of the middle ear. The **chorda tympani** crosses the

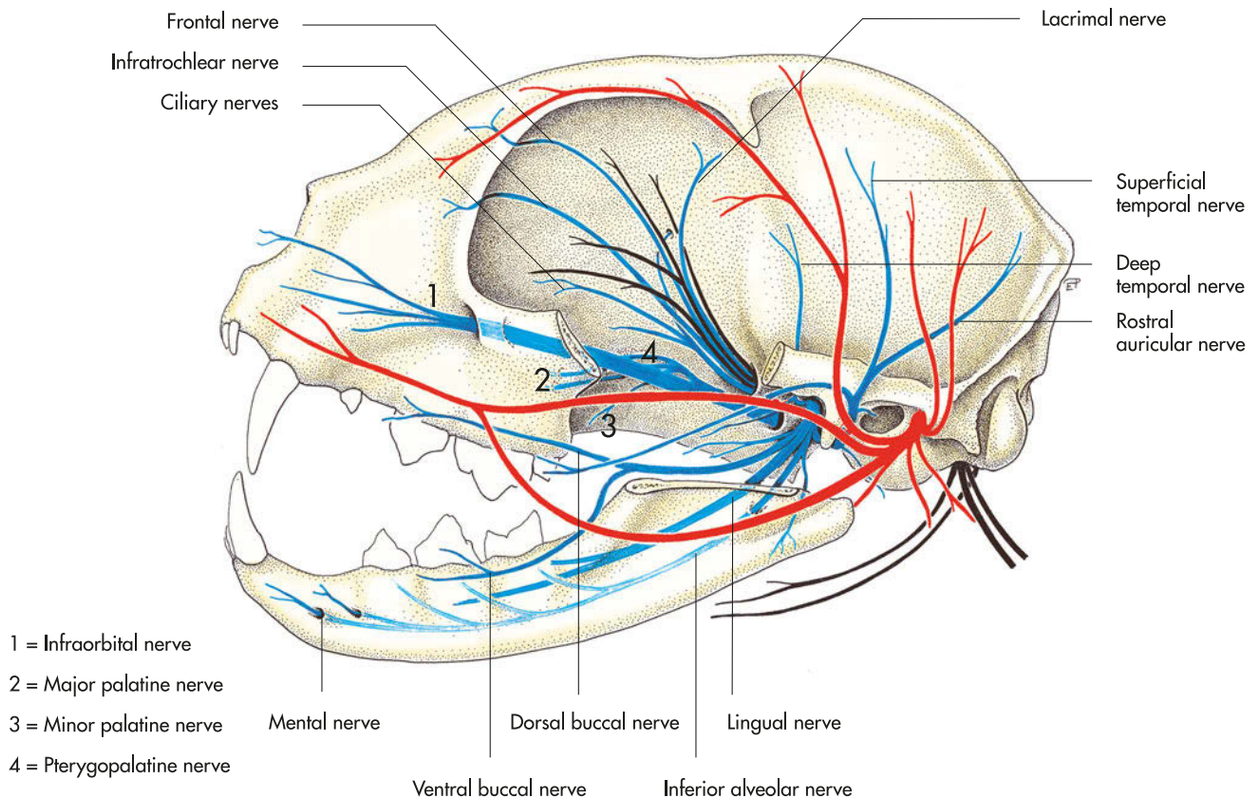


Fig. 15.55 Schematic illustration of the primary branches of the trigeminal nerve in the cat (blue = sensory fibres; red and black: see ▶ Fig. 15.57); fig. based on data from Schleip, 1992.

tympanic cavity and joins the lingual branch of the trigeminal nerve to provide parasympathetic fibres to the sublingual and mandibular glands as well as gustatory fibres from the taste buds of the rostral two-thirds of the tongue.

The nerves detached within the **facial canal** (with the exception of the stapedial nerve) constitute the intermediate component of the facial nerve. After the nerve emerges from the petrous temporal bone through the stylomastoid foramen it is composed of motor fibres only. It provides motor innervation to the entire mimetic musculature, the caudal belly of the digastric muscle and part of the skin of the neck.

The **first branch of the facial nerve** after it emerges from the facial canal is the **internal caudal auricular nerve**, which innervates the small muscles on the back of the external ear and, together with a vagal branch, the skin on the inside of the external ear. The **next branch** which arises is the **caudal auricular nerve**, which curves around the base of the ear, caudally and is motor to the adjacent muscles as well as to the platysma muscle of the neck in the cat and the dog. It provides sensory innervation to the skin on the back of the external ear, together with fibres from the first and second cervical nerves.

The **facial nerve** gives off branches to the caudal belly of the digastric muscle and the stylohyoid muscle. In the horse, it sends an additional branch to the caudal detachment of the digastric muscle, the occipitomandibular muscle. The facial nerve innervates the muscles concerned with opening of the mouth. The **auriculopalpebral nerve** arises at the base of the ear. It crosses the zygomatic arch, covered by the parotid gland, and detaches branches to the rostral auricular muscles (rami auriculares rostrales) and a zygomatic branch. Its fibres unite with trigeminal fibres from the auriculotemporal, the lacrimal and the frontal nerves to form a rostral auricular plexus between the eye and the ear, whereupon motor fibres innervate the muscles of the eyelids.

The facial nerve detaches branches to the parotid gland, the parotidoauricular muscle and the cutaneous colli muscle. The branch that innervates the cutaneous colli leaves the facial nerve on its ventral border and unites with fibres of the ventral branches of the first cervical nerve. It is not present in the ox and the sheep.

The **main trunk** reaches a subcutaneous position on the masseter muscle at the rostral border of the parotid gland. Here it terminates by dividing into **buccal branches**. These form a plexus (plexus buccalis), which vary not only among the different species, but also among individuals. From the buccal plexus arise motor branches to the muscles of the cheek, lips and the nares. These are joined by sensory fibres from the auriculotemporal and infraorbital branches of the trigeminal nerve.

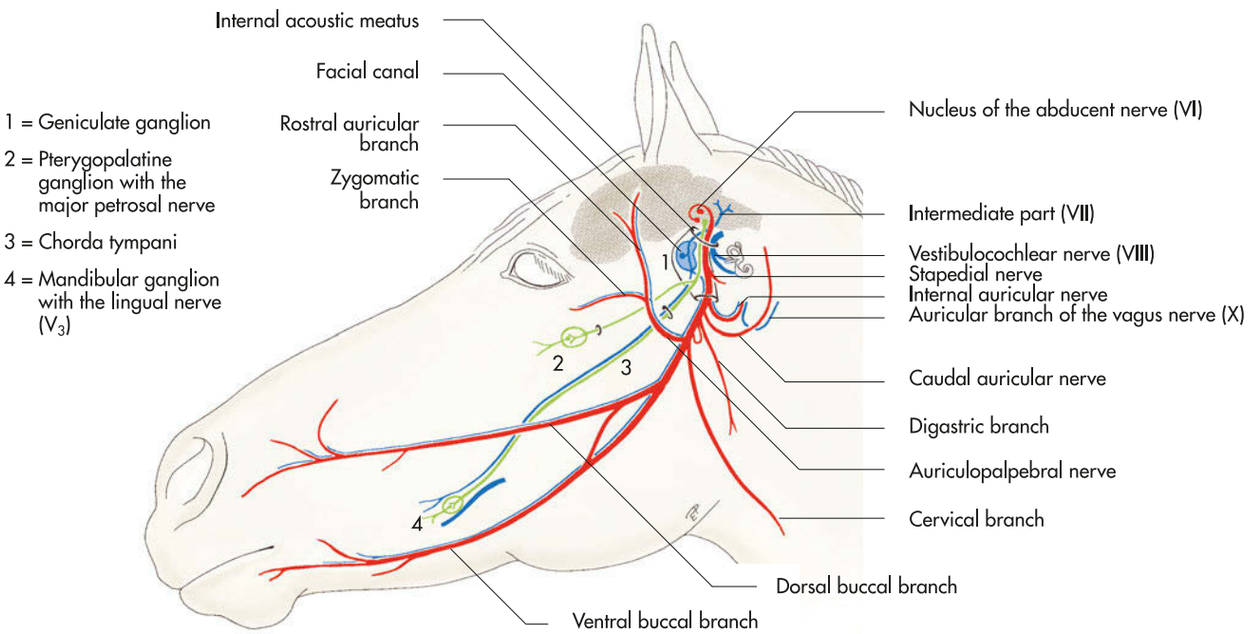


Fig. 15.56 Schematic illustration of the primary branches of the facial nerve in the horse (blue = sensory, red = motor, green = parasympathetic fibres).

Clinical note

The **clinical signs of facial nerve paralysis** clearly depend on the **site of the lesion**. Lesions involving **central parts** of the nerve affect the whole facial field, including paralysis of the muscles of the ear, eyelids, nose and lips, and lead to loss or reduction of the secretory activity of the lacrimal and salivary glands. **More peripheral lesions**, that occur in the middle ear or outside the skull lead to unilateral paralysis of the mimetic musculature. This condition is characterised by asymmetrical drooping of the muzzle and inability to close the eye. Humans show an increased sensitivity to noise (hyperakusis). In horses, the subcutaneous part of the nerve is sometimes damaged by pressure exerted from a tight halter and may paralyse the muscles of the lips and cheeks.

Vestibulocochlear nerve (VIII) (nervus vestibulocochlearis)

The vestibulocochlear nerve provides sensory innervation only and is composed of the vestibular nerve which is concerned with balance and the cochlear nerve, which is concerned with hearing (▶ Fig. 15.30 and ▶ Fig. 15.50; ▶ Table 15.1); see also Chapter 18 "Vestibulocochlear organ" (p. 619)).

The **vestibular nerve** connects the vestibular apparatus of the inner ear with the brain. The cell bodies of its bipolar neurons are located in the vestibular ganglion, and the peripheral fibres arise from the **cristae** (cristae ampullares) and **maculae** (maculae utriculi et sacculi) of the membranous labyrinth. The **vestibular ganglion** is located within the fundus of the internal acoustic meatus and consists of a superior and an inferior part. The afferent fibres of the vestibular component form the vestibular root, which enters the medulla at the trapezoid body, where it passes to the vestibular area with its terminating nuclei (nucleus vestibularis rostralis, spinalis, medialis, lateralis). Part of the fibres pass directly to the cerebellum.

The **cochlear nerve** transmits impulses from the ear to the brain which are perceived as hearing. It is composed of fibres whose cell bodies are located within the band-shaped **spiral ganglion** within the osseous modiolus of the cochlea. The peripheral processes of these cells end by synapsing with hair cells of the **organ of Corti** in the cochlear duct. The central fibres conjoin to form bundles that pass through the perforated cochlear area of the internal acoustic meatus and unite to form the cochlear root of the vestibulocochlear nerve.

The cochlear root combines with the vestibular root and enters the trapezoid body to terminate within the **medulla oblongata** in the ventral and dorsal cochlear nuclei. The two cochlear nuclei are the starting point for the central auditory pathways. After decussating, the fibres pass to the medial geniculate body and the caudal colliculi of the quadrigeminal plate. They ascend with the lateral lemniscus to reach the **cerebral cortex**, where they project onto the **acoustic area of the temporal lobes**.

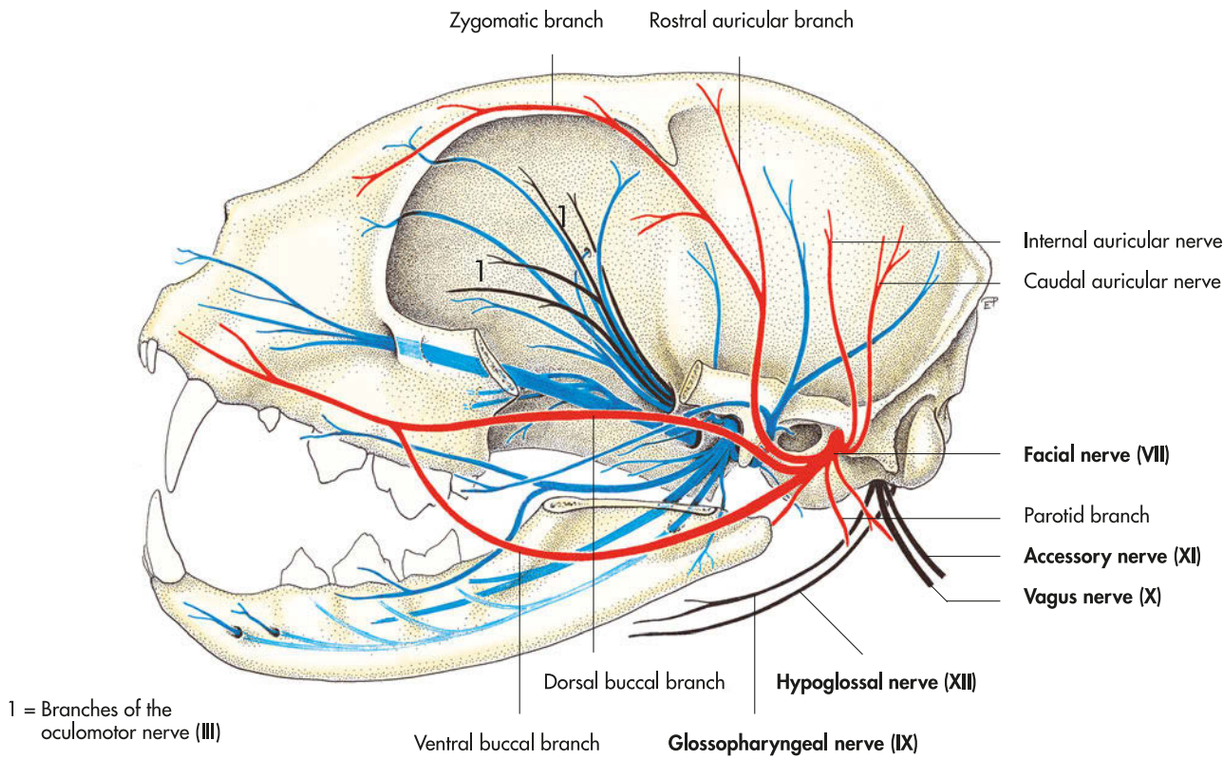


Fig. 15.57 Schematic illustration of the primary branches of the facial nerve in the cat (red = motor; black = fibres of the vagus group and the hypoglossal nerv; blue = sensory fibres; see ▶ Fig. 15.56); fig. based on data from Schleip, 1992.

Glossopharyngeal nerve (IX) (nervus glossopharyngeus)

The glossopharyngeal nerve (▶ Fig. 15.50 and ▶ Fig. 15.58; ▶ Table 15.1) is a **mixed nerve**, being both **sensory** and **motor**. Its motor fibres originate in the rostral part of the nucleus ambiguus of the **medulla oblongata**. The **nucleus ambiguus** constitutes a common site of origin for glossopharyngeal and vagal fibres. The parasympathetic fibres arise from the **parasympathetic nucleus of the glossopharyngeal nerve**. The glossopharyngeal nerve arises from the ventrolateral aspect of the **medulla oblongata** in close relation to the vagus and the accessory nerves. Some authors refer to these nerves as the **vagus group**. The glossopharyngeal nerve provides sensory innervation to the middle ear, the caudal third of the tongue and, together with the vagus nerve, the pharynx. It provides motor innervation to the dilator of the pharynx (m. stylopharyngeus caudalis) and probably to the muscles of the soft palate.

The **sensory neurons** have their cell bodies located in the **petrosal ganglion**, which is divided into a **proximal part**, located intracranially, and a **distal part**. At the level of the distal ganglion the minor petrosal nerve arises and gives off small branches to the tympanic plexus and the auditory tube. It leaves the tympanic cavity to end in the **otic ganglion** from which postganglionic secretory fibres continue to the parotid and buccal glands.

The **main trunk** detaches a branch to the carotid sinus (ramus sinus carotici), which innervates baroreceptors in the wall of the carotid bulb and chemoreceptors in the carotid body.

The **glossopharyngeal nerve** terminates by dividing into **lingual** and **pharyngeal branches**. The pharyngeal branches divide within the pharyngeal plexus, to which the vagus also contributes. The lingual branch innervates sensory and parasympathetic fibres leading to the mucosa of the caudal third of the tongue. There are microscopically small parasympathetic ganglia dispersed along the branches of the glossopharyngeal nerve, especially within the lingual branch. The glossopharyngeal nerve receives sympathetic fibres from the **cranial cervical ganglion**.

Clinical note

In the horse, the glossopharyngeal nerve passes through the medial compartment of the guttural pouch, in a common fold with the hypoglossal nerve. **Inflammation of the guttural pouch** may cause damage to these nerves, which is characterised by difficulties in swallowing.

Vagus nerve (X) (nervus vagus)

The vagus nerve is not restricted to the **head**, like the other cranial nerves, but has a widespread distribution to innervate the **viscera of the thoracic** and **abdominal cavities**. It is the **largest parasympathetic nerve** of the autonomous nervous system (▶ Fig. 15.50 and ▶ Fig. 15.58; ▶ Table 15.1).

The vagus is a **mixed nerve**, conveying **motor**, **sensory** and **parasympathetic fibres**. The motor fibres arise in the **caudal part**

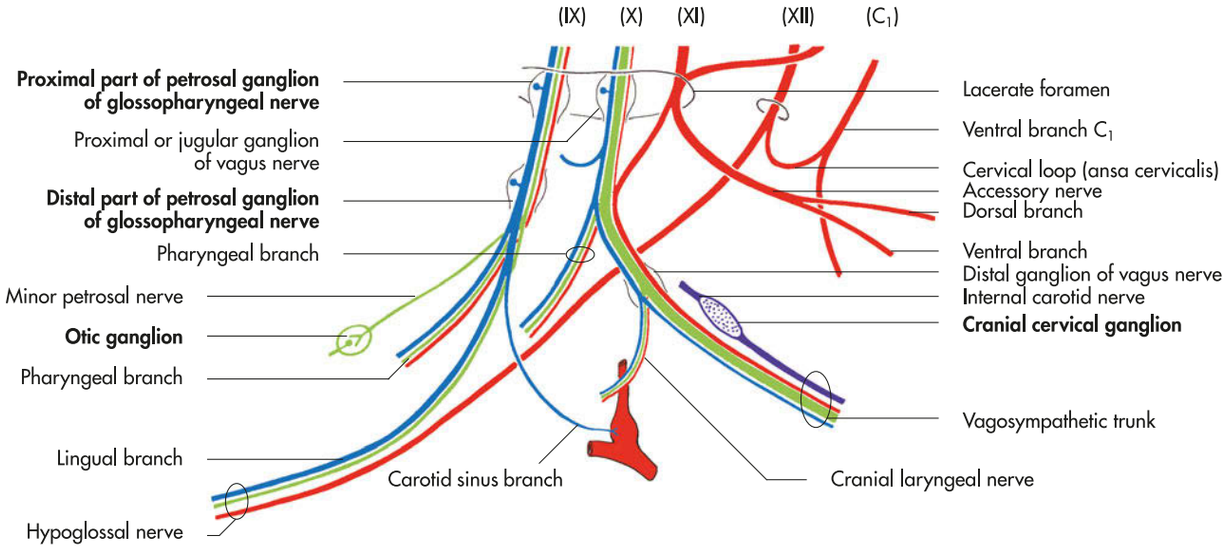


Fig. 15.58 Schematic illustration of the original parts of the vagus group (glossopharyngeal, vagus and accessory nerves) and the hypoglossal nerve, including major ganglia (blue = sensory, red = motor, green = parasympathetic fibres); fig. based on data from Budras and Röck, 1997.

of the nucleus ambiguus of the medulla oblongata and are joined by additional motor fibres from the accessory nerve. The **cell bodies** of the **pseudounipolar sensory neurons** are located in the **proximal ganglion of the vagus nerve** (formerly called jugular ganglion). Their receptors are located in the viscera, and their afferent fibres extend to sensory nuclei in the medulla oblongata.

The **parasympathetic preganglionic cell bodies** are located in the **parasympathetic nucleus of the vagus**, which lies immediately caudal to that of the glossopharyngeal nerve in the **medulla oblongata**. The long preganglionic parasympathetic fibres of this nucleus terminate in the intramural ganglia of the thoracic and abdominal viscera.

The parasympathetic branches of the head synapse in the **distal ganglion** (formerly called ganglion nodosum), which is located at the detachment of the cranial laryngeal nerve (▶ Fig. 15.58).

The vagus nerve emerges on the ventrolateral aspect of the medulla oblongata between the glossopharyngeal and the accessory nerves with which it passes through the jugular foramen. The proximal ganglion of the vagus lies within the **jugular foramen** (▶ Fig. 15.58).

The vagus nerve detaches a small **meningeal branch** (ramus meningeus) and the auricular branch close to the jugular foramen. The **auricular** joins a branch of the facial nerve to innervate the skin on the inside of the external ear. It is the only branch of the vagus that innervates the skin. It is hypothesised that this branch plays a major role in auricular acupuncture.

The next branch to arise is the strong **pharyngeal branch** (▶ Fig. 15.58), which joins the glossopharyngeal nerve in the formation of the **pharyngeal plexus**. This plexus forms a fine network with numerous dispersed groups of nervous cells on the surface of the muscles and in the tela submucosa of the pharynx. These vagus fibres provide sensory innervation to the mucosa of the epiglottis, trachea and oesophagus. Branches for the constrictors of the pharynx and the root of the tongue arise from the pharyngeal plexus.

The **cranial laryngeal nerve** arises from the vagus at the **distal ganglion** and marks the end of the cranial portion of the vagus nerve (▶ Fig. 15.58). It passes to the larynx, where it divides into an **external** and an **internal ramus**. The external branch innervates the caudal pharyngeal constrictors, while the internal branch is sensory to the larynx. Before bifurcating, the cranial laryngeal nerve detaches the depressor branch that runs either alone or together with the **vagosympathetic trunk** to the **cardiac plexus**, where its action is to slow the heart rate.

The vagus nerve receives **sympathetic fibres** from the **cranial cervical ganglion**. The distal ganglion of the vagus nerve is visible macroscopically in the dog, cat and pig, while in the horse, ox and sheep it consists of several dispersed cell bodies and requires microscopic identification. In the goat both discrete and diffuse ganglia occur in different individuals.

The **cervical part** of the vagus nerve begins after the detachment of the cranial laryngeal nerve. It continues along the neck, dorsolateral to the common carotid artery, enclosed in a common fascial sheath with the sympathetic trunk, constituting the **vagosympathetic trunk**. At the thoracic inlet, the vagus separates from the sympathetic trunk proximal to the **middle cervical ganglion** (▶ Fig. 15.58).

The **thoracic portion** of the vagus nerve continues ventral to the subclavian artery to enter the mediastinum, where it detaches cardiac branches that pass to the cardiac plexus, together with sympathetic fibres from the middle cervical ganglion and the stellate ganglion.

The large **caudal (recurrent) laryngeal nerve** is detached within the thorax (▶ Fig. 15.59). The **right caudal laryngeal nerve**

arises at the level of the **arterial costocervical trunk**. It turns around the **right subclavian artery** and ascends along the trachea to end at the larynx. The **left vagus** gives rise to the **left caudal (recurrent) nerve** at the level of **Botallo's ligament**. It arches around the aorta, where it comes in close contact with the **tracheobronchial lymph nodes**. It continues cranially along the trachea to the larynx, medial to the common carotid artery. Its axons are one of the longest found in the body.

The **two caudal laryngeal nerves** are **motor** to all muscles of the larynx except the **cricothyroid muscle** and sensory to the mucosa of the caudal part of the larynx. They detach cardiac branches shortly after their origin and small branches to the trachea and oesophageus along their cervical passage. Paralysis of the left caudal laryngeal muscle leads to a condition, known as **"roaring"** in the horse.

The vagal trunk continues to the root of the lung, where it divides into **dorsal** and **ventral branches** which unite with their counterparts from the opposite side of the oesophagus to form the **dorsal** and **ventral vagal trunks**, respectively. The dorsal and ventral branches give off bronchial branches.

The dorsal and ventral vagal trunks pass through the oesophageal opening of the diaphragm and continue as the **abdominal vagus nerve**. Upon reaching the abdominal cavity, it spreads out to join the sympathetic fibres in the formation of a neural plexus responsible for the innervation of the visceral organs (▶ Fig. 15.83).

Accessory nerve (XI) (nervus accessorius)

The accessory nerve is also **part of the vagus group**. At its origin it consists of **motor fibres** only, but receives **sympathetic fibres** from the **cranial cervical ganglion**. It is formed by two roots (▶ Fig. 15.50, ▶ Fig. 15.57 and ▶ Fig. 15.58; ▶ Table 15.1). The fibres of the cranial root take their origin in the **caudal part of the nucleus ambiguus** of the medulla oblongata and leave the accessory nerve to join the vagus nerve.

The fibres of the spinal root have their cell bodies in the **nucleus of the accessory nerve** which is located in the cervical part of the spinal cord. These leave the spinal cord on the lateral aspect and combine in a trunk that runs along the spinal cord to enter the cranial cavity through the foramen magnum. The accessory nerve exits from the skull with the glossopharyngeal nerve and the vagus, through the jugular foramen. It divides in **ventral** and **dorsal branches** ventral to the wing of the atlas. The dorsal branch passes caudodorsally between the brachiocephalic and the splenius muscles to innervate the covering brachiocephalic (except the cleidobrachial muscle), the omotransverse and the trapezius muscles. The ventral branch innervates the sternocephalic muscle.

Hypoglossal nerve (XII) (nervus hypoglossus)

The fibres of the hypoglossal nerve originate in the **hypoglossal nucleus** of the **caudal medulla**. They emerge lateral to the pyramids and pass through the dura mater. Their combined trunk leaves the cranial cavity through the hypoglossal canal (▶ Fig. 15.57 and ▶ Fig. 15.58; ▶ Table 15.1).

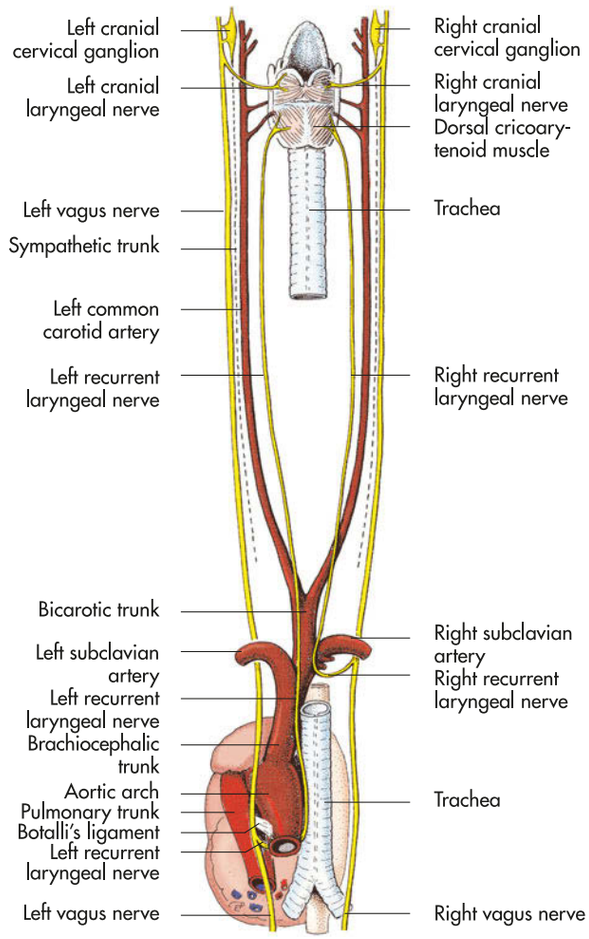


Fig. 15.59 Schematic illustration of the caudal (recurrent) laryngeal nerves of the horse; fig. based on data from Grau, 1974.

It passes rostrally between the vagus and accessory nerve to reach the tongue, where it divides into **deep** and **superficial branches**. It innervates both extrinsic and intrinsic muscles of the tongue.

In the horse, it passes through the medial compartment of the guttural pouch, in a common fold with the glossopharyngeal muscle. It crosses the internal carotid artery and runs parallel with the linguofacial trunk to the root of the tongue.

Clinical note

Infectious diseases or **idiopathic lesions** of the guttural pouch can lead to damage of this nerve and are characterised by **paralysis of the tongue**.

Table 15.1 Summary of the areas of innervation of the cranial nerves.

Nerve	Innervation		
	Motor	Sensory	Parasympathetic
Olfactory nerve (I)	–	Sense of smell	–
Optic nerve (II)	–	Sight	–
Oculomotor nerve (III)	Superficial levator muscle of eyelid and all the muscles of the eyeball apart from the dorsal oblique muscle of the eyeball and lateral straight muscle of eyeball	–	Ciliary muscle and pupillary sphincter muscle
Trochlear nerve (IV)	Dorsal oblique muscle of the eyeball	–	–
Trigeminal nerve (V):			
• **Ophthalmic nerve (V_1):** ◦ Lacrimal nerve ◦ Frontal nerve ◦ Nasociliary nerve	–	Eyeball, conjunctiva, skin in the eye region, olfactory mucosa, parts of the frontal sinus	By the facial nerve for the lacrimal gland
• **Maxillary nerve (V_2):**			
◦ Zygomatic nerve	–	Skin of the temporal and parietal region, lower eyelid	–
◦ Pterygopalatine nerve: – Caudal nasal nerve – Major palatine nerve – Minor palatine nerve	–	Mucosa of the nasal cavity, maxillary cavity, hard and soft palate	Fibres from the facial nerve for the lacrimal gland
◦ Infraorbital nerve	–	Teeth of the upper jaw, skin of the nose and upper lip	–
• **Mandibular nerve (V_3):**			
◦ Masticator nerve	Masseter muscle, temporal muscle,	–	–
◦ Medial and lateral pterygoideus nerve	Lateral and medial pterygoid muscle, tensor tympani muscle	–	–
◦ Buccal nerve	–	Buccal mucosa	Fibres from the glossopharyngeal nerve for the buccal glands, parotid gland
◦ Auriculotemporal nerve	–	Skin in the facial region	–
◦ Inferior alveolar nerve	Mylohyoid muscle and rostral part of the digastric muscle	Teeth in the lower jaw, lower lip	–
◦ Lingual nerve	–	First two-thirds of the lingual mucosa	Fibres from the facial nerve (chorda tympani) for the sublingual glands and mandibular gland
Abducent nerve (VI)	Lateral straight muscle of the eyeball, lateral quarter of the retractor muscle of the eyeball	–	–

Table 15.1 continued

Nerve	Innervation		
	Motor	Sensory	Parasympathetic
Facial nerve (VII):			
• Stapedius nerve	Stapedius muscle	–	–
• Caudal auricular nerve	Muscles for the pinna of the ear	Skin of the pinna of the ear	–
• Auriculopalpebral nerve	Muscles for the eyelids	–	–
• Cervical branch	Muscles for the skin on the neck	–	–
• Digastric branch	Caudal part of the digastric muscle	–	–
• Buccal branches	Facial muscles (mimic)	–	–
• Intermediate part (chorda tympani and major petrosal nerve)	–	Lingual mucosa	Lacrimal gland, glands of nasal and palate mucosa, sublingual gland and mandibular gland
Vestibulocochlear nerve (VIII)	–	Balance and hearing	–
Glossopharyngeal nerve (IX):			
• Pharyngeal branch	Caudal stylopharyngeal muscle, pharynx	Carotid body (glomus caroticum)	Parotid gland and buccal glands
• Lingual branch	Levator muscle and tensor muscle of soft palate	Caudal third of the tongue	–
Vagus nerve (X):			
• **Cranial part:**			
◦ Auricular branch	–	Skin inside of the pinna of the ear	–
◦ Cranial laryngeal branch	Cricothyroid muscle, larynx	–	–
◦ Depressor nerve	–	–	Cardiac plexus
• **Cervical part** connected to the sympathetic trunk			
• **Thoracic part:** ◦ Right caudal laryngeal nerve around the right costocervical trunk, left caudal laryngeal nerve around the aorta ◦ Dorsal vagal trunk ◦ Ventral vagal trunk	All laryngeal muscles apart from the cricothyroid muscle	–	Organs in the pectoral cavity
• **Abdominal part**	–	–	Organs in the abdominal cavity
Accessory nerve (XI):			
• Dorsal branch	Brachiocephalic muscle, trapezius muscle, omotransverse muscle	–	–
• Ventral branch	Sternocephalic muscle, cleidomastoid muscle, cleido-occipital muscle	–	–
Hypoglossal nerve (XII)	Lingual musculature	–	–

Sensible = conducting information about all types of stimuli from the peripheral (PNS) to the central nervous system (CNS), sensory = innervation of the senses (smell, sight, sound, touch, taste and balance).
The sympathetic innervation of several cranial organs is achieved via the cranial cervical ganglion.

15.2.3 Spinal nerves (nervi spinales)

The number of spinal nerve pairs in each section of the vertebral column corresponds to the number of vertebrae with the exception of the cervical spine and the tail. The first cervical nerve passes through the **lateral vertebral foramen of the atlas**, while the succeeding cervical nerves exit in front of the corresponding vertebra, and the last cervical nerve exits between the seventh cervical vertebra and the first thoracic vertebra, hence there are eight cervical spinal nerves for seven cervical vertebrae. In the coccygeal region, there are fewer nerves than vertebrae.

Each spinal nerve originates from the **spinal cord** with a **dorsal** and a **ventral root**. The two roots unite within the vertebral canal to form the spinal nerve. Close to the union of the two roots the dorsal root carries the spindle-shaped **spinal ganglion** which consists of the cell bodies of afferent, **pseudounipolar neurons** (▶ Fig. 15.60).

The **dorsal root** is composed of **afferent fibres**, while the **ventral root** is composed of **efferent motor** and **autonomous fibres**. The resulting mixed spinal nerve exits through the intervertebral foramen and divides almost at once into dorsal and ventral branches.

The **dorsal branch** (▶ Fig. 15.60) further divides into a **medial branch** for the innervation of the muscles of the back, that are located dorsal to the transverse vertebral processes and a **lateral branch** for the skin of the back. Cutaneous segments, which are innervated by a particular spinal nerve, are designated dermatomes. The **autonomous component** of their innervation is responsible for so-called **Head's zones**, where certain inner organs are projected onto the skin. The dermatomes of the more caudal spinal nerves extend further ventrally, while the extent of the cranial ones is restricted to the more dorsal parts of the body wall.

The **larger ventral branch** (▶ Fig. 15.60) innervates the muscles ventral to the transverse processes and the remaining skin, including the limbs. It usually divides into **two primary branches**, the first one arising in the middle of the abdomen and the second close to the linea alba. The ventral branches of the last three cervical vertebrae and the first two thoracic nerves form the **brachial plexus** that gives rise to the nerves of the forelimb. The last three lumbar nerves and the first two sacral nerves form the **lumbosacral plexus** of the hindlimb.

Cervical nerves (nervi cervicales)

The dorsal and the ventral branches of the cervical nerves communicate with each other to form the dorsal and ventral cervical plexus, respectively (▶ Fig. 15.60).

The **ventral branch of the first cervical nerve** joins the hypoglossal nerve in the **cervical loop** (ansa cervicalis), from which branches arise for the innervation of the long muscles of the hyoid apparatus: the sternohyoid, the sternothyroid and the omohyoid muscles.

The **ventral branch of the second cervical nerve** detaches the great auricular nerve (n. auricularis magnus), which joins the caudal auricular branch of the facial nerve in the innervation of the caudal part of the external ear.

The **ventral roots of the fifth** (cat: fourth) to **seventh cervical nerves** form the **phrenic nerve**, which runs caudally within the mediastinum to innervate the diaphragm.

The **supraclavicular branches** also arise from ventral branches and innervate the skin over the shoulder joint.

Brachial plexus (plexus brachialis) and nerves of the thoracic limb

The brachial plexus is usually formed by the ventral branches of the **sixth, seventh** and **eight cervical** and the **first** and **second thoracic spinal nerves**. It gives origin to the nerves that innervate the muscles and skin of the thoracic limb (▶ Fig. 15.68), parts of the shoulder girdle musculature and the lateral wall of the thorax and abdomen (▶ Fig. 15.61; ▶ Table 15.3 and ▶ Table 15.2).

Exceptions are the brachiocephalic, the omotransverse, the rhomboid, and the trapezius muscles and the skin over the upper shoulder region. These structures are supplied by the dorsal and ventral branches of the cervical and thoracic spinal nerves.

The **branches of the brachial plexus** are usually **mixed**, since the cerebrospinal fibres are joined by autonomous fibres from the stellate ganglion.

The plexus is located **cranial to the first rib** between the long muscle of the neck and the scaleni muscles. The roots of the plexus reach the medial aspect of the shoulder by passing between the middle and ventral portions of the scalenus. In carnivores the roots pass ventral to the middle scalene muscle. Several branches of the plexus have very restricted local distributions on the wall of the thorax and are of no clinical importance. These nerves will only be described briefly (▶ Fig. 15.61; ▶ Table 15.2):

- long thoracic nerve (n. thoracicus longus),
- thoracodorsal nerve (n. thoracodorsalis),
- lateral thoracic nerve (n. thoracicus lateralis),
- cranial and caudal pectoral nerves (nn. pectorales craniales et caudales) and
- subscapular nerves (nn. subscapulares).

Table 15.2 Summary of the innervation areas of the brachial plexus nerves supplying the lateral side of the thorax.

Nerve	Motor	Sensory
Cranial pectoral nerve	Superficial pectoral muscle, subclavian muscle	–
Caudal pectoral nerves	Deep pectoral muscle	–
Long thoracic nerve	Thoracic part of the ventral serrate muscle	–
Thoracodorsal nerve	Broadest muscle of back	–
Lateral thoracic nerve	Cutaneous muscle	Skin lateral on the thorax and covering the triceps muscle of the forelimb
Intercostobrachial nerve	Cutaneous muscle	Skin lateral on the thorax and covering the triceps muscle of the forelimb

Comment: the nerves of the brachial plexus contain motor, sensory and vegetative fibres.

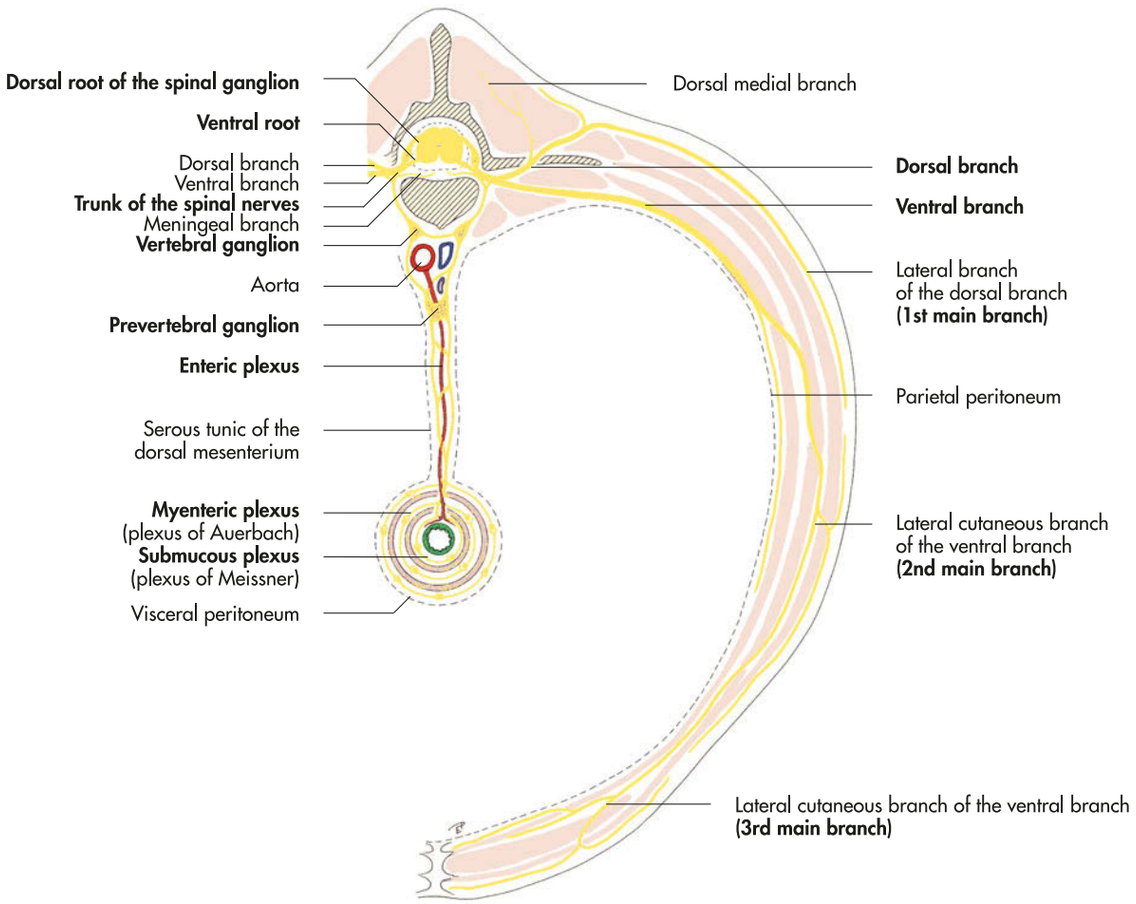


Fig. 15.60 Spinal nerve of the horse (schematic); fig. based on data from Grau, 1974.

The **long thoracic nerve** passes caudally on the lateral surface of the thoracic part of the ventral serrate muscle, which it innervates. The cervical portion of this muscle is supplied by cervical spinal nerves.

The **thoracodorsal nerve** arises from the last cervical spinal nerve, runs caudally, crosses the major teres muscle and branches out on the medial surface of the broadest muscle of the back, which it innervates.

The **lateral thoracic nerve** arises from caudal parts of the plexus (C8 and Th1) and passes along the broadest muscle of the back to innervate the abdominal part of the cutaneous muscle. Some of its branches unite with adjacent intercostal nerves to form the intercostobrachial nerve, which innervates the skin caudal to the triceps and over the ventral thorax and abdomen. Sensory fibres are contributed by the intercostal nerves.

The **cranial** and **caudal pectoral nerves** arise from the cranial part of the plexus and innervate the pectoral muscles. The cranial pectoral nerves innervate the superficial pectoral muscle and in ungulates the subclavian muscle. The caudal pectoral nerves pass caudoventrally to the deep pectoral muscle.

The **subscapular nerves** arise either as individual nerves or as a plexus from the cranial part of the brachial plexus. They innervate the cranial and middle part of the subscapular muscle.

Table 15.3 Composition of the most important nerves of the brachial plexus; table based on data from Habel, 1978.

Nerve	Ventral branch of the segmental nerves			
	C_6	C_7	C_8	Th_1
Suprascapular nerve	×	×	–	–
Musculocutaneous nerve	×	×	–	–
Axillary nerve	–	×	×	–
Radial nerve	–	×	×	×
Median nerve	–	–	×	×
Ulnar nerve	–	–	×	×

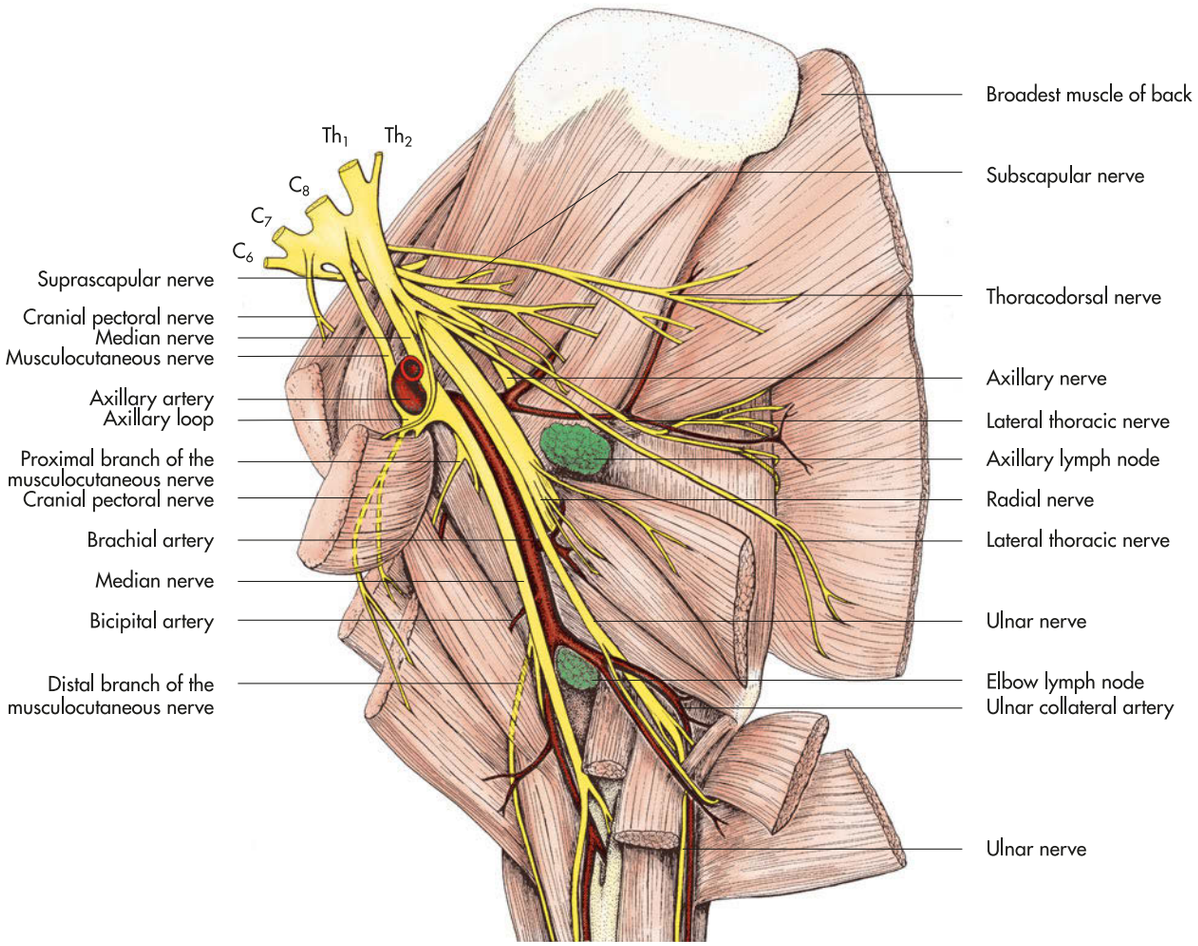


Fig. 15.61 Brachial plexus of the right thoracic limb of the horse (schematic, medial aspect).

The following **three nerves** have a relatively limited distribution, but are of considerable functional importance (▶ Fig. 15.61 and ▶ Fig. 15.65; ▶ Table 15.3 and ▶ Table 15.4):

- suprascapular nerve (n. suprascapularis),
- musculocutaneous nerve (n. musculocutaneus) and
- axillary nerve (n. axillaris).

Suprascapular nerve (nervus suprascapularis)

The suprascapular nerve passes between the subscapular and the suprascapular muscles to reach the cranial margin of the neck of the scapula, around which it winds to the lateral aspect of the bone, where it innervates the supraspinatus and infraspinatus muscles. Because of its close relationship to the bone, it is vulnerable to traumatic damage.

Clinical note

Paralysis of the suprascapular nerve usually results in atrophy of the muscles it innervates. In the standing animal, the shoulder is abducted and this becomes more pronounced during locomotion **("shoulder slip")**. The condition occurs most commonly in horses, in which it is clinically known as **"sweeney"**. It is usually caused by trauma, when the nerve is stretched against the scapula by over-abduction of the limb or violent retraction.

Musculocutaneous nerve (nervus musculocutaneus)

The musculocutaneous nerve arises caudal to the suprascapular nerve from the brachial plexus. It runs parallel to the median nerve, with which it joins in ungulates to form a **loop around the axillary artery** (**ansa axillaris**). In the proximal part of the humerus, it branches to form the proximal muscular branch, which passes cranially between the humerus and the coracobrachial muscle to innervate the latter and the biceps muscle. The musculocutaneous nerve divides again in the distal third of the upper

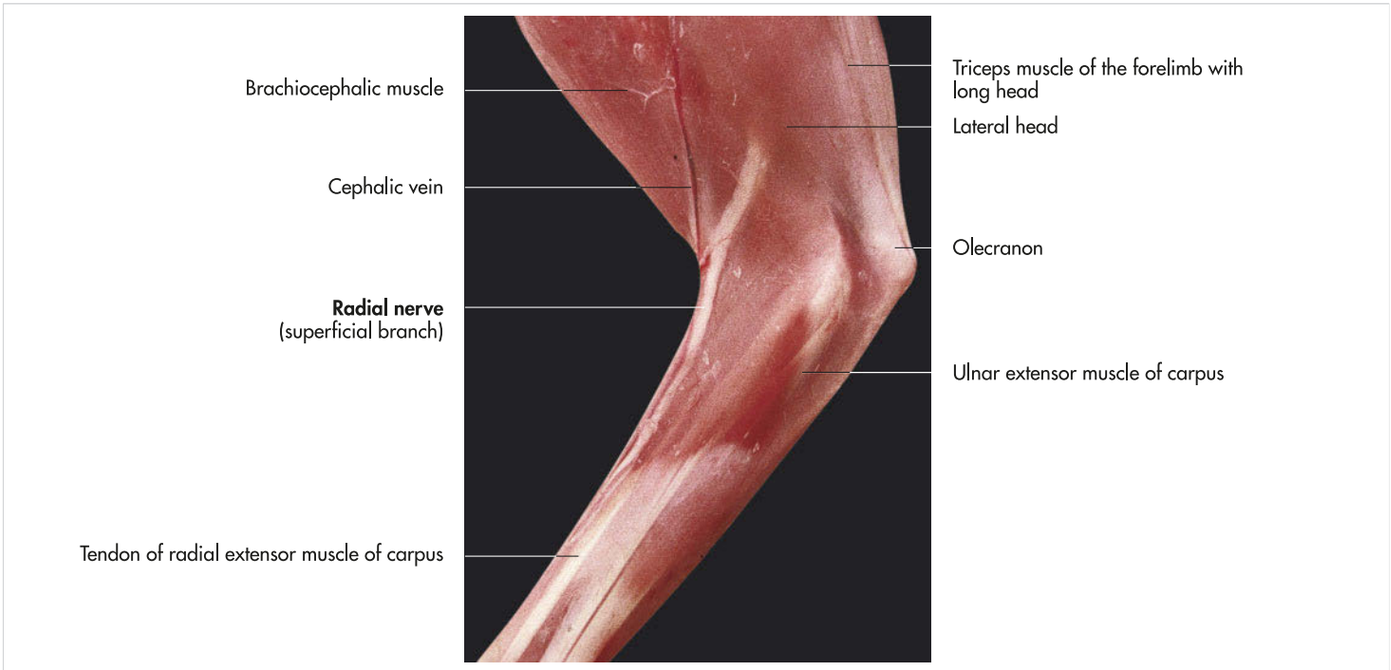


Fig. 15.62 Left forelimb of a cat, showing the radial nerve (lateral aspect).

arm to form the median nerve, which innervates the brachial muscle and the skin on the medial aspect of the antebrachium.

Clinical note

Lesions of the musculocutaneous nerve are uncommon but would paralyse the main flexors of the elbow. However, this could be compensated for by the radial nerve, which also contributes to the innervation of the brachial muscle. **Loss of sensation of the skin** on the medial aspect of the antebrachium will aid in the diagnosis of musculocutaneous nerve damage.

Axillary nerve (nervus axillaris)

The axillary nerve passes to the lateral aspect of the limb caudal to the shoulder joint. On the medial side, it innervates the teres major muscle and the caudal third of the subscapular muscle. It also innervates the capsular and teres minor muscles. It branches to innervate the deltoid muscle and gives off a branch to the cleidobrachial muscle. Its cutaneous branch reaches a subcutaneous position on the ventral border of the deltoid muscle and innervates the skin on the cranial aspect of the arm and antebrachium (▶ Fig. 15.61, ▶ Fig. 15.64 and ▶ Fig. 15.65).

The remaining **three nerves of the thoracic limb** extend from the brachial plexus all the way to the apex of the limb (▶ Fig. 15.61 and ▶ Fig. 15.65; ▶ Table 15.3 and ▶ Table 15.5):

- radial nerve (n. radialis),
- median nerve (n. medianus) and
- ulnar nerve (n. ulnaris).

Radial nerve (nervus radialis)

The radial nerve receives most of its fibres from the eighth cervical nerve. It is the **largest nerve** of the brachial plexus and has the **widest distribution**. It innervates all extensor muscles of the thoracic limb except those of the shoulder joint. It innervates the skin over the lateral aspect of the limb, extending from the antebrachium to the apex of the limb in all domestic mammals other than the horse, where it ends distal to the carpus (▶ Fig. 15.61, ▶ Fig. 15.62, ▶ Fig. 15.64 and ▶ Fig. 15.65).

The **radial nerve** runs distally, caudal and parallel to the brachial artery, before passing between the long and medial heads of the triceps muscle to follow the spiral groove of the humerus to the craniolateral aspect of the limb. On its course, it innervates branches to the extensor muscles of the elbow joint (triceps of the forelimb, anconeus, tensor of the antebrachial fascia). In the distal third of the humerus, it detaches its cutaneous branch (ramus cutaneus antebrachii) to the skin of the antebrachium.

Clinical note

Clinical signs of radial nerve paralysis depend on the **site of injury**. The more proximal the damage, the more severe the syndrome and the more grave the prognosis. **Avulsion of the brachial plexus**, seen in animals after car accidents, results in numerous neurological deficits, which rarely resolve. Damage to the radial nerve **proximal to the middle of the arm** usually results in paralysis of the extensors of the elbow, paralysis of the carpal and digital extensors and anaesthesia of the skin territory. The affected animal cannot fix its elbow joint, thus displaying a non-weightbearing lameness with dragging of the toes. Injury to the radial nerve in the **distal part of the radius** results in paralysis of the carpal and digital extensors (radial carpi extensor, ulnar carpi extensor, common digital extensor), and the affected animal knuckles over and tries to stand on the dorsal aspect of the toe.

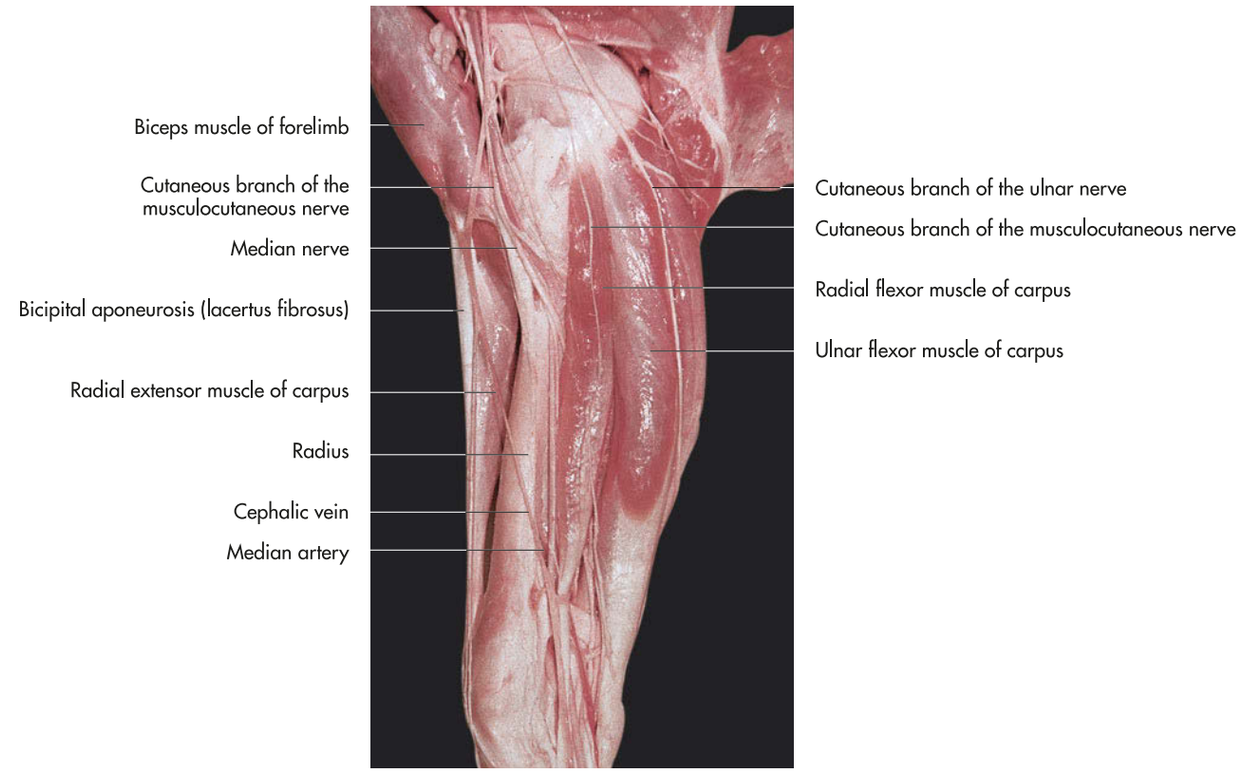


Fig. 15.63 Cutaneous branches of the right antebrachium of a horse (medial aspect). (source: courtesy of Dr. R. Macher, Vienna)

Median nerve (nervus medianus)

After its origin from the brachial plexus, the median nerve runs down the medial surface of the antebrachium. It combines with the musculocutaneous nerve to form a **loop around the axillary artery** (▶ Fig. 15.61). At the cranial aspect of the elbow joint, the median nerve passes laterally under the round pronator muscle to innervate the large caudal group of flexor muscles of the antebrachium. In the cat, it passes through the supracondylar foramen. It innervates the radial flexor muscle and the deep and superficial digital flexor muscles. Its distribution overlaps with that of the ulnar nerve. In the distal part of the antebrachium it divides into two or more branches, which descend through the carpal canal to innervate most of the structures on the palmar aspect of the distal limb (▶ Fig. 15.68).

Ulnar nerve (nervus ulnaris)

The ulnar nerve runs distally on the medial aspect of the antebrachium in close relation to the median nerve and caudal to the brachial artery. It passes caudally at the level of the elbow joint, running under the ulnar head of the ulnar flexor muscle to the ulnar groove on the caudal aspect of the antebrachium (▶ Fig. 15.61, ▶ Fig. 15.65 and ▶ Fig. 15.66).

Within the antebrachium, it detaches the caudal antebrachial cutaneous nerve to the skin on its caudal aspect. In the proximal part of the antebrachium, it branches to innervate the ulnar flexor muscle and the deep and superficial digital flexor muscles.

A **dorsal branch** arises proximal to the accessory carpal bone and passes dorsally to innervate the skin on the lateral surface of the distal limb. The narrow continuation of the ulnar nerve passes through the carpal canal and innervates muscles, skin and deeper structures of the digit. The distribution within the foot is closely related to that of the median nerve, with which it partly combines (▶ Fig. 15.66).

Table 15.4 Summary of the innervation areas of the brachial plexus nerves, supplying the proximal muscles of the forelimb.

Nerve	Motor	Sensory
Suprascapular nerve	Supraspinatus muscle, infraspinatus muscle	–
Axillary nerve	Flexors of the shoulder joint: • Deltoid muscle • Major teres muscle • Minor teres muscle • Cleidobrachial muscle	Skin on the front surface of the antebrachium
Subscapular nerves	Subscapular muscle	–
Musculocutaneous nerve	Coracobrachial muscle, biceps muscle of forelimb, brachial muscle of forelimb (in part)	Skin medial of the antebrachium

Comment: the nerves of the brachial plexus contain motor, sensory and vegetative fibres.

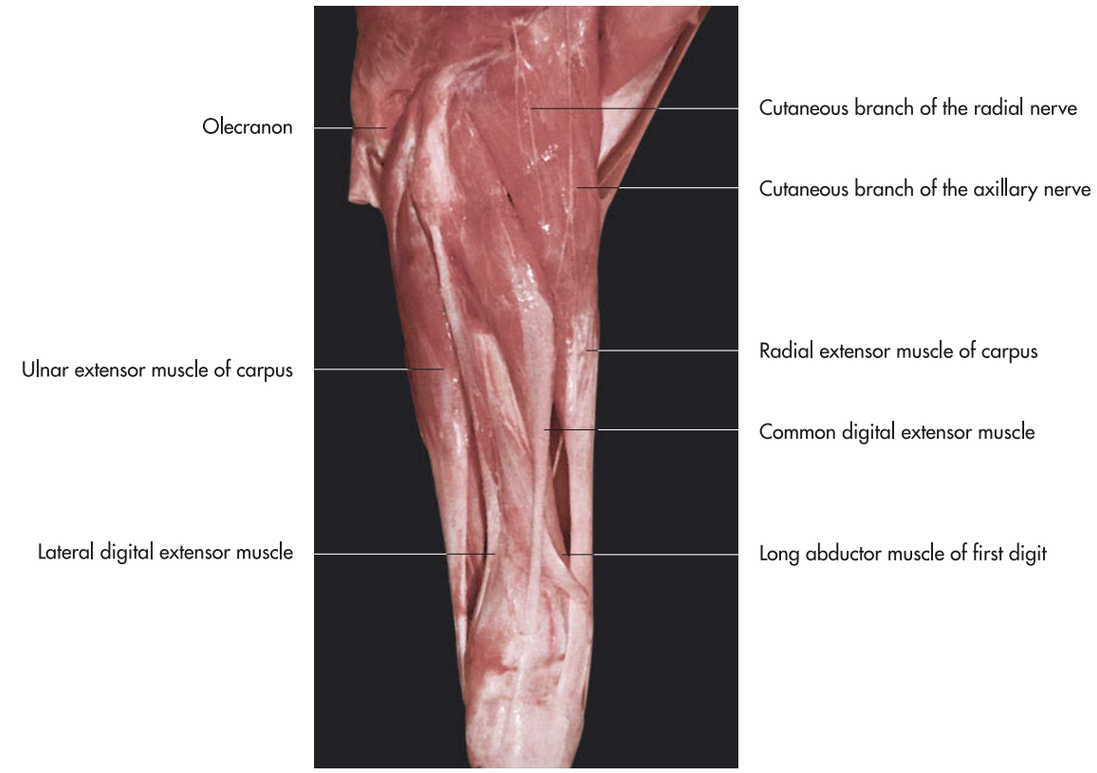


Fig. 15.64 Cutaneous branches of the right antebrachium of a horse (lateral aspect). (source: courtesy of Dr. R. Macher, Vienna)

Innervation of the distal limb

With the exception of the horse, each digit is supplied by **four nerves**, two dorsal and two palmar digital, see Chapter 20 "Topographical-clinical anatomy" (p. 685). The axial and abaxial dorsal digital nerves are terminal branches of the superficial branch of the radial nerve, with the exception of the dorsal digital nerves of the most lateral digit, which are branches of the ulnar nerve. The palmar digital nerves of the first, second and third digits arise from the median nerve, while those for the fourth and fifth digit to arise from the ulnar nerve (▶ Table 15.6).

Innervation of the distal limb of the horse

Most of the structures distal of the carpus are supplied by the **medial** and **lateral palmar nerves**, both of which are branches of the **median nerve**, and the **dorsal** and **palmar branches** of the **ulnar nerve**. The median nerve divides into medial and lateral nerves proximal to the carpus (▶ Fig. 15.65, ▶ Fig. 15.66 and ▶ Fig. 15.67). The lateral palmar nerve detaches a deep branch to the suspensory ligament at the level of the carpus.

Table 15.5 Summary of the innervation areas of the brachial plexus nerves, supplying the tip of the forelimb.

Nerve	Motor	Sensory
Radial nerve	All extensors of the forelimb except the shoulder joint muscles: • Triceps muscle of the forelimb • Anconeus muscle • Tensor muscle of antebrachial fascia • Brachial muscle of the forelimb (in part) • Radial extensor muscle of the carpus • Common digital extensor muscle • Lateral digital extensor muscle • Ulnar extensor muscle of the carpus (flexor) • Long abductor muscle of first digit • Brachioradial muscle • Supinator muscle	Skin lateral on the brachium and antebrachium
Median nerve	Radial flexor muscle, round pronator muscle, pronator quadratus muscle, deep digital flexor muscle (in part), superficial digital flexor muscle (in part)	Skin palmar on the metacarpus and the digits (with the ulnar nerve)
Ulnar nerve	Ulnar flexor muscle of the carpus, deep digital flexor muscle (in part), superficial digital flexor muscle, interosseous muscles	Skin caudal on the antebrachium, dorsolateral on the metacarpus and the digit (in part)

Comment: the nerves of the brachial plexus contain motor, sensory and vegetative fibres.

The **palmar branches** lie palmar to the metacarpal bone between the suspensory ligament and the digital flexor tendons. In the mid-metacarpal region the medial palmar nerve detaches a communicating branch that crosses over the superficial digital flexor tendon, where it is usually palpable, to join the lateral palmar nerve.

Table 15.6 Innervation of the joints of the forelimb.

Joint	Nerve
Shoulder joint	Axillary nerve, suprascapular nerve
Elbow joint and carpal joint	Median nerve, ulnar nerve
Fetlock joint and further digital joints	Palmar nerves, digital nerves

Just proximal to the metacarpophalangeal joint, the palmar nerves become the **medial** and **lateral digital nerves**, which pass distally, caudal to the like-named artery over the abaxial aspect of the proximal sesamoid bones. Both nerves detach **dorsal branches** at the level of the proximal and middle phalanges. Variations in their distribution pattern are common.

Clinical note

Local anaesthesia of these nerves plays a major role in the diagnosis of lameness. The nerves are sequentially blocked at different levels from distal to proximal to determine the location of the lesion.

Ventral branches of the thoracic nerves

The first two ventral branches of the thoracic spinal nerves contribute to the brachial plexus (▶ Fig. 15.65). Generally, the thoracic ventral branches form the intercostal nerves, which pass ventrally on the caudal aspect of the corresponding rib. The intercostal nerves innervate the intercostal muscles, the transversus thoracis muscle and the rectus thoracis muscle. The last five to ten ventral thoracic branches innervate the abdominal muscles. The ventral branch of the last thoracic nerve is referred to as the costoabdominal nerve. The ventral branches also detach branches to the mammary glands.

Lumbar nerves (nervi lumbales)

The number of lumbar spinal nerve pairs corresponds to the number of lumbar vertebrae: six in the horse, pig and ruminants and seven in the dog and cat. Similar to the other spinal nerves, they divide into **dorsal** and **ventral branches** shortly after their passage through the intervertebral foramen.

Each dorsal branch typically divides into **medial** and **lateral branches**. The medial branches innervate the muscles of the back dorsal to the spine, and the lateral branches arborize in the skin over the lumbar and rump region (▶ Fig. 15.69). The branches that innervate the rump are termed the **cranial clunial nerves** (nn. clunium craniales).

The **ventral branches** of the **lumbar spinal nerves** interconnect to form the **lumbar plexus**. Some authors describe the lumbar plexus as being formed by the ventral branches of all lumbar spinal nerves. However, the first three ventral lumbar branches exchange relatively few fibres and are described as individual nerves. The remaining ventral lumbar branches form the **lumbar plexus proper** (plexus lumbalis), which unites with the first and second sacral nerves in the **lumbosacral plexus** (plexus lumbosacralis) (▶ Fig. 15.70 and ▶ Fig. 15.71; ▶ Table 15.7 and ▶ Table 15.8).

Clinical note

The **ventral branches** of the **lumbar spinal nerves** are of considerable clinical importance, since they are often anaesthetised locally to facilitate abdominal and pelvic surgery. These nerves can be identified for injection by palpating the ends of the transverse processes and anaesthetising the nerve where it runs between the transverse and the internal oblique abdominal muscles.

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Table 15.7 Composition of the most important nerves of the hindlimb; table based on data from Habel, 1978.

Nerve	Ventral branches of the segmental nerves of the dog and cat				
	L_4	L_5	L_6	L_7	S_1
Femoral nerve	×	×	×	–	–
Obturator nerve	×	×	×	–	–
Fibular nerve	–	–	×	×	–
Tibial nerve	–	–	–	×	×
Nerve	**Ventral branches of the segmental nerves of the ox and horse**				
	L_4	L_5	L_6	S_1	S_2
Femoral nerve	×	×	×	–	–
Obturator nerve	×	×	×	–	–
Fibular nerve	–	–	×	×	–
Tibial nerve	–	–	–	×	×

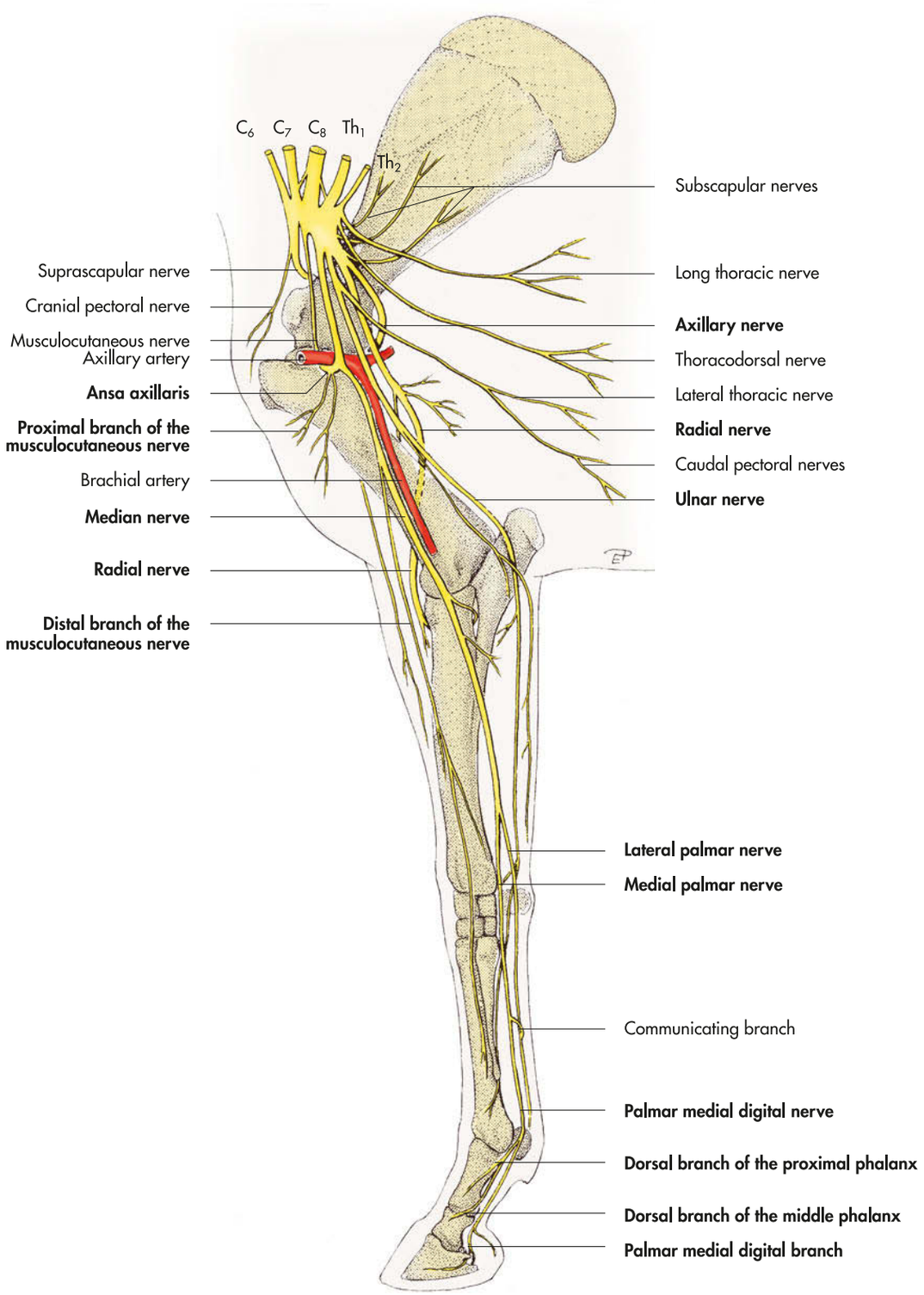


Fig. 15.65 Brachial plexus and its branches of the right thoracic limb of the horse (schematic, medial aspect); fig. based on data from Ellenberger and Baum, 1943.

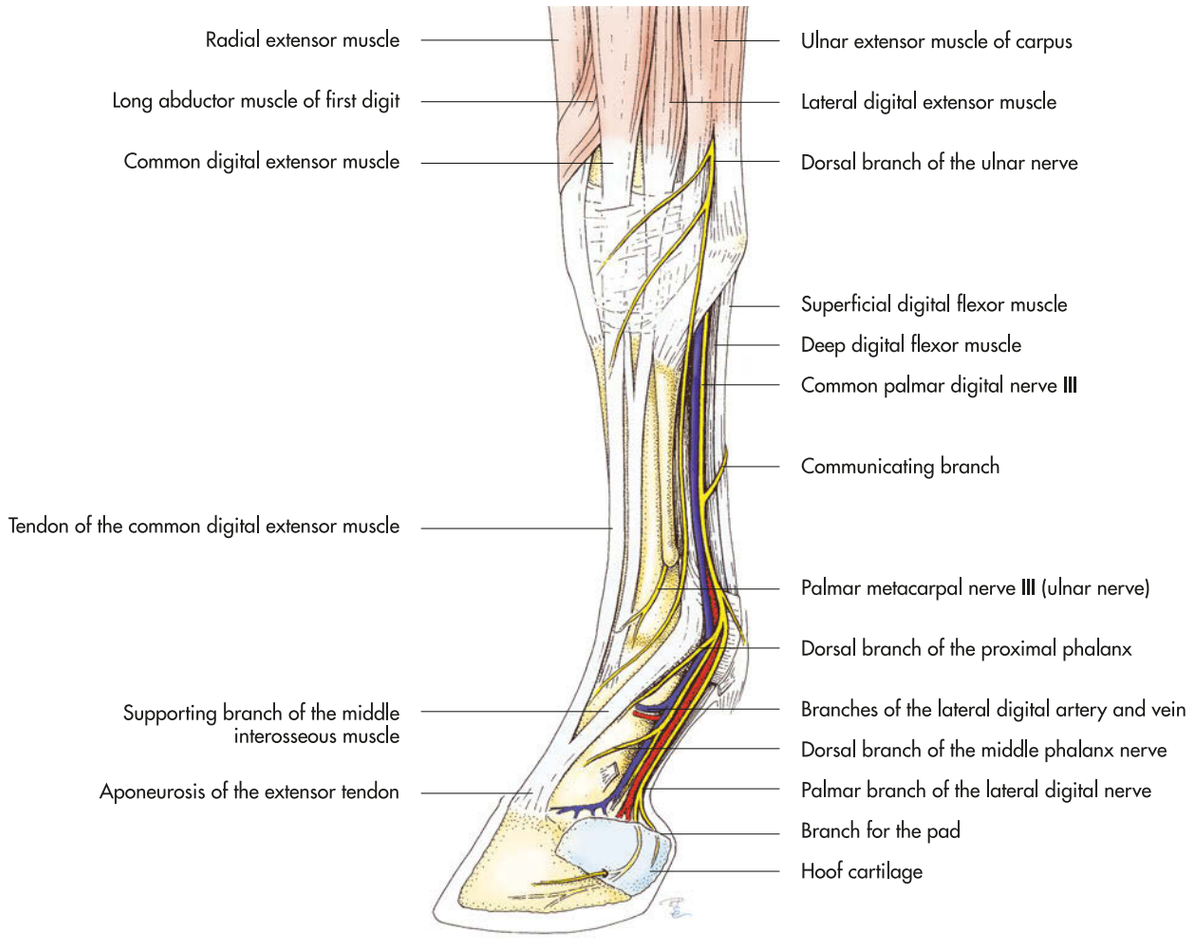


Fig. 15.66 Nerves of the left forefoot of the horse (schematic, lateral aspect).

The following individual nerves arise **from the lumbar plexus** (▶ Fig. 15.70; ▶ Table 15.7 and ▶ Table 15.8):

- iliohypogastric nerve (n. iliohypogastricus),
- ilioinguinal nerve (n. ilioinguinalis),
- genitofemoral nerve (n. genitofemoralis),
- lateral cutaneous femoral nerve (n. cutaneus femoris lateralis),
- femoral nerve (n. femoralis) and
- obturator nerve (n. obturatorius).

Iliohypogastric nerve (nervus iliohypogastricus)

The iliohypogastric nerve represents the primary ventral branch of the **first lumbar nerve** (▶ Fig. 15.70 and ▶ Fig. 15.71). It extends to a retroperitoneal position between the tip of the transverse processes of the first two lumbar vertebrae. In the cat and the dog, in which there are seven lumbar vertebrae, the first two ventral branches are known as the cranial and caudal iliohypogastric nerves.

Ventral to the transverse processes, the iliohypogastric nerve divides into lateral and medial branches. The **medial branch** passes to the inguinal region. The **lateral branch** passes between the abdominal muscles, which it innervates, and detaches two branches to the skin: the lateral cutaneous branch, which innervates a narrow band of skin caudal to the ribs, and the medial cutaneous branch, which innervates the skin over the ventral abdomen, the inguinal mammary glands and the medial side of the thigh, where it combines with the ilioinguinal nerve.

Ilioinguinal nerve (nervus ilioinguinalis)

The ilioinguinal nerve is the primary ventral branch of the **second (third in carnivores) lumbar spinal nerve** (▶ Fig. 15.70 and ▶ Fig. 15.71). Its branching pattern is similar to that of the iliohypogastric nerve. Its lateral cutaneous branch innervates a territory caudal to that of the iliohypogastric nerve, with which it overlaps.

Genitofemoral nerve (nervus genitofemoralis)

The genitofemoral nerve arises from the **third** and **fourth ventral lumbar branches**, the root of the third being larger than that of the fourth (▶ Fig. 15.70 and ▶ Fig. 15.71). It runs caudally between the inner lumbar muscles and reaches the inner inguinal ring together with the external iliac artery. Before leaving the abdomen, it detaches a branch to the internal oblique abdominal muscle. It passes through the inguinal canal with the external pudendal artery and vein.

It innervates the skin over the medial aspect of the thigh. It sends branches to the inguinal mammary glands and in the female cat and dog to the skin surrounding the vulva. It also con-

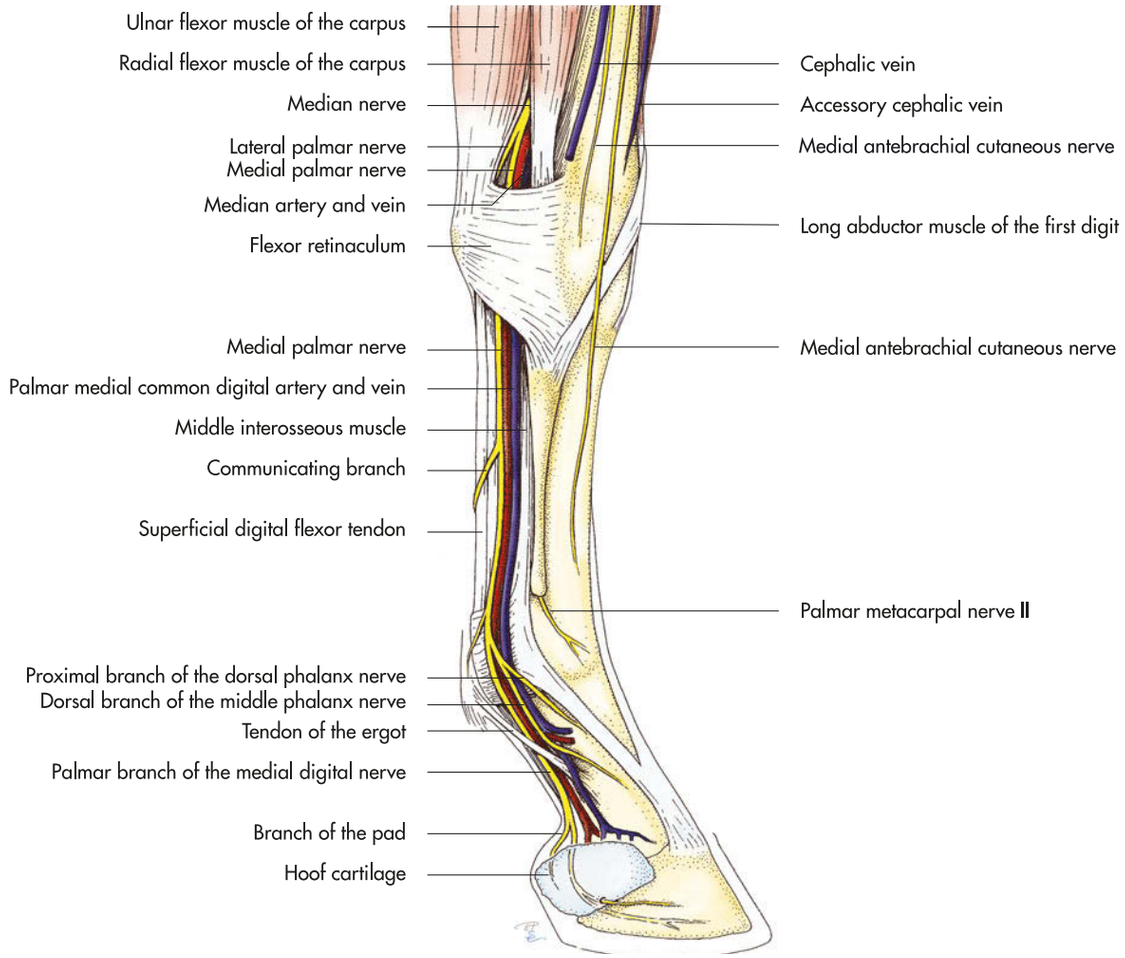


Fig. 15.67 Nerves of the left forefoot of the horse (schematic, medial aspect).

veys autonomic fibres that regulate milk flow during suckling. In the male, it innervates the prepuce and the scrotum.

Lateral cutaneous femoral nerve (nervus cutaneus femoris lateralis)

The lateral cutaneous femoral nerve is formed primarily by the ventral branch of the **fourth lumbar nerve** (▶ Fig. 15.71). It detaches branches to the inner lumbar muscles and accompanies the caudal branch of the deep circumflex iliac artery through the abdominal wall. It innervates the skin over the lateral aspect of the distal thigh and the stifle joint.

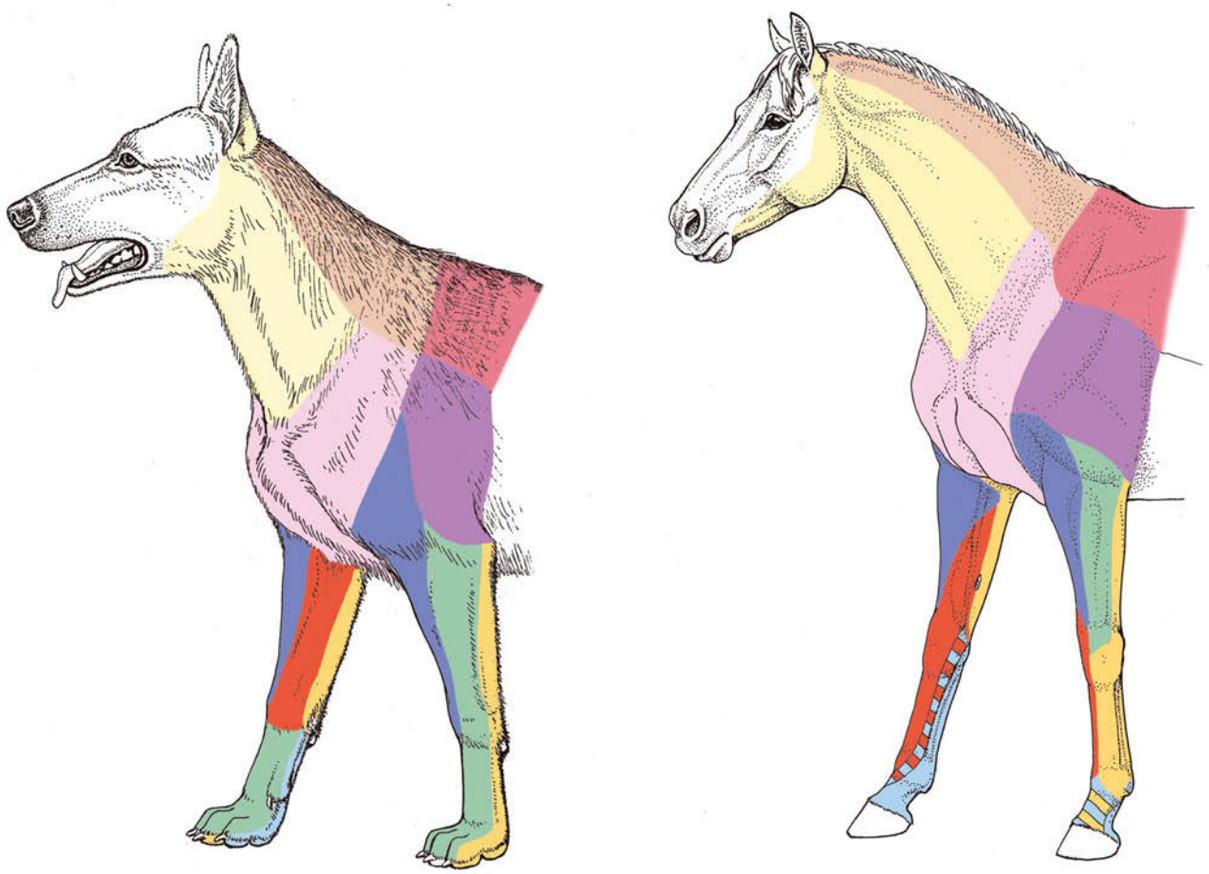
Femoral nerve (nervus femoralis)

The femoral nerve is a very large nerve which detaches branches to the inner lumbar muscles in its proximal portion (▶ Fig. 15.71). It continues caudally along the iliopsoas and greater psoas muscles and branches to form the saphenous nerve, which enters the femoral canal. The femoral nerve innervates all four heads of the quadriceps muscle. It passes adjacent to the pecten of the os pubis, where it is prone to mechanical damage. Over-extension of the quadriceps muscles, e.g. during recovery from anaesthesia or pelvic fractures, are the most common causes of femoral nerve injuries. Damage to this nerve leads to paralysis of the quadriceps, which prevents fixation of the stifle joint and renders the whole limb incapable of supporting weight.

The **saphenous nerve** (n. saphenus) forms muscular branches which innervate the sartorius, pectineal and gracilis muscles (▶ Fig. 15.71 and ▶ Fig. 15.74). It passes through the femoral canal cranial to the femoral artery. In the middle of the thigh, it reaches a subcutaneous position. At the level of the stifle, a small branch accompanies the descending genicular vessels to the stifle joint. The saphenous nerve continues distally, parallel to the like-named artery and the medial saphenous vein to innervate the skin over the medial aspect of the leg, extending from the thigh to the tarsus.

Obturator nerve (nervus obturatorius)

The obturator nerve (▶ Fig. 15.71) follows the medial aspect of the shaft of the ilium to reach the obturator foramen, through which it leaves the pelvis. It provides innervation to the adductor muscles of the pelvic limb. This group comprises the pectineal, gracilis and external obturator muscles. Because of its close relationship to bone, the obturator nerve is prone to injuries. Pelvic fractures and compression of the nerve during calving are most common causes.



Dorsal branches of cervical nerves
Ventral branches of cervical nerves
Drosal branches of thoracal nerves
Supraclavicular nerves
Axillary nerve
Intercostobrachial nerve
Radial nerve
Musculocutaneous nerve
Ulnar nerve
Median nerve

Fig. 15.68 Zones of the cutaneous innervation of the neck and thoracic limbs of the dog and the horse.

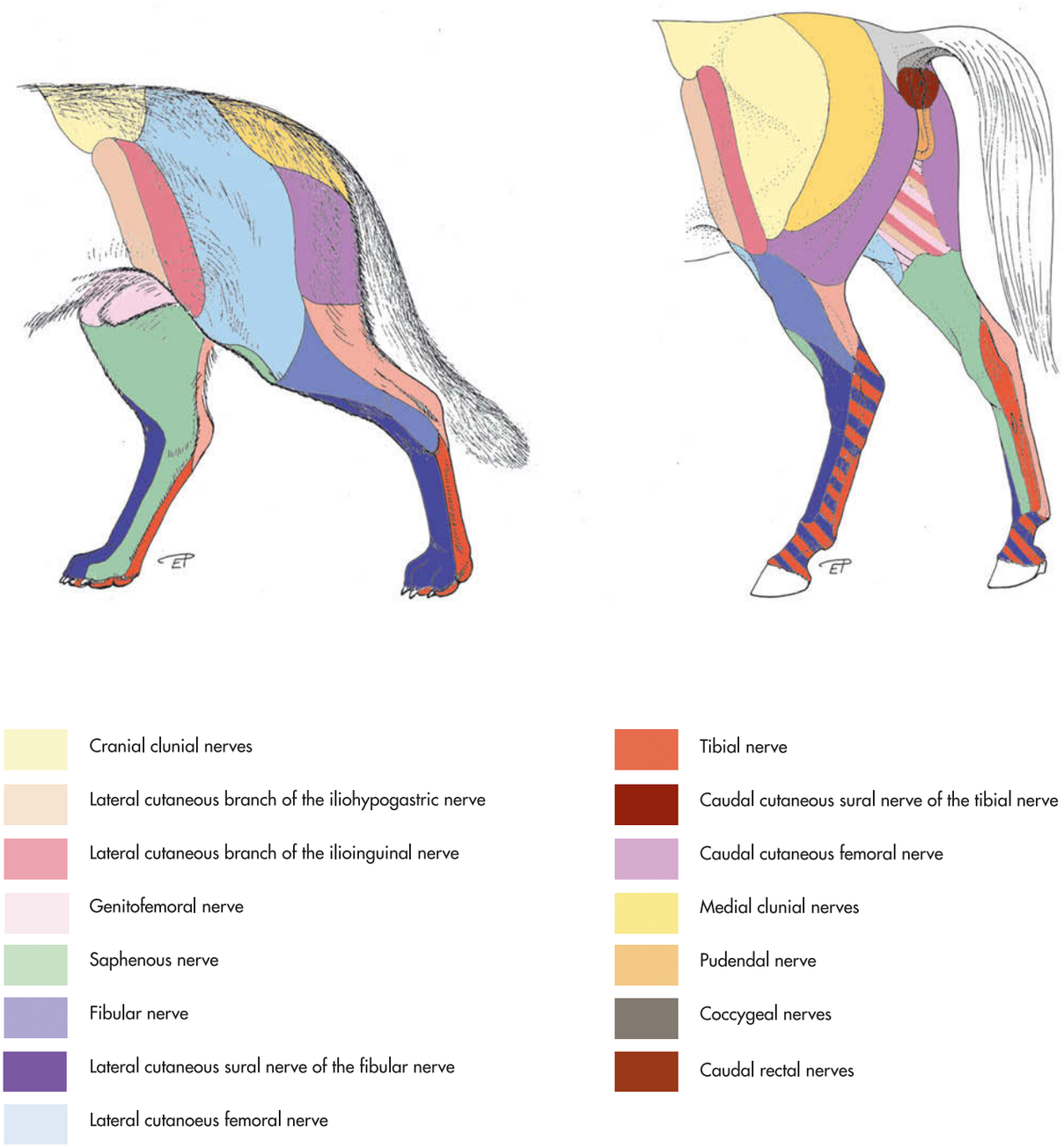


Fig. 15.69 Zones of the cutaneous innervation of the hindlimbs of the dog and the horse.

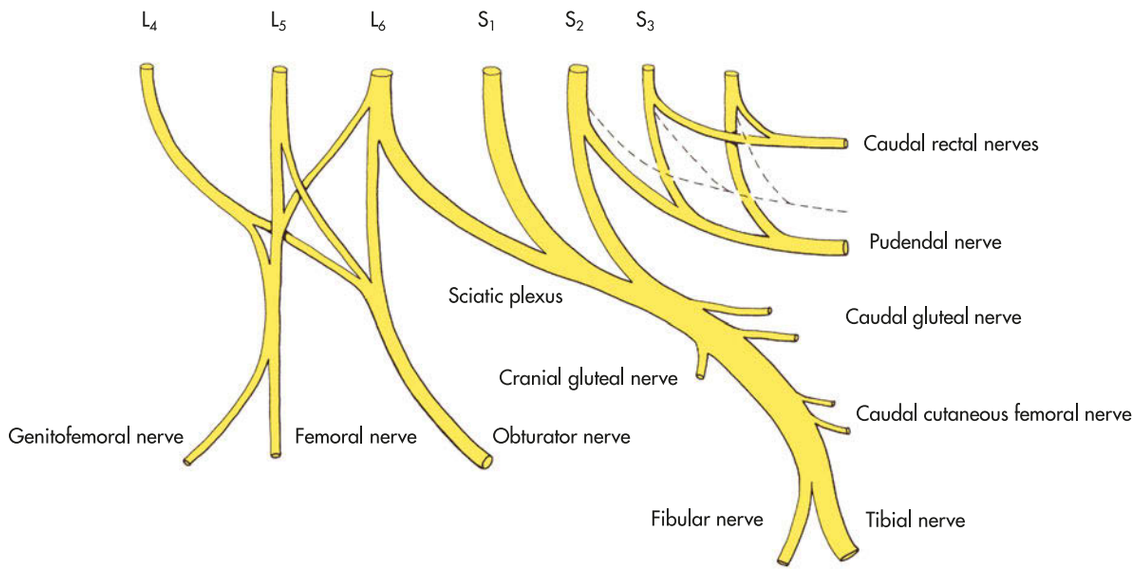


Fig. 15.70 Schematic illustration of the lumbosacral plexus.

Sacral nerves (nervi sacrales)

The sacral nerves leave the sacral elements of the spinal cord by means of long dorsal and ventral roots. The roots merge to form the spinal sacral nerves within the sacral canal prior passing through the intervertebral foramina. In some individuals, the main trunks give off dorsal branches within the vertebral canal. In general, the branching pattern follows that of the lumbar spinal nerves. The dorsal branches are interconnected to form a small dorsal plexus. Like the dorsal branches of the lumbar spinal nerves, they divide into lateral branches that give off the dorsal cutaneous branches (nn. clunium medii) and medial muscular branches.

The **ventral branches of the cranial sacral nerves** form the **sacral plexus** (plexus sacralis), which joins with the ventral branches of the **last three lumbar spinal nerves** to form the **lumbosacral plexus**.

Lumbosacral plexus (plexus lumbosacralis)

The lumbosacral plexus is formed by the union of the:
- lumbar plexus (plexus lumbalis) and
- sacral plexus (plexus sacralis).

The nerves that arise from the lumbar part of the plexus are described above. The sacral part of the plexus extends distally in the wall of the pelvic cavity as the sciatic plexus. It gives origin to the following nerves (▶ Table 15.9):
- cranial gluteal nerve (n. glutaeus cranialis),
- caudal gluteal nerve (n. glutaeus caudalis),
- caudal femoral cutaneous nerve (n. cutaneus femoris caudalis),
- pudendal nerve (n. pudendus) and
- caudal rectal nerves (nn. rectales caudales).

The sciatic plexus continues as the sciatic nerve after the detachment of these branches.

Cranial gluteal nerve (nervus glutaeus cranialis)

The cranial gluteal nerve leaves the pelvis by passing immediately over the greater ischiatic notch, accompanied by the like-named blood vessels (▶ Fig. 15.71). Its branches innervate the middle and deep gluteal muscles, the tensor fasciae latae and the piriform muscles.

Caudal gluteal nerve (nervus glutaeus caudalis)

The caudal gluteal nerve arises from the **caudal margin of the sciatic plexus** and passes caudally to innervate the biceps femoris and the gluteobiceps muscle (▶ Fig. 15.71). Depending on the species, it also innervates the superficial gluteal muscles and the vertebral heads of the hamstring muscles.

Caudal femoral cutaneous nerve (nervus cutaneus femoris caudalis)

The caudal femoral cutaneous nerve passes caudally towards the ischial tuber, where it detaches motor branches to the semitendinosus muscle (▶ Fig. 15.71). It reaches a subcutaneous position and gives off an array of branches, the **caudal clunial nerves** (nn. clunium caudales), that innervate an extensive territory surrounding the ischial tuber and the caudal aspect of the thigh. It exchanges fibres with the pudendal nerve. In ruminants, in which the caudal femoral cutaneous nerve is thin, much of the territory is covered by branches of the pudendal nerve.

Pudendal nerve (nervus pudendus)

The pudendal nerve arises mainly from the ventral branch of the **third sacral spinal nerve** (▶ Fig. 15.71). It sends communicating branches to the caudal femoral cutaneous nerve.

It innervates the copulatory organs and the muscles in the anal and perineal region. It provides sensory innervation to the skin around the anus and the perineal region and overlaps with the territory of the caudal clunial nerves. It is motor to the ischiocavernous, bulbospongious, retractor penis, urethral, constrictor vulvae, coccygeal, and levator ani muscles as well as to the internal and external anal sphincters. In the male, it continues as the dorsalis nerve of the penis to innervate the glans penis, where it arborises. Its fine terminal branches carry sensory bodies. In the female, it terminates in the vulva.

The origin of the pudendal nerve conveys many **parasympathetic fibres** which leave the main trunk in its proximal part to form the **pelvic nerves** (nn. pelvini). The pelvic nerves pass to the **pelvic plexus**, where they are joined by **sympathetic fibres** from the **hypogastric** and **sacral splanchnic nerves** to innervate the pelvic viscera. These fibres form organ specific plexuses, with parasympathetic axons synapsing in intramural ganglia (▶ Fig. 15.83).

Caudal rectal nerves (nervi rectales caudales)

The caudal rectal nerves are the most **caudal branches of the sacral plexus** and may arise from the pudendal nerve (▶ Fig. 15.70). They innervate the caudal rectum, the external anal sphincter and the skin surrounding the anus.

Sciatic nerve (nervus ischiadicus)

The sciatic nerve is the **largest nerve in the body**. It is the continuation of the **sciatic plexus** within the pelvic limb. It leaves the pelvis through the greater sciatic foramen and passes over the lateral surface of the broad sacrotuberous ligament in large animals. It crosses the deep gluteal muscle and the hip joint to reach the caudal aspect of the femur (▶ Fig. 15.71, ▶ Fig. 15.72 and ▶ Fig. 15.73; ▶ Table 15.11). Here it is susceptible to injuries following trauma and surgery of the hip joint.

The **sciatic nerve** provides **motor innervation** to the deep gluteal, the internal obturator, the quadriceps femoris and the gemelli muscles. It provides sensory fibres to the capsule of the hip joint. At the proximal third of the femur it terminates by dividing into the **tibial** and **common fibular nerves** (▶ Fig. 15.71; ▶ Table 15.10).

Table 15.8 Summary of the areas of innervation of the lumbar plexus.

Nerve	Motor	Sensory
Iliohypogastric nerve	Abdominal muscles	Skin ventral in the abdominal region and medial of the femur
Ilioinguinal nerve	Abdominal muscles	Skin ventral in the abdominal region and medial of the femur
Genitofemoral nerve	Internal oblique abdominal muscle, cremaster muscle	Scrotum, udder, preputium, skin medial of the femur
Lateral cutaneous nerve of the femur	Greater psoas muscle	Skin craniomedial of the femur and the knee joint
Femoral nerve	Inner lumbar muscles, quadriceps muscle	–
Saphenous nerve	Sartorius muscle (in part), pectineal muscle (in part), gracilis muscle (in part)	Skin medial of the knee joint and medial of the crural region
Obturator nerve	Pectineal muscle (in part), gracilis muscle (in part), adductor muscles, external obturator muscle, ox and pig: internal obturator muscle	–
Comment: the nerves of the lumbosacral plexus contain motor, sensory and vegetative fibres.		

Table 15.9 Summary of the areas of innervation of the sacral plexus.

Nerve	Motor	Sensory
Cranial gluteal nerve	Middle gluteal muscle, piriform muscle, deep gluteal muscle, tensor of fascia lata	–
Caudal gluteal nerve	Superficial gluteal muscle, cranial part of the biceps muscle (gluteobiceps muscle), vertebral portion of the semitendinous muscle, semimembranous muscle	–
Caudal cutaneous nerve of the femur	Semitendinous muscle (partly)	Skin of the hamstring region
Pudendal nerve	Ischiocavernous muscle, bulbocavernous muscle, urethral muscle, retractor muscle of penis and others	Skin, anus, perineum, clitoris, penis
Caudal rectal nerves	External anal sphincter muscle, coccygeal muscle, levator of anus	Skin of the anal region, caudal part of the rectum
Comment: the nerves of the lumbosacral plexus contain motor, sensory and vegetative fibres.		

Common fibular nerve (nervus fibularis communis)

The common fibular nerve passes over the lateral head of the gastrocnemius to the proximal end of the fibula, where it becomes subfascial and is palpable under the skin. Before it divides into **superficial** and **deep branches**, it detaches the **lateral sural nerve** (n. cutaneus surae lateralis) to the skin on the lateral aspect of the stifle and proximal leg. The **superficial fibular nerve** runs distally along the lateral margin of the long digital extensor muscle and sends branches to the lateral digital extensor muscle. It innervates the skin on the dorsal aspect of the leg. On the flexor side of the tarsus it terminates by dividing into medial and lateral branches that subdivide into the dorsal nerves of the digits (▶ Fig. 15.71).

The **deep fibular nerve** runs deep between the muscles of the leg, accompanied by the cranial tibial artery (▶ Fig. 15.75). In the proximal third of the leg, it detaches branches to the flexor muscles of the tarsal and phalangeal joints (cranial tibial, long fibular, third fibular, short fibular, long digital extensor, lateral digital extensor and extensor hallucis longus muscles). Similar to the superficial branch it divides into **lateral** and **medial branches** on the dorsal aspect of the tarsus. The lateral branch detaches fibres to the short digital extensor tendon. The two branches of the deep fibular nerve join the corresponding branches of the superficial fibular nerve at the level of the proximal phalangeal joint to innervate the dorsal aspect of the digits (▶ Fig. 15.71).

Tibial nerve (nervus tibialis)

The tibial nerve is the **larger of the terminal branches** of the sciatic nerve. Shortly after separating from the common fibular nerve, the tibial nerve detaches the strong proximal muscular branches to the pelvic heads of the hamstring muscles (biceps femoris, semitendinous and semimembranous muscles) in the proximal third of the thigh (▶ Fig. 15.71).

In the midfemoral region it gives off the **caudal sural nerve** (n. cutaneus surae caudalis), which passes caudally, together with the lateral saphenous vein, to reach a subcutaneous position along the caudal aspect of the crus. At the caudal aspect of the stifle, it passes deep between the two heads of the gastrocnemius muscle. At this level, it detaches the distal muscular branches to the gastrocnemius, the deep digital flexor, the superficial digital flexor and the popliteal muscles. It continues to the medial side of the tarsus between the common calcanean tendon and the heads of the deep digital flex- or muscle, where it is palpable in large animals. When level with the calcaneus, the tibial nerve divides into the **medial** and **lateral plantar nerves** (▶ Fig. 15.76 and ▶ Fig. 15.77). At the level of the proximal phalanx, they divide again into **lateral** and **medial plantar digital nerves**, which resemble those of the forelimb.

Table 15.10 Summary of the areas of innervation of the sciatic nerve.

Nerve	Motor	Sensory
Sciatic nerve:	Gemelli muscles, deep gluteal muscle, internal obturator muscle, quadriceps muscle of the thigh	–
• **Tibial nerve:**	All muscles lying caudal of the femur and on the tibia and fibula: • Pelvic heads of the biceps • Femoris muscle • Semitendinous muscle • Semimembranous muscle • Gastrocnemius muscle • Soleus muscle • Popliteal muscle • Superficial digital flexor muscle • Deep digital flexor muscle	–
◦ Caudal sural nerve	–	Skin of the caudal aspect of the crus
◦ Plantar nerves	Interosseous muscles	Skin of the autopodium
• **Common fibular nerve:**	–	–
◦ Lateral cutaneous nerve of the lower limb	–	Skin lateral of the knee joint
◦ Superficial fibular nerve	Lateral digital extensor muscle	Skin dorsolateral on the lower limb and the digit
◦ Deep fibular nerve	All the muscles lying craniolateral on the lower limb: • Cranial tibial muscle • Long digital extensor muscle • Lateral digital extensor muscle • Long fibular muscle • Short fibular muscle • Third fibular muscle • Short digital extensor muscle	–

Comment: the nerves of the sciatic nerve contain motor, sensory and vegetative fibres.

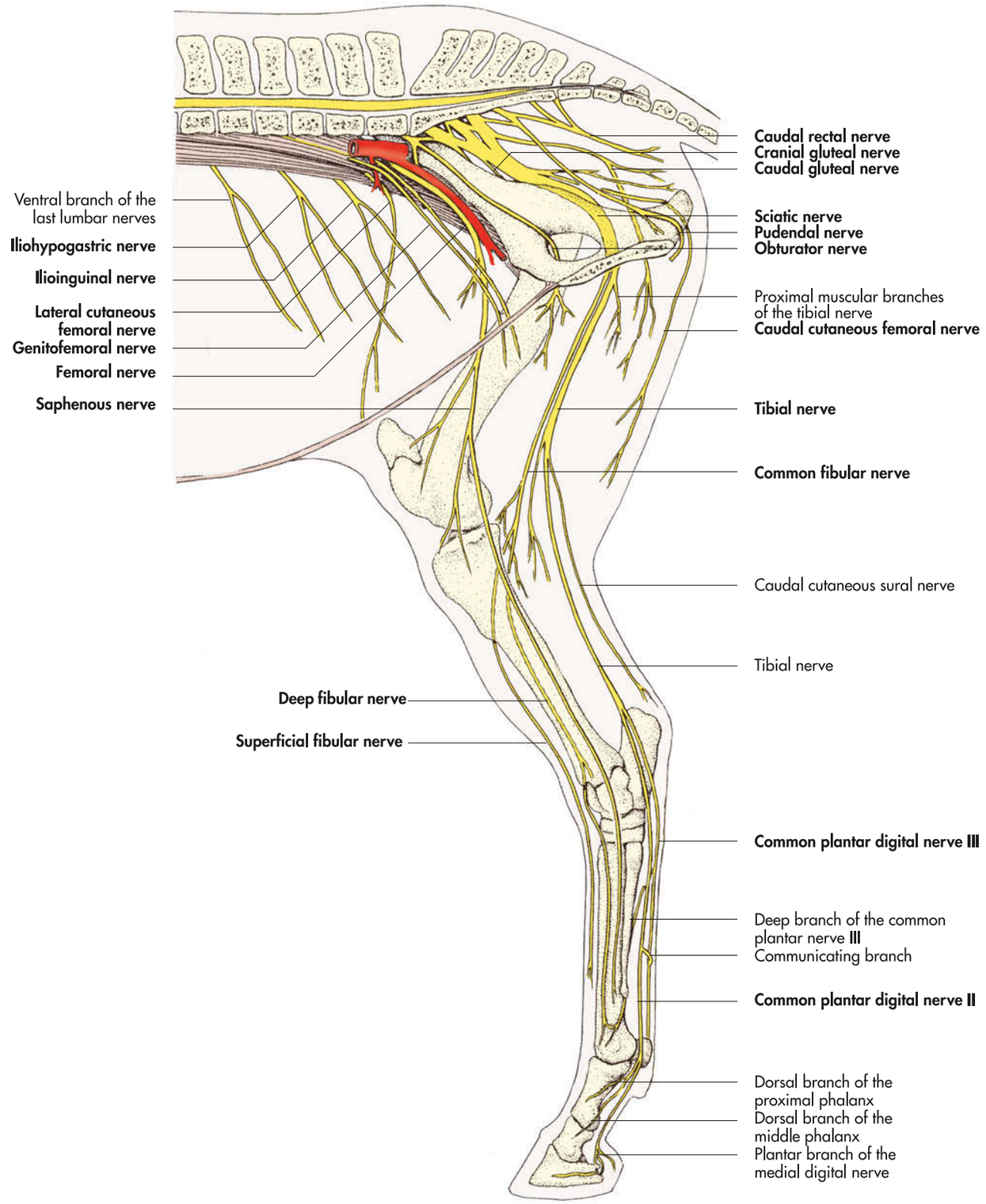


Fig. 15.71 Lumbosacral plexus and nerves of the right hindlimb in the horse (schematic, medial aspect); fig. based on data from Ellenberger and Baum, 1943.



Fig. 15.72 Nerves of the thigh and leg of a dog (lateral aspect).



Fig. 15.73 Nerves of the right thigh and leg of a cat (lateral aspect). (source: courtesy of Dr. S. Langer)

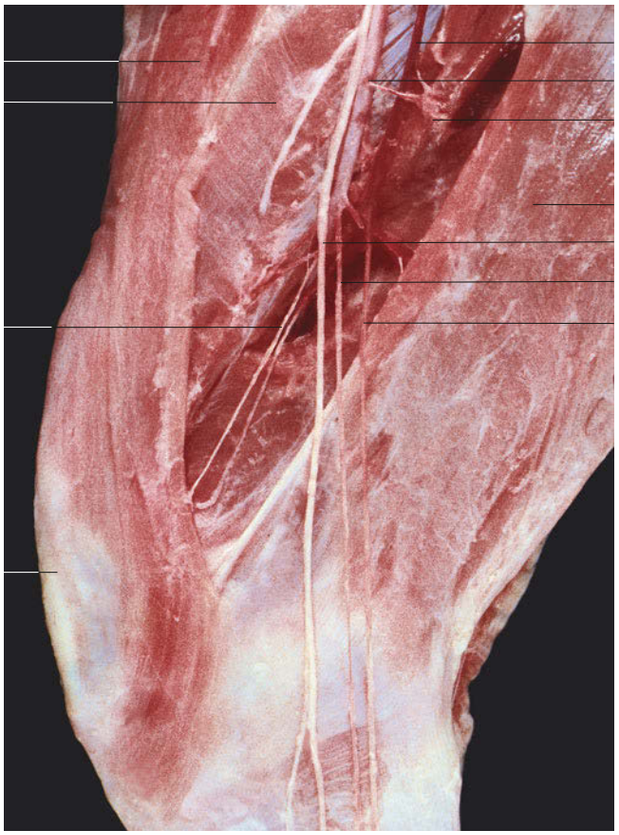


Fig. 15.74 Nerves and blood vessels of the femoral canal and the medial aspect of the thigh of a cat. (source: courtesy of Dr. R. Macher, Vienna)

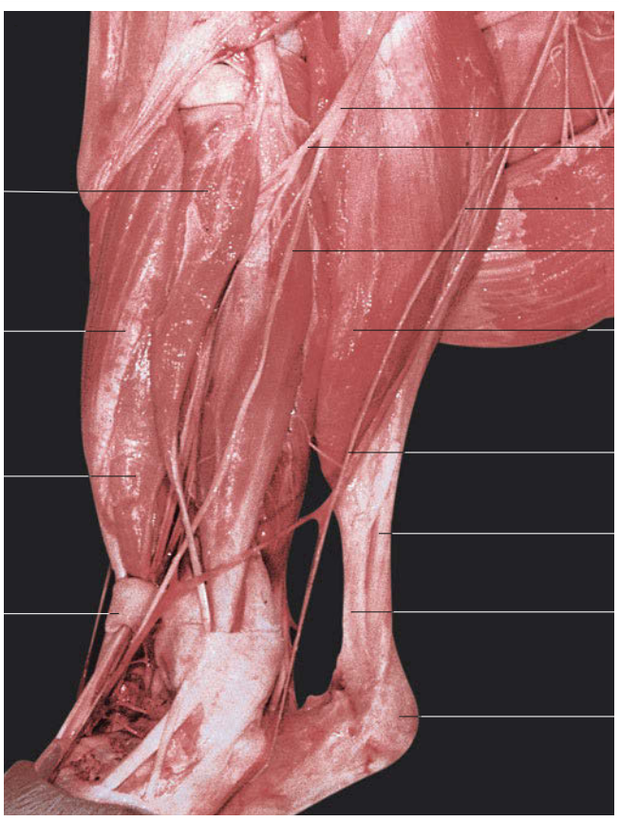


Fig. 15.75 Superficial nerves of the leg of an ox (lateral aspect).

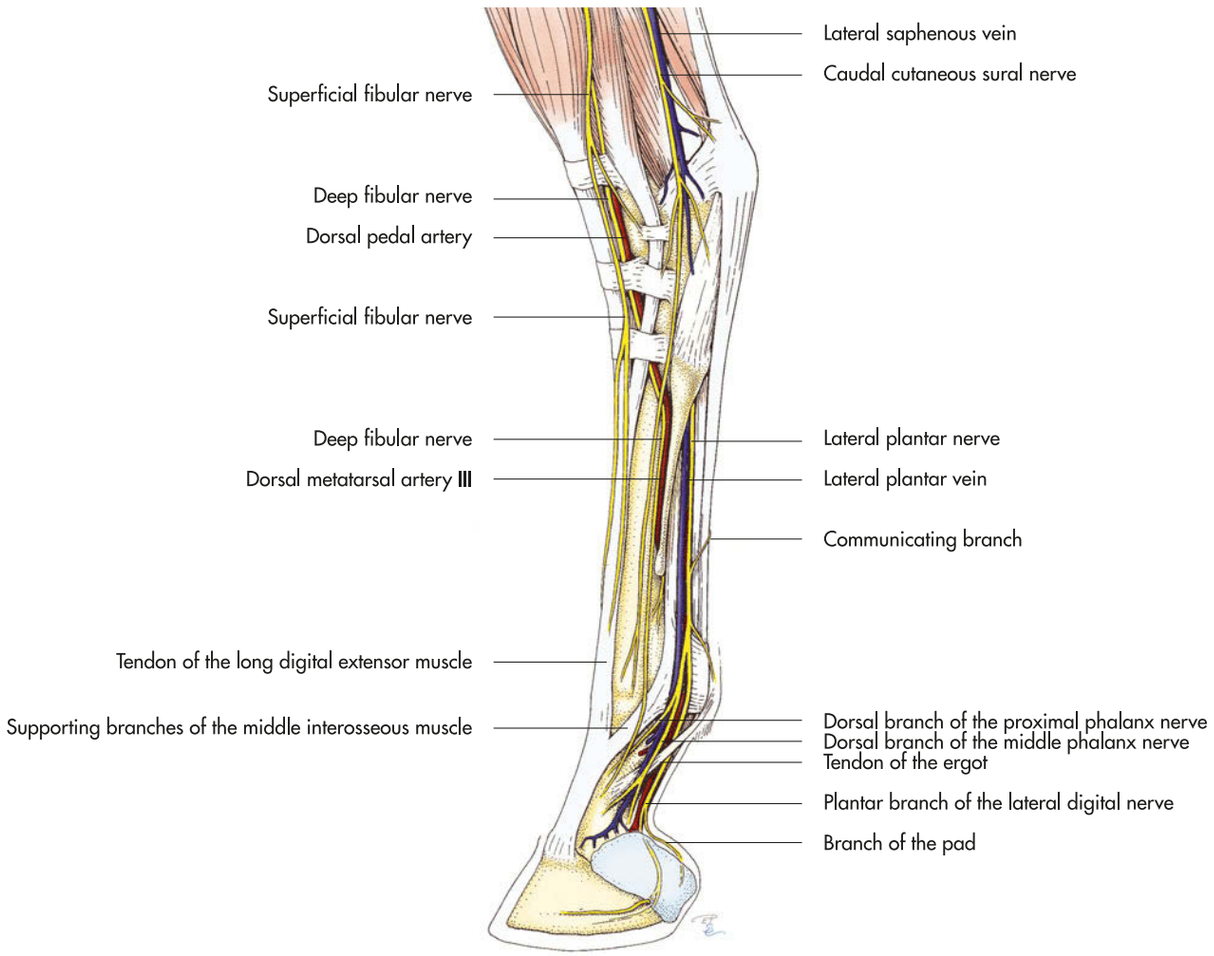


Fig. 15.76 Nerves of the left hindfoot of the horse (schematic, lateral aspect).

Table 15.11 Innervation of the joints of the hindlimb.

Joints	Nerves
Hip joint	Sciatic nerve
Knee joint	Tibial nerve, saphenous nerve
Hock	Tibial nerve, superficial and deep fibular nerve
Digital joints	Plantar nerves of the tibial nerve, digital nerves

15

Clinical note

Damage to the sciatic nerve or its terminal branches may be caused by fractures of the femoral neck, by misdirected intramuscular injections or as complication of hip surgery. Depending on the level of injury it is usually manifested by a non-weightbearing lameness, which will result in rapid atrophy of the deprived muscles, and considerable sensory deficits.

15.3 Peripheral autonomic nervous system (systema nervosum autonomicum)

The **autonomic** (also called **visceral** or **vegetative**) **nervous system** forms the **idiotropic part** of the peripheral nervous system and is closely linked to the central nervous system by cranial and spinal nerves. It is composed of a multitude of small nerves, plexuses and ganglia, and coordinates the function of the internal organs essential for life. It regulates respiration, circulation, digestion, metabolism, body temperature, water balance, reproduction and many other body functions. Most of the mechanisms, that fulfil these functions also occur in the unconscious animal, e.g. during sleep or under general anaesthesia, hence the term "autonomic". However, this system is still regulated by cerebrospinal mechanisms. For example optic stimuli and aggressive or depressive emotions influence respiration, cardiac activity and gastrointestinal function.

The autonomic nervous system is concerned with the **motor innervation of smooth muscles** of the **internal organs** and **blood vessels**, as well as the **regulation** of the **endocrine and exocrine function** of glands. There is a close interaction between the ner-

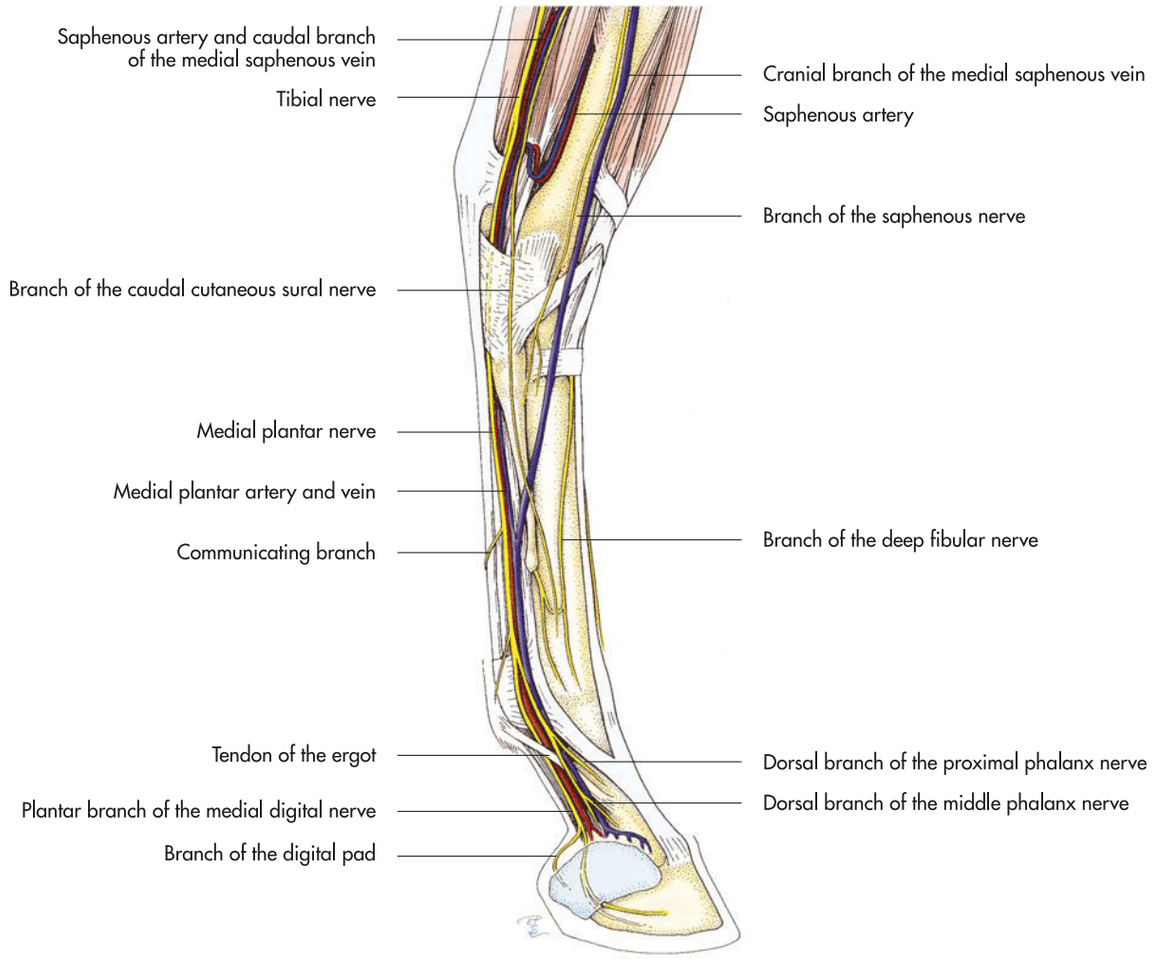


Fig. 15.77 Nerves of the left hindfoot of the horse (schematic, medial aspect).

vous system, the endocrine system and the immune system (for more details see neurophysiology and immunology textbooks).

15.3.1 Structure of the autonomic nervous system

The afferent component of the autonomic nervous system can be divided into **sympathetic** and **parasympathetic portions** on the basis of anatomical, pharmacological and physiological criteria. Both systems consist of pairs of neurons that link the central nervous system to the innervated structure.

The first multipolar neuron of each pair has its cell body within the central nervous system and sends its axon out as part of the peripheral system. This myelinated, **preganglionic neuron** synapses with the second neuron of the chain and the nonmyelinated axon of the postganglionic neuron terminates on the cells of the effector organ (▶ Fig. 15.78). The cell bodies of the preganglionic neurons of the sympathetic division are located within the lateral column of the thoracic and lumbar spinal cord. Those of the parasympathetic division are located in the nuclei of origin of certain cranial nerves within the brainstem and the lateral columns of sacral segments of the spinal cord.

The **postganglionic neurons** ordinarily occur in clusters referred to as ganglia. The sympathetic postganglionic neurons are located in vertebral ganglia of the sympathetic trunk or in more peripheral prevertebral ganglia. The parasympathetic postganglionic neurons are found within small ganglia in close proximity to, or within the walls of the organ they innervate.

The two systems can be distinguished on the base of their **transmitter substance**. The transmitter at the last sympathetic synapse is **noradrenaline**, while that of the **parasympathetic portion** is **acetylcholine**. Both divisions have a similar distribution and have stimulating or inhibiting influences on an organ depending on the overall activity of these systems. It is generally true that sympathetic stimulation results in an overall increase in body activity, while parasympathetic stimulation has a restorative effect.

15.3.2 Sympathetic system

The cell bodies of the **preganglionic neurons** of the sympathetic system are located in the lateral column of the spinal cord between the first thoracic and the third lumbar segments. Their axons join the ventral roots to reach the spinal nerves from which they pass to the vertebral ganglia of the sympathetic trunk as the

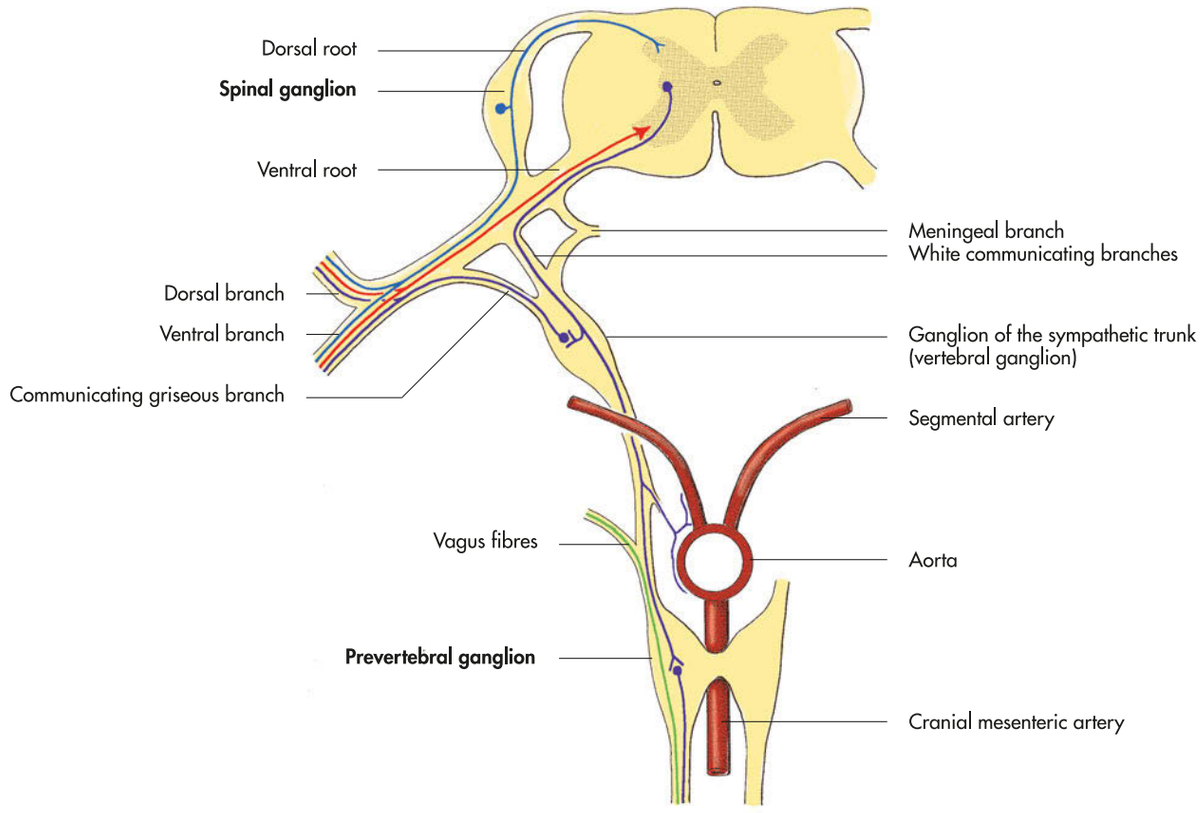


Fig. 15.78 Schematic illustration of the visceral part of the autonomic nervous system (red = motor, blue = sensory, lilac = pre- and postganglionic sympathetic fibres, green = parasympathetic fibres of the vagus nerve); fig. based on data from Ellenberger and Baum, 1943.

white communicating branches (nn. communicantes albi) (▶ Fig. 15.79). After entering the sympathetic trunk there are several courses that preganglionic fibres follow: some fibres synapse immediately within the local ganglion; others run cranially or caudally within the trunk to synapse in other vertebral ganglia. The majority passes uninterrupted through the trunk to synapse in prevertebral ganglia located at the origins of the visceral branches of the abdominal aorta. This last group constitutes the **splanchnic nerves**.

Sympathetic trunk (truncus symphaticus)

The sympathetic trunk consists of two chains of vertebral ganglia that have a segmental arrangement and are interconnected both longitudinally and transversely. It can be divided into several parts:

- cephalic and cervical part (pars cephalica et cervicalis),
- thoracic part (pars thoracica),
- abdominal part (pars abdominalis) and
- sacral and coccygeal part (pars sacralis et coccygea).

Cephalic and cervical part of the sympathetic trunk

The cephalic and cranial part of the sympathetic trunk is the cranial continuation of the thoracic part, without directly contacting the vertebral column. In the cervical region each chain runs in a common sheath with the vagus nerve, forming the **vagosympathetic trunk** (truncus vagosympathicus), dorsal to the common carotid artery (▶ Fig. 15.79 and ▶ Fig. 15.80).

The cervical part starts at the **cervicothoracic ganglion** (stellate ganglion, ganglion cervicothoracicum seu stellatum), which is connected to the **middle cervical ganglion** (ganglion cervicale medium) cranioventral to it via the ansa subclavia. The cervical part passes cranially from the middle cervical ganglion to combine with the vagus nerve in a common sheath. At the atlas, the sympathetic part separates from the vagus to then terminate in the large **cranial cervical ganglion** (ganglion cervicale craniale).

In the horse, this ganglion runs along the internal carotid artery in a caudal fold in the medial compartment of the guttural pouch. This ganglion provides sympathetic innervation for the head. Postganglionic fibres from the cranial cervical ganglion join the ninth, tenth, eleventh and twelfth cranial nerves and extend to the adventitia of all cranial arteries. Only postganglionic fibres leave the ganglion.

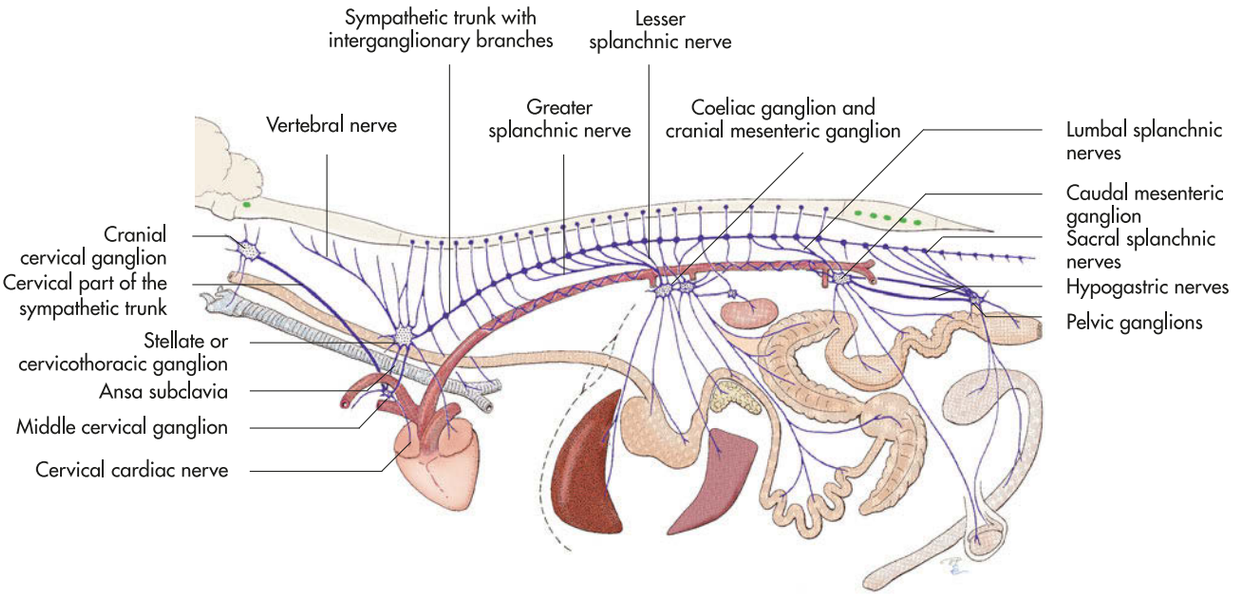


Fig. 15.79 Schematic illustration of the sympathetic nerves and ganglia of the horse.

Clinical note

Familiarity with the sympathetic innervation of the eye has important **diagnostic implications**. Loss of sympathetic input results in **Horner's syndrome**, in which constriction of the pupil **(miosis)** is a characteristic finding. Horner's syndrome may also occur in association with guttural pouch disease in horses.

The **internal carotid nerve** (n. caroticus internus) arises from the apex of the cranial cervical ganglion, is directed towards the brain and passes to the lacerated foramen with the internal carotid artery. It innervates the blood vessels within the cranial cavity and detaches fibres which combine with the trigeminal and other cranial nerves. The **middle cervical ganglion** is connected to the cervicothoracic ganglion by the ansa subclavia which divides to pass around the subclavian artery. Most of its neurons innervate the cardiac plexus.

The **cervicothoracic ganglion** lies medial to the first rib. It marks the end of the cervical sympathetic trunk and the start of the thoracic part of the sympathetic trunk. As indicated by its name it is formed by the fusion of the caudal cervical ganglion with one or more thoracic ganglia. The following branches arise **from the cervicothoracic ganglion**:

- communicating branches (rami communicantes) to the first two thoracic nerves,
- vertebral nerve (n. vertebralis), which accompanies the like-named vessels through the transverse canal and provides the cervical spinal nerves with sympathetic fibres,
- cervical cardiac nerves (nn. cardiaci cervicales), which innervate the cardiac plexus,
- perivascular branches, which accompany the subclavian artery, and
- thoracic part of the sympathetic trunk as its caudodorsal continuation.

Thoracic part of the sympathetic trunk

The thoracic part of the sympathetic trunk shows a segmental arrangement of ganglia, the number of which roughly corresponds to the number of thoracic vertebrae. Cranial thoracic ganglia fuse with caudal cervical ganglia to form the **cervicothoracic ganglion**. Branches to the cardiac, oesophageal and tracheal plexuses arise from the cranial thoracic ganglia (▶ Fig. 15.79).

From the sixth thoracic ganglion caudally, preganglionic neurons pass through the ganglia to reach the **greater splanchnic nerve** (n. splanchnicus major). The greater splanchnic nerve increases in diameter more caudally and enters the abdomen along the main sympathetic trunk between the crus of the diaphragm and the psoas minor muscle.

The **lesser splanchnic nerve** (n. splanchnicus minor) leaves the main sympathetic trunk caudal to the greater splanchnic nerve at the level of the last two or three caudal thoracic vertebrae. It continues into the abdominal cavity with the greater splanchnic nerve and the main sympathetic trunk. Both splanchnic nerves pass with the coeliac and the cranial mesenteric arteries to the paired coeliac and cranial mesenteric ganglions, which may be fused (▶ Fig. 15.79).

Abdominal part of the sympathetic trunk

The abdominal part of the sympathetic trunk lies between the psoas musculature and the vertebral bodies. Lumbar splanchnic nerves (nn. splanchnici lumbales) pass from the lumbar ganglia to the coeliac and cranial mesenteric ganglia (▶ Fig. 15.79). Fibres of the autonomic nervous system form a dense plexus around

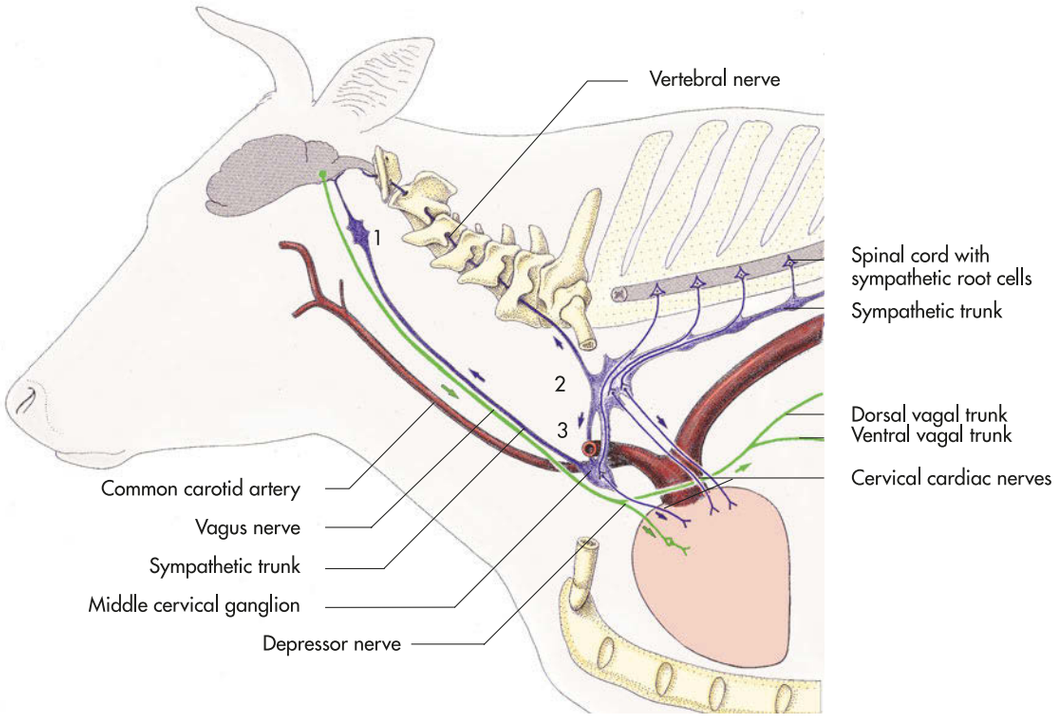


Fig. 15.80 Schematic illustration of the sympathetic and parasympathetic nerves in the cervical and thoracic region of the ox (1 = cranial cervical ganglion, 2 = cervicothoracic ganglion, 3 = ansa subclavia).

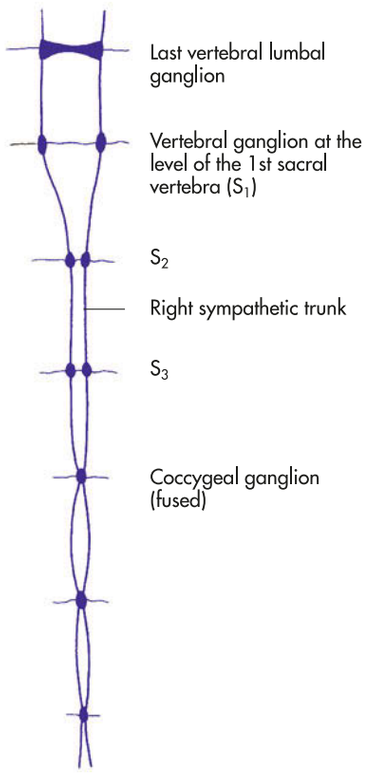


Fig. 15.81 Sacral and coccygeal part of the sympathetic trunk of the cat (schematic); fig. based on data from Corpancho, 1986.

the **prevertebral ganglia** and the roots of the coeliac and cranial mesenteric arteries, called the **solar plexus** (plexus solaris).

This is continuous with the plexuses which are distributed with the branches of the two arteries and are named after the organs they innervate, e.g. the **enteric** and the **hepatic plexus**. A large, unpaired, prevertebral sympathetic ganglion is found at the caudal mesenteric root.

The **prevertebral ganglia** are connected with each other by the splanchnic nerves, the sympathetic trunk, and the abdominal aortic plexus at the aorta. The nervous plexus surrounding the prevertebral ganglia receive parasympathetic fibres from the vagus nerve.

Sacral and coccygeal part of the sympathetic trunk

The sacral part of the sympathetic trunk is less consistent between individuals and may partly fuse with the coccygeal part before extending into the tail (▶ Fig. 15.81), where it rapidly tapers. **Pelvic splanchnic nerves** (nn. splanchnici pelvini) pass from the sacral ganglia to the retroperitoneal **pelvic plexus**.

The pelvic plexus receives the **hypogastric nerves** (nn. hypogastrici), two nerve bundles which pass from the caudal mesenteric ganglion into the pelvic cavity in a retroperitoneal position. The pelvic plexus receives parasympathetic fibres from the pelvic nerves (nn. pelvini) (▶ Fig. 15.79).

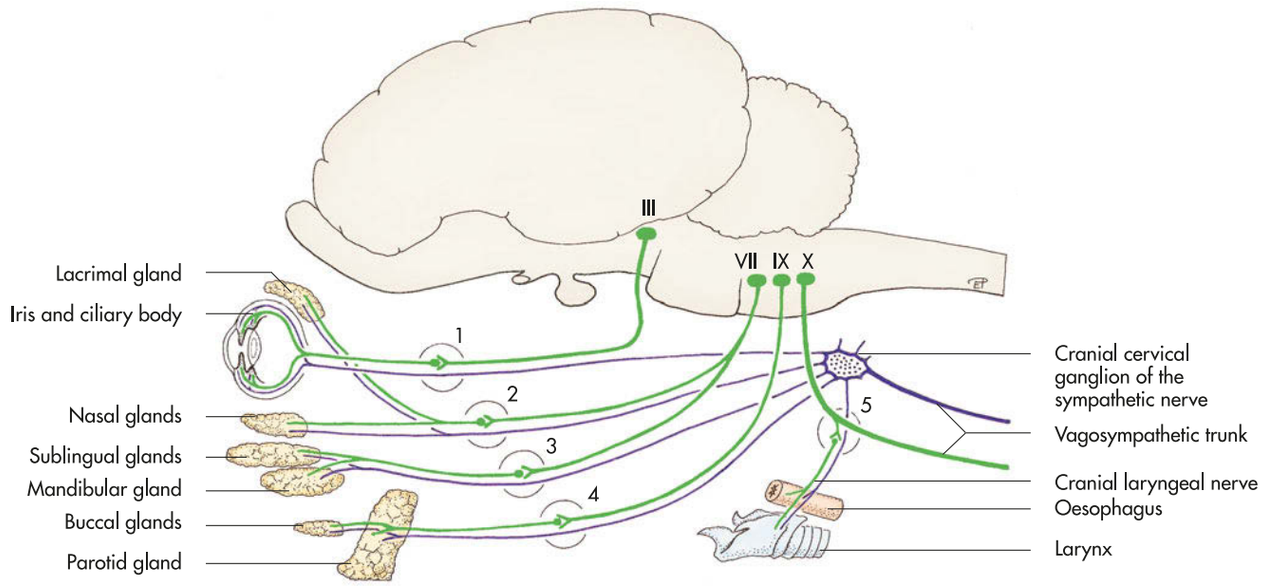


Fig. 15.82 Schematic illustration of the sympathetic (lilac) and parasympathetic (green) nerves of the head: 1 = ciliary ganglion, 2 = pterygopalatine ganglion, 3 = mandibular ganglion, 4 = otic ganglion, 5 = distal ganglion of the vagus nerve. Parasympathetic nuclei of cranial nerves: III = oculomotor nerve, VII = intermediofacial nerve, IX = glossopharyngeal nerve, X = vagus nerve; fig. based on data from Dyce, Sack and Wensing, 2002.

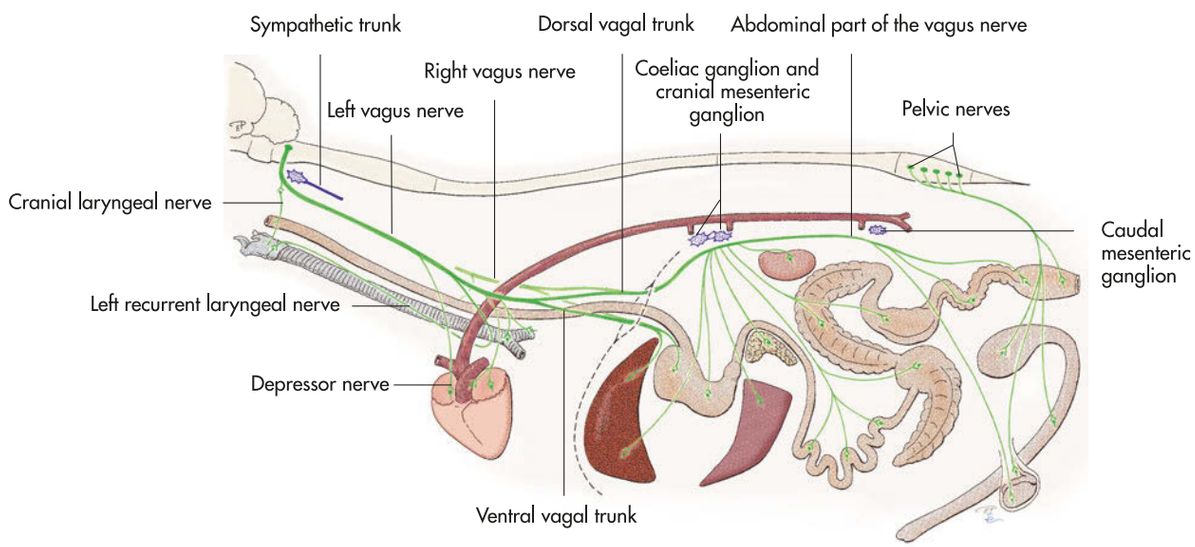


Fig. 15.83 Schematic illustration of the parasympathetic nerves of the neck, thorax, abdomen and pelvis.

15.3.3 Parasympathetic system

The cell bodies of the preganglionic neurons of the parasympathetic system are located in the nuclei of origin of certain cranial nerves in the brainstem and in the sacral spinal cord. Because of the place of origin of these fibres, craniosacral is used as a synonym for parasympathetic.

The **parasympathetic nuclei** of the cranial nerves are the (▶ Fig. 15.82):

- parasympathetic nucleus of the oculomotor nerve,
- parasympathetic nucleus of the facial nerve,
- parasympathetic nucleus of the glossopharyngeal nerve and
- parasympathetic nucleus of the vagus nerve.

The **preganglionic axons** leave the brainstem as **part of these cranial nerves**. The axons in nerves III, VII and IX are distributed to the head, whereas the vagus nerve distributes autonomic fibres to the cervical, thoracic and abdominal viscera. Preganglionic parasympathetic fibres also leave the spinal cord as part of the ventral roots of the sacral nerves and become part of the pelvic plexus.

The preganglionic parasympathetic fibres of the **oculomotor nerve synapse** in the **ciliary ganglion** (ganglion ciliare). The postganglionic fibres innervate the ciliary muscle, which regulates lens curvature and pupillary diameter. The parasympathetic preganglionic fibres of the **facial nerve** run with the chorda tympani to the lingual nerve and with the major petrosal nerve to the maxillary nerve. They synapse at the **mandibular** and the **pterygopalatine ganglia**. Postganglionic fibres of the mandibular ganglion innervate the sublingual and submandibular salivary glands; those of the **pterygopalatine ganglion** innervate the lacrimal, nasal and the palatine glands.

The preganglionic portion of the **glossopharyngeal nerve** joins the minor pterygopalatine nerve to synapse in the **otic ganglion**, near the origin of the mandibular branch of the trigeminal nerve. Postganglionic fibres innervate the buccal glands and the parotid gland. The axons of the largest parasympathetic nucleus leave the brain with the **vagus nerve**, with which they are distributed, to the organs of the thoracic and abdominal cavity. Synapses occur in ganglia along the nerve plexus, which they innervate, and are often located within the supplied organ (▶ Fig. 15.83). The cell bodies of the preganglionic neurons of the sacral part of the parasympathetic system are located in the lateral column of the sacral spinal cord. Their axons leave the spinal cord with the sacral nerves and form the **pelvic nerves**, which join sympathetic fibres in the pelvic plexus. They form organ specific plexuses from which the pelvic viscera are supplied.

15.3.4 Intramural system

The intramural system includes the **plexus** and **ganglia** that are located **within the tissues of organs**. It ensures independent function of the viscera with central control, e.g. when peristalsis of the intestine continues after the supplying vegetative nerves have been sectioned. In hollow organs the intramural system consists of nerve plexuses at **three different levels**:

- subserosal nerve plexus,
- myenteric nerve plexus and
- submucosal nerve plexus.

Clinical terminology

Examples of clinical terms derived from anatomical terms: neuritis, encephalitis, meningitis, meningoencephalitis, neuroma, radiculitis, neuralgia, and many more.

16 Endocrine glands (glandulae endocrinae)

H. E. König and H.-G. Liebich

Endocrine glands are ductless organs that produce substances, termed hormones, which are released into the circulatory system and transported to distant receptor organs. Some hormones diffuse directly to their target cells via the interstitial fluid (e.g. the gastroenteropancreatic system). Most endocrine glands release their hormones into postcapillary veins that do not drain into the portal vein, but circulate around the whole organism before reaching the liver.

Hormones bind to **specific receptors** found in their target sites, either to enhance or suppress the activity of the target organs, tissues or cells. Endocrine organs supplement and augment the function of the autonomic nervous system, and both are collectively described as the "neurohormonal system".

Hormones are produced by **parenchymal cells** which are found **singly** (e.g. in the epithelium of the gastrointestinal tract, in the wall of bronchi and the urethra, in the kidneys and in the myocardium), as **aggregates** (e.g. the Langerhans cells in the pancreas, Leydig cells in the testes and corpus luteum) or are organised in **endocrine organs** (pituitary gland, thyroid gland, pineal gland, adrenal gland). Some organs have both exocrine and endocrine functions (testis, ovary, pancreas, placenta) and some have an endocrine function that is secondary to their principle function (kidney, liver, thymus).

The function of the endocrine tissues is regulated by simple or complex feedback mechanisms, many of which involve the pituitary gland.

16.1 Pituitary gland (hypophysis or glandula pituitaria)

The pituitary gland (▶ Fig. 16.1) plays a **major regulatory role** in the entire endocrine system. It is sometimes referred to as the "master gland" of the body.

16.1.1 Position and form of the pituitary gland

It is a small **unpaired organ** that is suspended below the diencephalon in the hypophyseal fossa of the sphenoid bone between the optic chiasm and the mammillary body. The hypophyseal fossa is bound by the tuberculum sellae rostrally and the dorsum sellae caudally. The dura mater forms the diaphragma sellae around the hypophyseal stalk and contains prominent **cavernous sinuses**. The pituitary gland consists of **two parts** which are derived from different embryological origins and have separate functions: the **neurohypophysis** and the **adenohypophysis** (▶ Fig. 16.1).

The **neurohypophysis** is located caudal to the adenohypophysis and is a neural outgrowth of the **hypothalamus** (▶ Fig. 16.2). It consists of the stalk which connects the pituitary gland to the **tuber cinereum** of the hypothalamus (infundibulum or pars proximalis), and the distal, major portion of the neurohypophysis (pars distalis). The third ventricle extends into the neurohypophysis through the cylindrical stalk as the neurohypophyseal recess. The neurohypophysis stores and releases hormones that are produced by the neurosecretory cells of the **supraoptic** and **paraventricular nuclei** of the hypothalamus. These hormones, oxytocin and antidiuretic hormone (ADH), are conveyed along axons and released into the neurohypophyseal capillary bed.

The **adenohypophysis** arises from the epithelium of the dorsal pharyngeal roof and becomes the **anterior lobe of the** pituitary gland. Most of the adenohypophysis lies distal to the neurohypophysis and continues onto the stalk as **infundibular part of the adenohypophysis** (pars infundibularis). The portion of the adenohypophysis in direct contact with the distal part of the neurohypophysis is termed the **intermediate lobe** (pars intermedia adenohypophysis) owing to its location between the two major parts of the pituitary gland.

In the cat, dog and horse the intermediate lobe extends around the neurohypophysis. The anterior lobe is separated from the intermediate lobe by the **hypophyseal cleft** (cavum hypophysis), a remnant of development that is not present in the horse.



Fig. 16.1 Pituitary gland of a horse and adjacent structure (paramedian section). (source: courtesy of Prof. Dr. J. Maierl, Munich)

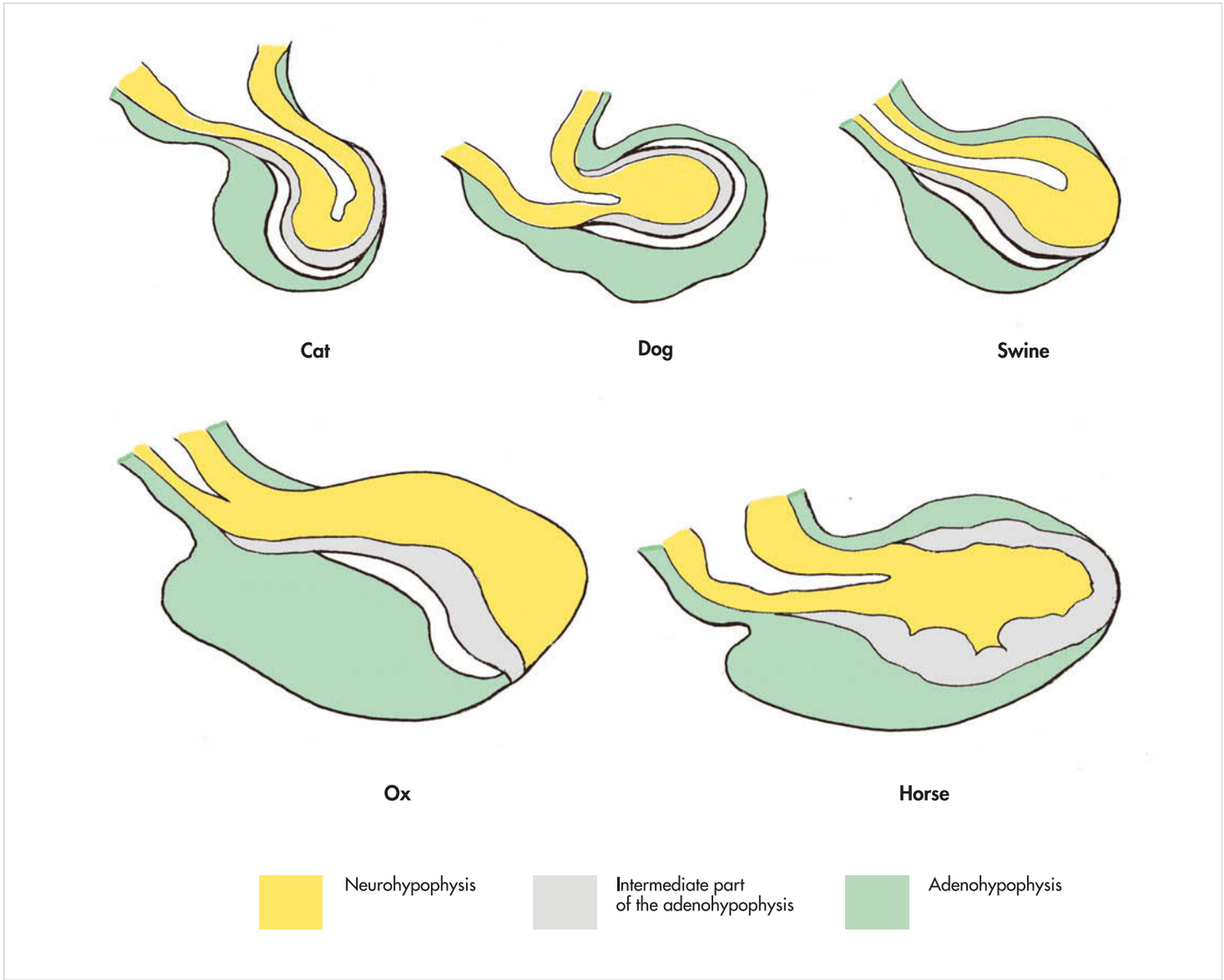


Fig. 16.2 Forms of the hypophysis of different domestic animals (schematic, median section).

16.1.2 Function of the pituitary gland

The hypophysis has its **own portal system** which is responsible for the **transportation of hormones** (releasing and inhibiting factors) from nuclei in the hypothalamus to the adenohypophysis. The **anterior lobe** of the adenohypophysis produces several hormones: growth hormone (GH), gonadotrophic hormones (follicle-stimulating and luteinising hormones), adrenocorticotropic hormone (ACTH), thyroid-stimulating hormone (TSH) and prolactin. The **intermediate lobe** produces melanocyte-stimulating hormone and several other hormones.

Because of the close anatomical and functional relationship between the hypothalamus and hypophysis, the two are collectively described as the **hypothalamic-pituitary axis** (▶ Fig. 16.3).

Secondary pituitary glands may develop within the dura mater between the pituitary gland and the pharynx, especially in cats and ruminants.

16.2 Pineal gland (epiphysis cerebri or corpus pineale, glandula pinealis)

16.2.1 Position and form of the pineal gland

The pineal gland is part of the **diencephalon**, see also in the Chapter 15 "Diencephalon" (p. 524). It is an **unpaired organ**, located in the epithalamus and structurally resembling a pine cone. The size of the pineal gland varies greatly among species and between individuals. It is connected to the roof of the diencephalon by the habenulae and the short peduncle.

16.2.2 Function of the pineal gland

The pineal gland is innervated by **postganglionic sympathetic fibres** from the **cranial cervical ganglion** that extend to the organ within the adventitia of small blood vessels. The endocrine cells of the pineal gland produce melatonin, serotonin and other pep-

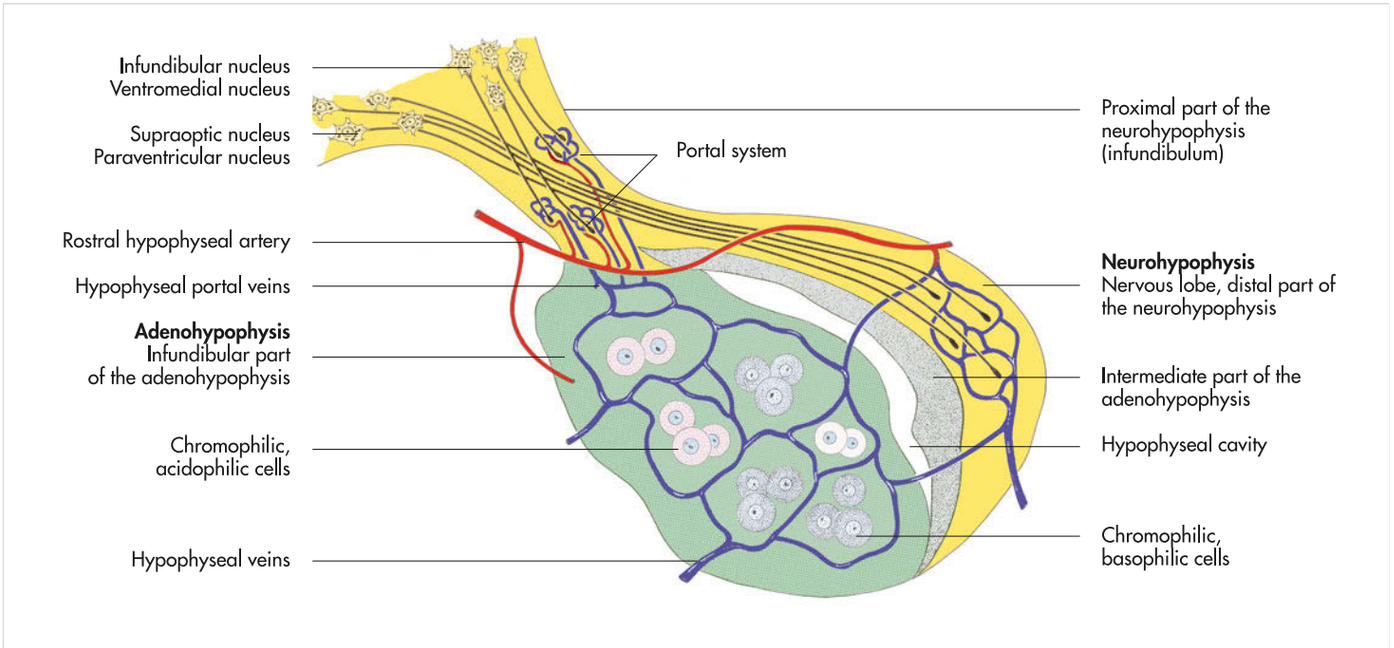


Fig. 16.3 The hypothalamus-hypophysis system (schematic).

tide hormones. The activity of these cells is influenced by a chain of neurons that pass from the retina, via the hypothalamus, thoracic spinal cord and the cranial cervical ganglia to the pineal gland. Melatonin has gonadotrophic effects which are important in seasonality of reproductive cycles in certain species, such as the horse and sheep. As such, the pineal gland functions as a **"biological clock"** regulating seasonal and diurnal variation in gonadal activity. In the horse, where melatonin has antigonadotrophic effects, melatonin production is inhibited by light stimuli, so that as day length increases in the spring, melatonin production decreases and its inhibitory effect on gonad activity is reduced (long-day breeding).

In sheep, melatonin is also suppressed by daylight, so that as night length increases, melatonin release increases. However, in sheep, melatonin enhances gonadotrophic function, so that breeding occurs in the autumn. This is of clinical importance, since administration of melatonin in sheep can be used to advance the breeding period.

16.3 Thyroid gland (glandula thyroidea)

16.3.1 Position and form of the thyroid gland

The thyroid gland is located to either side of and **ventral to the trachea** at its most cranial part, sometimes overlapping the larynx. In all domestic mammals other than the pig, it consists of **left** and **right lobes** that are connected caudally by a connective tissue strand **(isthmus)** extending on the ventral side of the trachea (▶ Fig. 16.4, ▶ Fig. 16.5, ▶ Fig. 16.6, ▶ Fig. 16.7 ▶ Fig. 16.10 and ▶ Fig. 16.11).

In the cat, the flat, **spindle-shaped lobes** lay on the dorsolateral aspect of the trachea extending over the first seven to ten tracheal rings. Their caudal poles are connected by a thin isthmus of about 1–2 mm.

In the dog, the thyroid gland consists of two **elongated**, **oval lobes** on the dorsolateral aspect of the trachea that extend from the fifth to the eighth tracheal ring. The isthmus is often formed of glandular parenchyma, especially in large breed dogs (▶ Fig. 16.8 and ▶ Fig. 16.9). Unlike in the other domestic mammals, in the pig (▶ Fig. 16.9 and ▶ Fig. 16.13) the thyroid gland is an **unpaired**, **compact organ** on the ventral aspect of the trachea. Its cranial pole lies at the thyroid cartilage, while the pointed caudal end reaches the thoracic inlet. Its surface has a granular appearance.

In the ox the **two lobes** are irregularly shaped with a granular appearance that roughly resembles pyramids. They are situated dorsally on the lateral side of the cricopharyngeal and cricothyroid muscles (▶ Fig. 16.9). The lobes are connected by a substantial isthmus that crosses the ventral aspect of the second tracheal ring.

In small ruminants the lobes are **spindle to cylindrical shaped** and lie on the dorsolateral aspect of the cranial tracheal rings. The isthmus is not present in all animals. In the horse the lobes of the thyroid are **oval** and about the size of a plumb. They are situated dorsolateral to the second and third tracheal rings and are joined ventrally by a **narrow strand** of connective tissue (▶ Fig. 16.9 and ▶ Fig. 16.12).

Accessory thyroid glands are usually located close to the main organ. However, they may also be found around the hyoid apparatus, along the whole of the trachea, in the mediastinum and in the lingual mucosa of the cat.

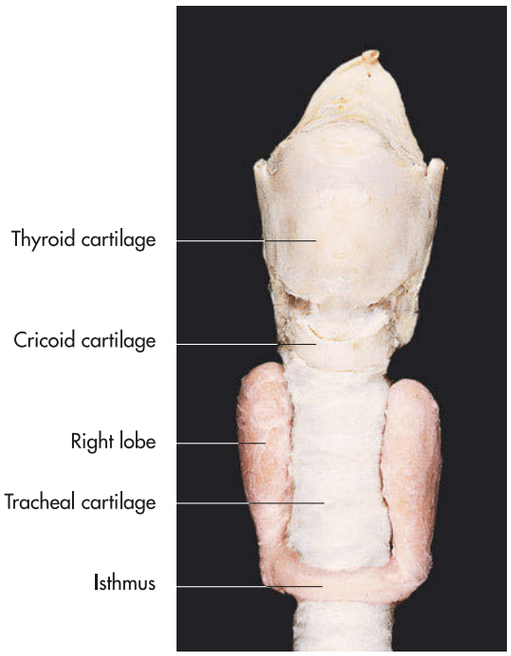


Fig. 16.4 Thyroid gland of a dog, with trachea and larynx (ventral aspect).

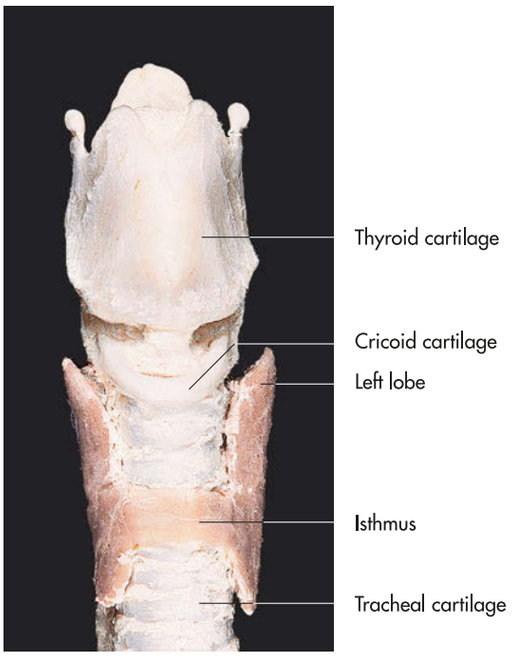


Fig. 16.5 Thyroid gland of a goat, with trachea and larynx (ventral aspect).

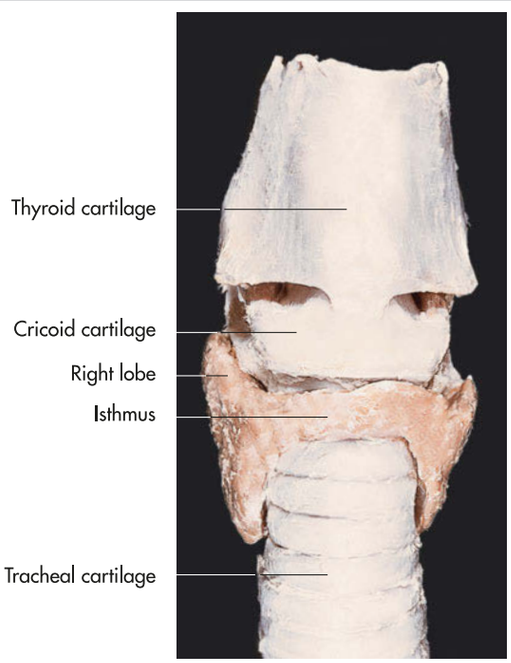


Fig. 16.6 Thyroid gland of an ox, with trachea and larynx (ventral aspect).

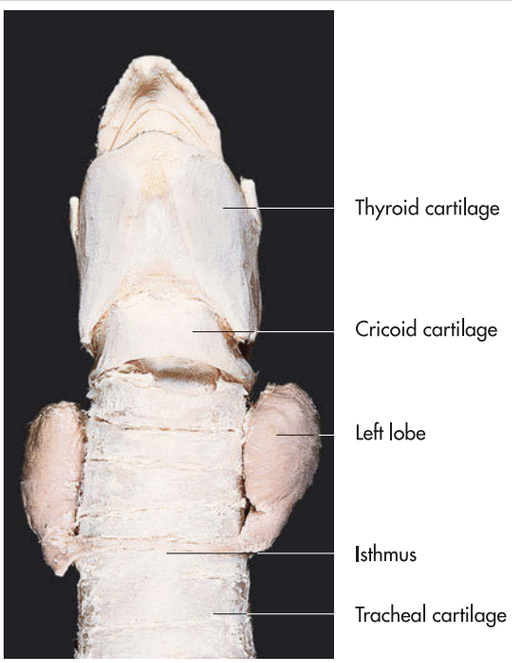


Fig. 16.7 Thyroid gland of a horse, with trachea and larynx (ventral aspect).

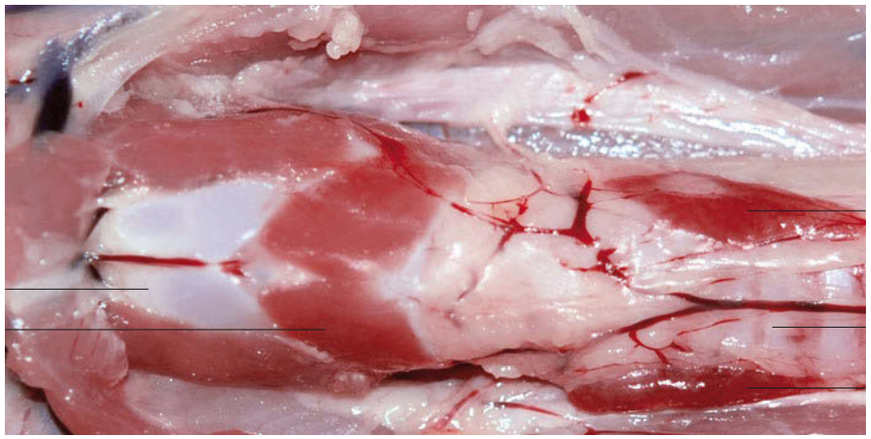


Fig. 16.8 Thyroid gland of a cat (ventral aspect). (source: courtesy of Prof. Dr. W. Pérez, Uruguay)

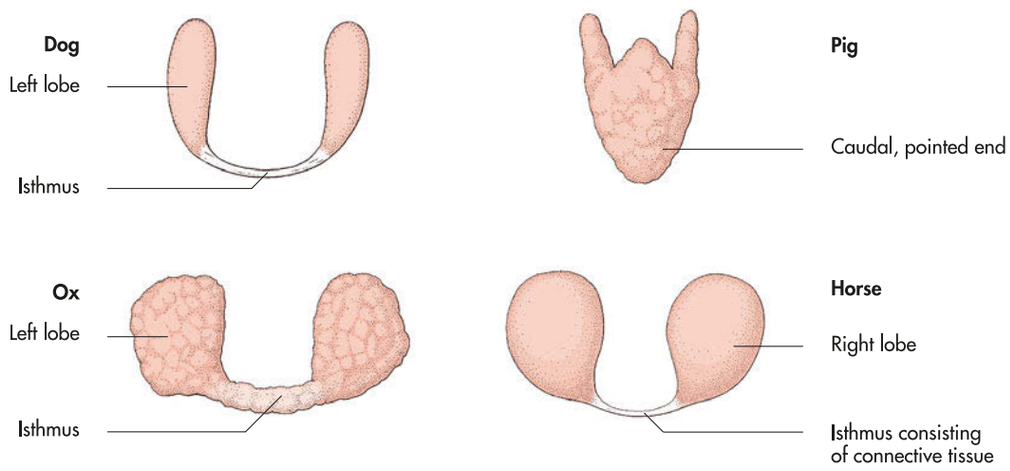


Fig. 16.9 The thyroid gland of the different domestic animals (schematic); fig. based on data from Ghetie, 1967.

16.3.2 Function of the thyroid gland

The hormones produced by the thyroid gland control metabolic rate, growth, body temperature, carbohydrate metabolism and blood calcium levels. Secretory activity of the thyroid gland is regulated by thyreotropin (TSH), a hormone of the adenohypophysis.

Thyroxine (T3) and tetra-iodothyronine (T4) are produced by **follicular cells** and are stored in follicular fluid prior to their release into the blood stream. The iodine content of the diet is essential to the production of thyroid hormones, so that iodine deficiency may cause enlargement of the thyroid gland (goitre). **Hyperthyroidism** leads to an increase in metabolism and the animals appear restless and nervous, sometimes even aggressive. **Hypothyroidism** causes the organism to slow down metabolism, growth and activity. Congenital hypothyroidism results in stunted growth and mental retardation.

Parafollicular, or **C-cells** produce calcitonin, a hormone that lowers blood calcium concentrations and thus acts as an antagonist to the parathyroid hormone.

16.3.3 Blood supply, lymphatics and innervation

Blood supply of the thyroid gland is provided by branches of the **common carotid artery**. The main branch is the cranial thyroid artery, which branches to parts of the larynx. Additional vascular supply is provided by the caudal thyroid artery, which is frequently absent in the ox and goat, but contributes the main supply in the pig. Variations regarding the origin and course of the thyroid vessels are common. **Venous drainage** is achieved by the cranial and middle thyroid veins that drain into the internal jugular vein in all domestic mammals other than the horse, where no internal jugular vein is present. In the horse they drain into the **external jugular vein**. In the dog and cat, the cranial thyroid veins are connected by the caudal laryngeal arch in which the unpaired, **median caudal thyroid vein opens**. The thyroid veins also vary greatly between species and individuals.

Lymphatic drainage of the thyroid gland is to the deep cervical lymph nodes or directly to the tracheal trunk.

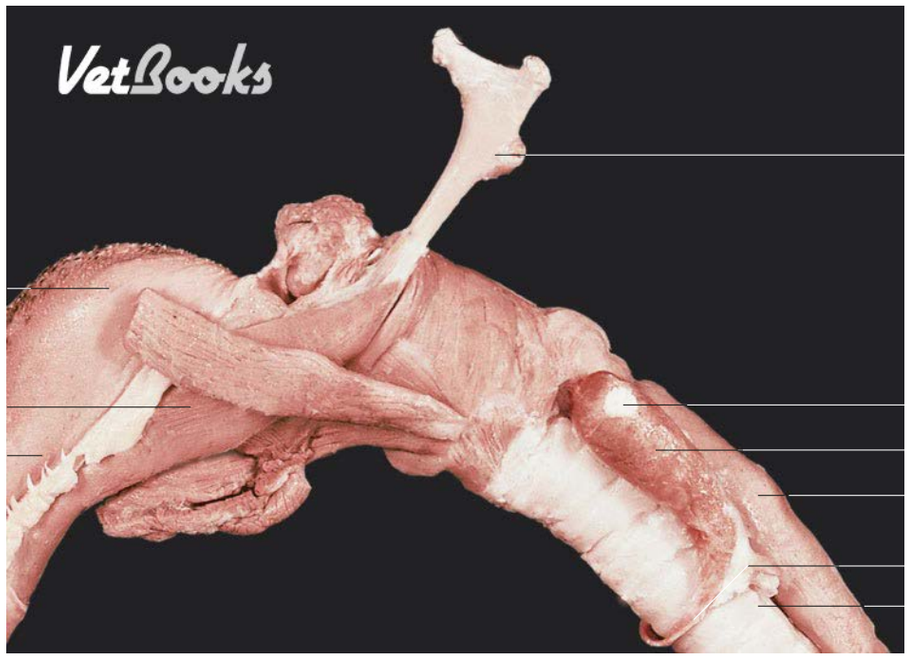


Fig. 16.10 Topography of the thyroid gland and the parathyroid gland of a sheep with adjacent structures. (source: courtesy of H. Dier, Vienna)

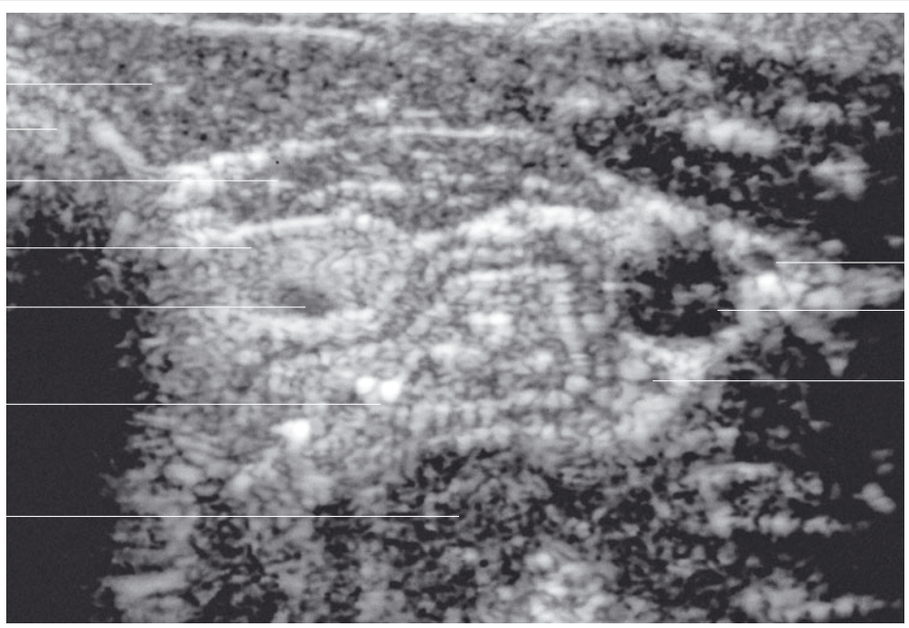


Fig. 16.11 Ultrasonogram of a thyroid gland of a dog, showing the internal parathyroids. (source: courtesy of PD Dr. S. Reese, Munich)

The thyroid gland is innervated by both the **sympathetic** and **parasympathetic nervous systems**. Sympathetic fibres originate in the cranial cervical ganglion, while parasympathetic fibres supply the organ from branches of the caudal and cranial laryngeal nerves, both of which are branches of the vagus nerve.

16.4 Parathyroid glands (glandulae parathyroideae)

16.4.1 Position and form of the parathyroid glands

The parathyroid glands are **bilaterally paired**, small epithelial structures that are located both embedded within the thyroid gland and also close to its capsule.



Fig. 16.12 Thyroid gland of a horse (left lobe). (source: courtesy of PD Dr. S. Reese, Munich)

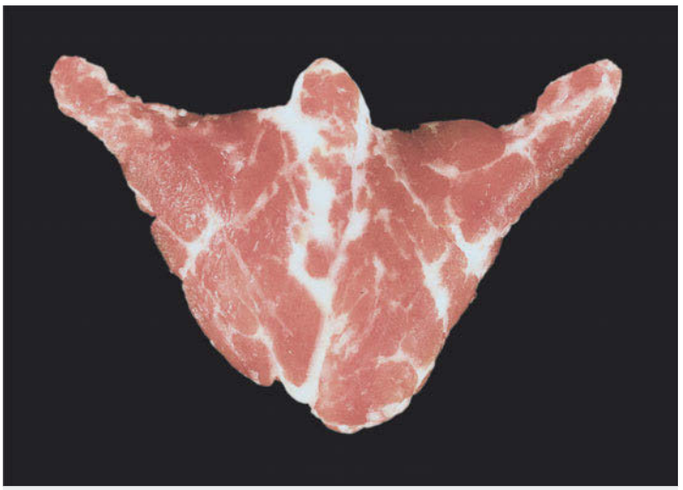


Fig. 16.13 Thyroid gland of a pig. (source: courtesy of PD Dr. S. Reese, Munich)

These glands develop from the epithelium of the **third** and **fourth pharyngeal pouches**. The **internal parathyroid glands** are also named parathyroid IV, indicating their origin, and the **external glands** are named parathyroid III.

Conclusion

Species-specific variations of the parathyroid glands

- **Cat:**
  - Internal parathyroids are located within the thyroid parenchyma, close to the medial surface of each lobe.
  - External parathyroids are found close to the cranial pole of the thyroid gland.
- **Dog:**
  - Internal parathyroids are embedded within the middle portion of each lobe.
  - External parathyroids are found close to the cranial pole or the cranial half of the thyroid gland.
- **Pig:**
  - Internal parathyroids are not present.
  - External parathyroids are pea-like structures at the bifurcation of the common carotid artery.
- **Ox:**
  - Internal parathyroids are located either at the dorsal margin, the medial aspect or within the parenchyma of each lobe.
  - External parathyroids are found medial to the bifurcation of the common carotid artery, close to the origin of the cranial laryngeal nerve from the vagus nerve.
- **Horse:**
  - Internal parathyroids are located around the cranial half of each lobe.
  - External parathyroids are found along the trachea close to the caudal deep cervical lymph nodes.

16.4.2 Function of the parathyroid glands

The parathyroid glands produce parathyroid hormone, which regulates serum concentrations of calcium and phosphorus by regulating metabolism within bone, absorption from the gastrointestinal tract and excretion in the urine.

Clinical note

Incidental extirpation of all parathyroid glands during bilateral thyroidectomy in cats results in severe **hypocalcaemia**, which can be fatal. Due to lack of calcium necessary for proper muscular function, tetany then precedes death.

16.4.3 Blood supply, lymphatics and innervation

The parathyroid glands are surrounded by a dense **capillary network**. They are supplied by small branches of the **common carotid artery**. **Veins** open into the jugular vein.

Lymphatics drain to the deep cervical lymph nodes.

Sympathetic fibres arise in the cranial cervical ganglion and reach the organs within the adventitia of the supplying arteries. **Parasympathetic fibres** reach the organ with branches of the caudal laryngeal nerve.

16.5 Adrenal glands (glandulae adrenales or suprarenales)

16.5.1 Position and form of the adrenal glands

The **paired** adrenal glands (▶ Fig. 16.14, ▶ Fig. 16.15, ▶ Fig. 16.16 and ▶ Fig. 16.18) are located craniomedial to the corresponding kidney in a retroperitoneal position at the roof of the abdomen. They derive their name from this position only and have no functional relationship with the kidneys. Each adrenal gland is com-

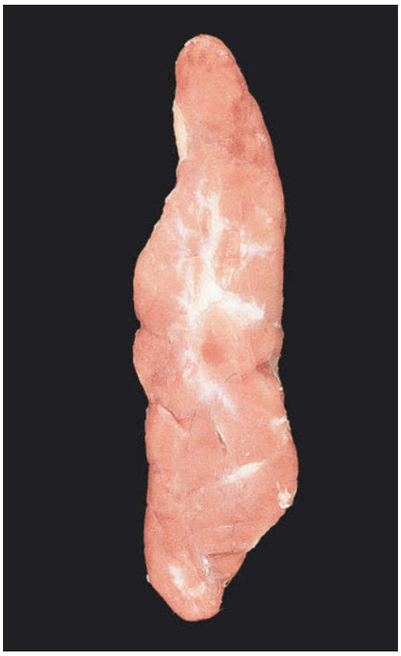


Fig. 16.14 Left adrenal gland of a pig (paramedian section). (source: courtesy of PD Dr. S. Reese, Munich)



Fig. 16.15 Left adrenal gland of a pig. (source: courtesy of PD Dr. S. Reese, Munich)

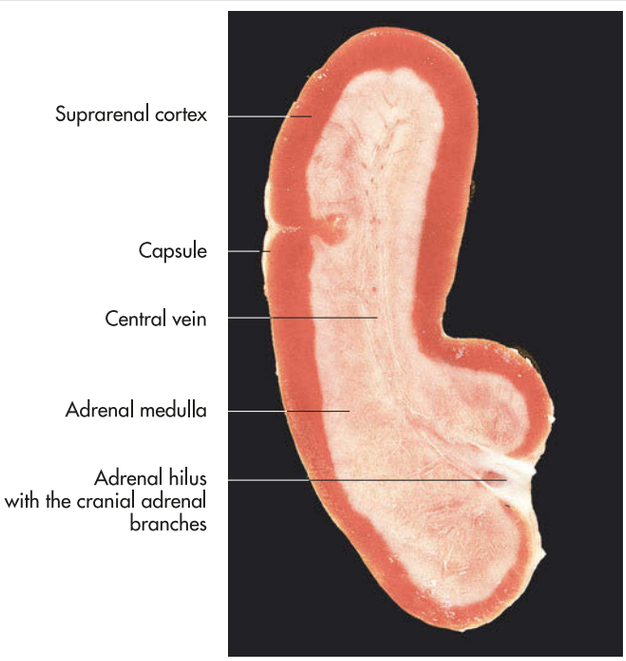


Fig. 16.16 Right adrenal gland of an ox (paramedian section). (source: courtesy of PD Dr. S. Reese, Munich)



Fig. 16.17 Right adrenal gland of an ox. (source: courtesy of PD Dr. S. Reese, Munich)

posed of two structurally and functionally different endocrine tissues of different embryological origin:

- outer cortex and
- inner medulla.

The **outer cortex** is lighter in colour, radially striated and originates from mesenchymal cells of the mesoderm. The **medulla** is darker and of ectodermal origin, originating from sympathetic tissue; it thus represents a sympathetic paraganglion. The adrenal glands are often asymmetrical and irregular and their form and size vary greatly among species and individuals (▶ Fig. 16.14 and ▶ Fig. 16.19).

Sectioning of the gland reveals the outer striations of the cortex, enabling easy differentiation from other structures, including lymph nodes. Medullary tissue surrounds the central vein, which in turn is surrounded by the cortex and covered by the fibrous

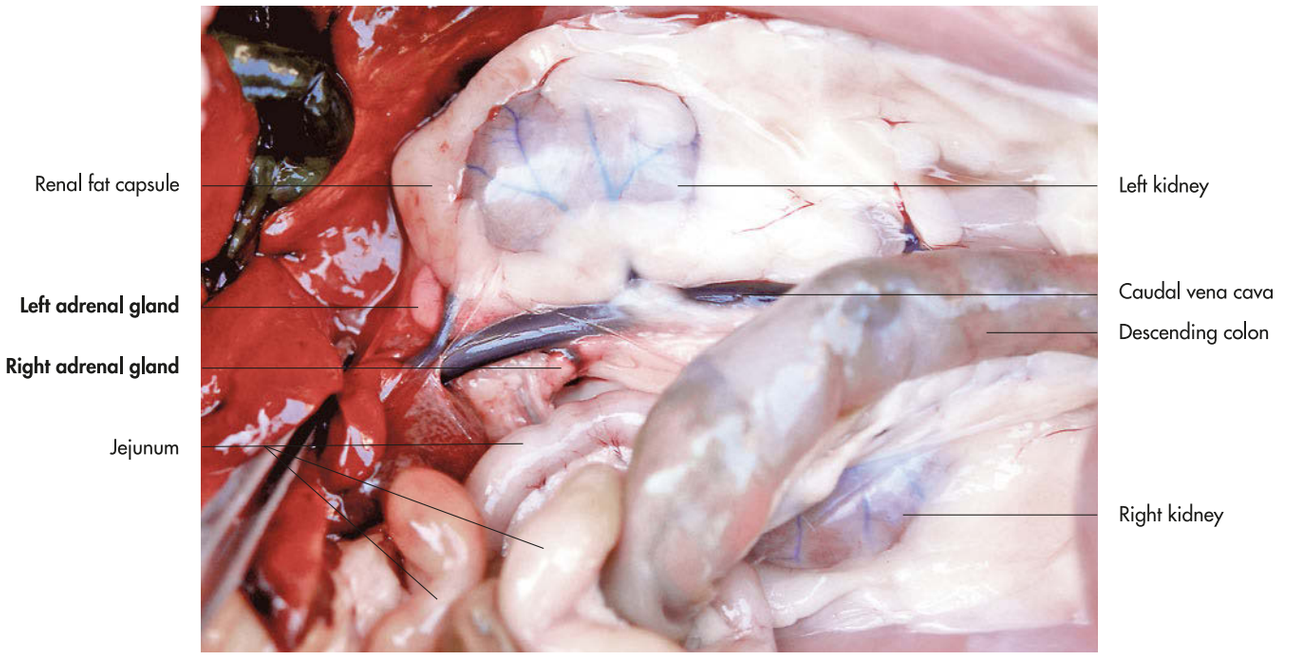


Fig. 16.18 Topography of the adrenal glands, the kidneys, the caudal vena cava and the intestine of a cat. (source: courtesy of Prof. Dr. W. Pérez, Uruguay)

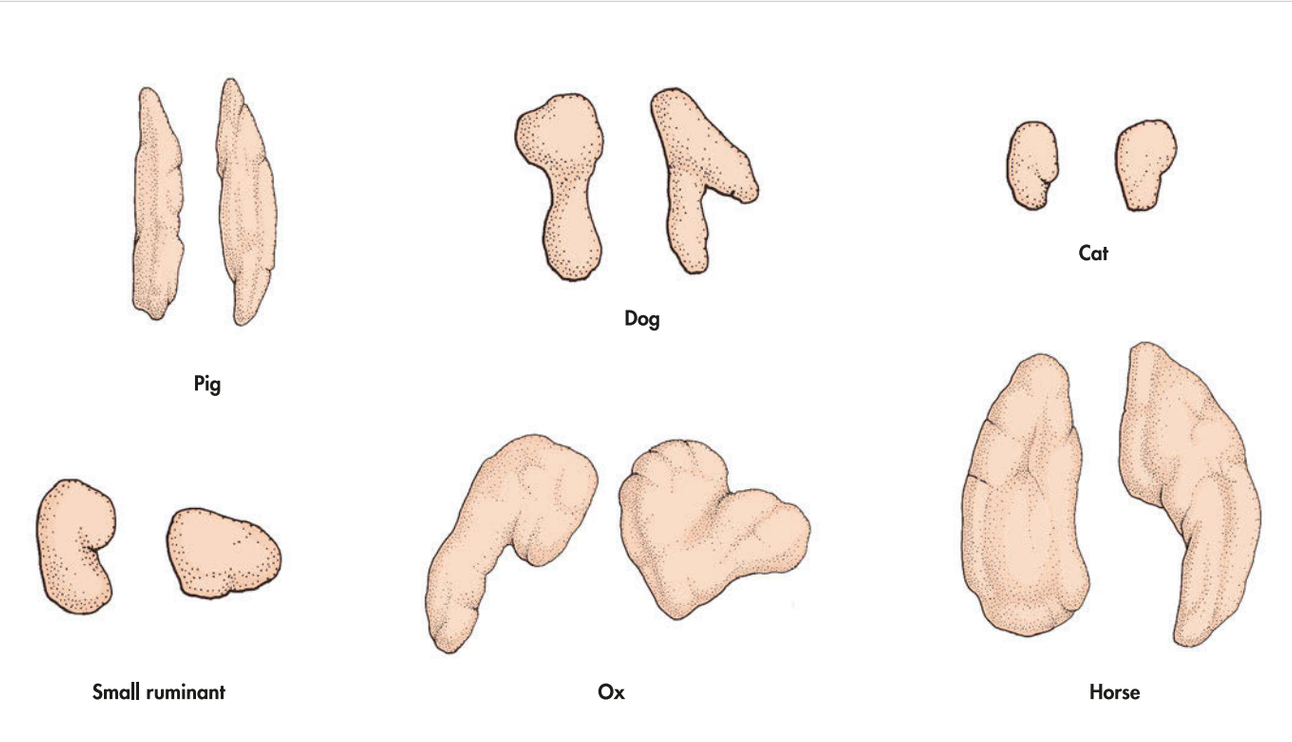


Fig. 16.19 The adrenal glands of the different domestic animals (schematic); fig. based on data from Ghetie, 1967.

capsule (▶ Fig. 16.17). The ventral surface is marked by the subtile hilus, through which the adrenal vessels enter.

16.5.2 Function of the adrenal glands

The **adrenal cortex** produces **hormones**, called **corticoids**, which regulate mineral balance (mineralcorticoids) and carbohydrate metabolism (glucocorticoids). Androgenic hormones play a role in formation of the male genital organs. The **activity of the adrenal cortex** is regulated by the adrenocorticotrophic hormone of the adenohypophysis (ACTH). The **adrenal medulla** produces the **neurotransmitters adrenaline and noradrenaline**. Adrenaline stimulates the sympathetic nervous system, while noradrenaline influences blood pressure. The adrenal medulla coordinates the body's response to acute stress, together with the autonomic nervous system.

16.5.3 Blood supply, lymphatics and innervation

The adrenal glands receive a generous blood supply from various small branches of **neighbouring arteries** (abdominal aorta, renal artery, cranial abdominal artery and caudal phrenic artery). The capillaries take a radiating course from the cortex into the medulla and form a capsular and a medullary network.

The **special architecture** of the blood distribution within the gland may mediate cortical control over adrenaline synthesis. Venous blood, enriched with hormones, pools in the central vein from which emissary vessels accompany the arteries to join the caudal vena cava.

Lymphatics form a capillary network within the parenchyma of the adrenal gland and drain into the lumbar aortic lymph nodes.

The parenchyma of the adrenal medulla is actually a modified **sympathetic ganglion**, specialised for **neurohormonal release**. It is innervated by preganglionic sympathetic fibres from the **splanchnic nerve**. The cortical cells are modified **postganglionic neurons**.

16.6 Paraganglia

Paraganglia are small, nodular masses of **epithelial cells**, which take their embryological origin from the **neural crest** and contain **adrenaline** and **noradrenaline**. The adrenal medulla is the largest aggregation of these neural crest cells in the body. Other paraganglia are well innervated and are found close to larger arteries. They function as chemoreceptors for the regulation of respiration.

The **carotid body** (glomus caroticum), lies at the bifurcation of the carotid arteries or sometimes within the wall of the **carotid sinus**. It has an irregular shape and varies in size from 1 to 3 mm. It is innervated by a branch (ramus sinus carotici) of the **glossopharyngeal nerve**, but receives additional branches from the cranial cervical ganglion and the vagus nerve. The **aortic body** (glomus aorticum) lies on the **aortic arch**, close to the origin of the brachiocephalic trunk. It is smaller than the carotid body and innervated by the depressor branch of the vagus nerve.

The **para-aortic bodies** consist of several paraganglionic masses along the abdominal aorta. Their exact location varies among the different species and individuals. Most sympathetic ganglia also include groups of paraganglionic cells.

16.7 Pancreatic islets (insulae pancreatici)

The pancreatic islets, also known as the **"Islets of Langerhans"**, constitute the endocrine component of the pancreas. There are 0.5 to 1.5 million islets in man and several thousand islets in the cat and dog, which are supposed to be more numerous in the left pancreatic lobe, than in the right.

The islet cells are of several types: **alpha cells** produce **glucagon** and **beta cells** produce **insulin**, both of which affect carbohydrate metabolism. Insufficient insulin production results in diabetes mellitus. The endocrine pancreas of the dog served as the classic model for the exploration of insulin deficiency diabetes by Bantin and Best in 1922. Other cells synthesise somatostatin, which inhibits growth.

The pancreatic islets receive a generous **blood supply** and contain large-diameter capillaries. They are the only endocrine glands that are drained by veins which open into the portal vein.

These islets receive **autonomic innervation**; sympathetic fibres stimulate the production of glucagon and inhibit that of insulin; parasympathetic fibres stimulate the secretion of insulin.

16.8 Gonads as endocrine glands

The testis and the ovary have both an **exocrine** and an **endocrine function**, which are under the control of the hypothalamic-pituitary axis.

The **internal** and **external thecal cells** of the ovary, which enclose a maturing follicle, produce **oestrogens**. After ovulation the corpus luteum forms and produces **progesterone**. The corpus luteum is a transient endocrine structure which regresses with each oestrous cycle, but persists during gestation for a variable proportion of pregnancy. It is vital for maintenance of pregnancy.

The **interstitial cells**, within the connective tissue between the seminiferous tubules of the testes produce **androgens**. They are responsible for the maturation of spermatozoa and the development of the male genital organs.

The endocrine components of other organs are less distinct and include the renin-producing cell clusters of the kidney and the variety of enteroendocrine cells scattered within the gastrointestinal epithelia.

17 Eye (organum visus)

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The eye, the organ of vision, consists of various parts, which are able to receive light stimuli from the environment, register the stimulus and convert it into an electrical signal, which is conveyed to the brain. The receptor neurons contain photosensitive molecules that are chemically transformed by light impulses and react with neural activity of surrounding cells. The resulting signal travels along neurone chains to reach cognitive centres in the brain, where the final image is formed.

Vision is based on a very complex system, that involves all parts of the eye, including its accessory structures (adnexa), as well as various parts of the brain, see Chapter 15 "Brain" (p. 771):

- **eyeball:** fibrous, vascular and inner layers of the eyeball (sclera, cornea, choroid, ciliary body, iris, retina),
- **adnexa:** ocular muscles, eyelids, lacrimal apparatus,
- **optic nerve** and
- **visual area** of the cerebral cortex.

17.1 Eyeball (bulbus oculi)

17.1.1 Shape and size of the eyeball

There is considerable **variation between species** in regard to the form and the size of the eyeball between species and individuals. It is roughly spherical in carnivores (20–24 mm in diameter), while in the horse, its width (50 mm) exceeds its height (42 mm) and length (45 mm). The eye of an ox is comparatively smaller than that of a comparably sized horse (40–43 cm). Corrected for body size, the cat has the largest eyeball, followed by the dog, the horse and the ox, with the pig having the smallest.

The **outline of the eyeball** is not evenly rounded, but displays a larger curvature in its posterior part than in its anterior part, where the cornea bulges forward. The division of the two segments is marked by a visible groove, the **scleral groove** (sulcus sclerae) (▶ Fig. 17.1).

17.1.2 Directional terms and planes of the eyeball

The **vertex of the cornea** is designated the **anterior pole** of the eye (polus anterior), and the point directly opposite to it is the **posterior pole** (polus posterior) (▶ Fig. 17.1).

The line connecting the anterior and posterior poles and passing through the centre of the lens is the **external axis** of the eyeball (axis bulbi externus), also referred to as the **optic axis** (axis opticus). The **internal axis** of the eyeball (axis bulbi internus) extends from the posterior side of the cornea to the internal surface of the retina.

The **equator of the globe** has its maximum circumference located midway between the poles. Lines connecting the poles on the surface of the globe are called **meridians**. For descriptive purposes, main vertical and horizontal meridians are used to divide the globe into four quadrants.

The **optic axis forms** an angle of approximately 20° with the median plane in the cat, 30° to 50° in the dog, 10° to 40° in the ox and 90° in the horse. In general, predatory species have eyes set well forward, while hunted species carry their eyes more laterally. The lower the degree of divergence, the larger the field of **binocular vision**. In the horse the right and left fields of vision hardly overlap, so that it is able to constantly visualise a large segment of its surroundings, with only little binocular vision.

When referring to the eye, anterior (in front) and posterior (behind) are used to describe location instead of rostral and caudal, and temporal and nasal are used instead of lateral and medial.

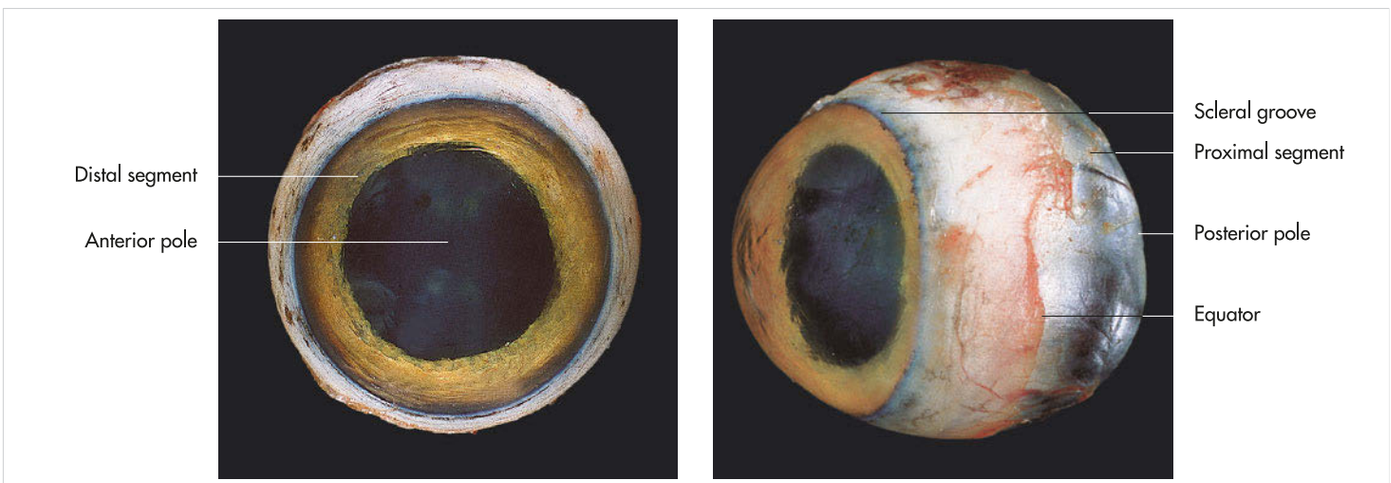


Fig. 17.1 Eyeball of a cat (left image anterior aspect and right image anterior-oblique aspect).

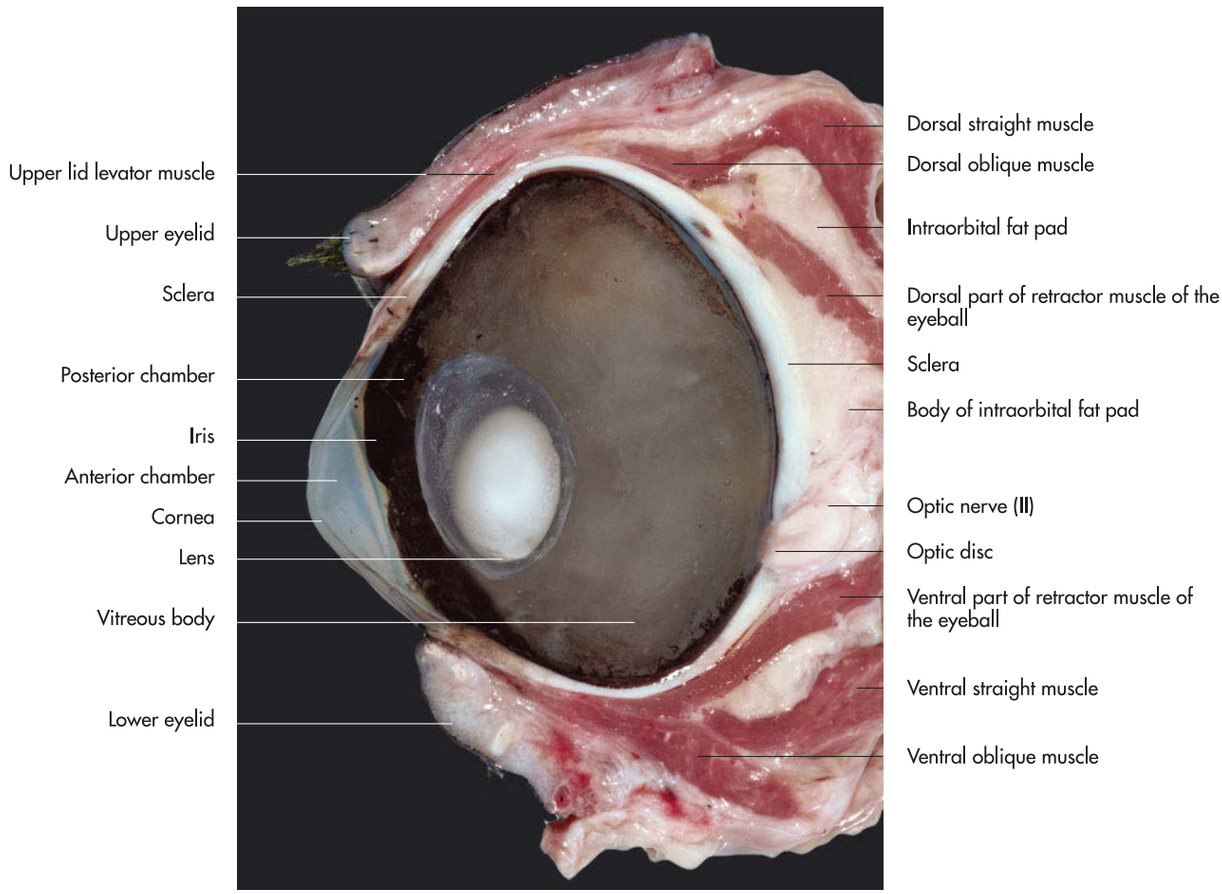


Fig. 17.2 Eyeball of a horse (vertical section).

17.1.3 Structure of the eyeball

The wall of the eyeball is formed by **three concentric layers** (tunicae), which enclose the interior of the eyeball, thus enclosing its other structures (▶ Fig. 17.2). The interior of the eyeball is divided into **three chambers** (camerae bulbi):

- anterior chamber (camera anterior) between the cornea and iris,
- posterior chamber (camera posterior) between iris, ciliary body and lens, and
- vitreous chamber (camera vitrea) behind the lens, surrounded by the retina.

The **layers of the eyeball** (▶ Fig. 17.2) are the:

- **fibrous layer of the eyeball** (tunica fibrosa bulbi): sclera and cornea,
- **vascular layer of the eyeball** (tunica vasculosa bulbi): choroid (choroidea), ciliary body (corpus ciliare) and iris, and
- **inner layer of the eyeball** (tunica interna bulbi): nonvisual retina (pars caeca retinae) and optic part of the retina (pars optica retinae).

Fibrous layer of the eyeball (tunica fibrosa bulbi)

The fibrous outer layer is composed of very dense collagenous tissue, which is large responsible for the shape of the eye. It is composed of **two parts**: the **opaque**, **whitish** sclera, which encloses approximately the posterior three-quarters of the globe, and the **transparent** cornea, which covers the anterior part of the globe (▶ Fig. 17.2 and ▶ Fig. 17.3). The two components meet at the corneoscleral junction, also referred to as the **corneal limbus**.

Sclera

The **substantia propria** of the sclera consists of a dense network of collagen fibres in parallel orientation. Some elastic fibres are dispersed within this collagenous network, helping to resist the internal pressure of the eye as well as the considerable forces it is subjected to by the extraocular muscles (▶ Fig. 17.2).

The sclera varies in **thickness**, being thinnest near to the equator (up to 0.5 mm) and gaining in thickness towards the posterior pole of the eye (up to 2 mm). Ventrotemporally the sclera has many fenestrations, through which the optic nerve and blood vessels pass (area cribrosa sclerae). The trabeculae of the cribrose area continue caudally as the connective tissue septae of the optic nerve.

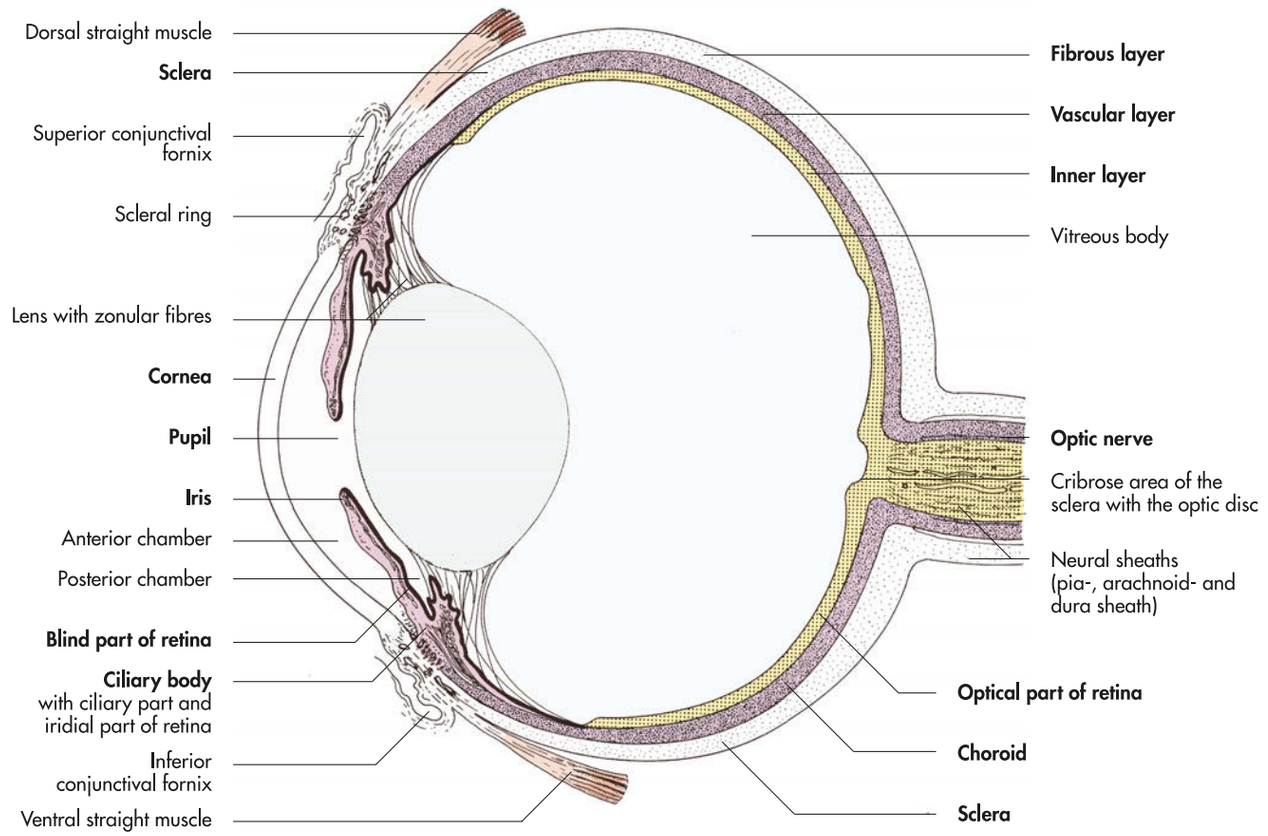


Fig. 17.3 Eyeball in section (schematic).

At the **corneoscleral junction**, the inner surface of the sclera is marked by a **small ridge** (anulus sclerae), where the **ciliary muscle** attaches. The outer surface is marked by the **scleral groove** (sulcus sclerae), which is especially prominent in carnivores.

The **scleral venous plexus**, through which the **aqueous humour** drains, is located between these two structures and is important for the regulation of the **ocular pressure**. An impediment of the aqueous outflow leads to an increase in ocular pressure, and affected animals may develop **glaucoma**.

The sclera is covered by conjunctiva close to the corneoscleral junction, which reflects onto the surface of the globe as the bulbar conjunctiva.

Cornea

The cornea forms the anterior, **transparent segment** of the fibrous layer of the eyeball and bulges forward. Its proper substance consists of parallel fibres of **collagen** that are arranged in a lamellar form. The highest point of the cornea is called the **vertex**, its periphery, the **limbus**. The cornea of carnivores is rounded, while it is oval in ungulates, with an obtuse nasal canthus and an acute temporal canthus.

The cornea is composed of **five layers**:

- anterior epithelium (epithelium anterius),
- anterior limiting lamina or Bowman layer (lamina limitans anterior),
- substantia propria,
- posterior limiting lamina or Descemet membrane (lamina limitans posterior) and
- posterior epithelium (epithelium posterius) or endothelium of the anterior chamber (epithelium camerae anterioris).

The **anterior epithelium** consists of several layers of squamous cells and is continuous with the bulbar conjunctiva. Its outer surface is kept moist by the precorneal tear film, which provides protection to these cells. This precorneal film consists of serous, mucoid and fatty components. The anterior epithelium forms a barrier, that reduces water diffusion into the proper substance of the cornea (▶ Fig. 17.5).

The **substantia propria** consists of collagen fibres, keratocytes, arranged in distinct lamellae, which are flattened between these lamellae, and a watery matrix. A dense network of non-myelinated, sensory and autonomic nerve fibres extends between the collagenous fibres. The cornea is normally avascular and is nourished by diffusion of molecules from the capillary loops at the corneoscleral junction, the precorneal tear film and the aqueous humour.

The posterior limiting membrane is the exaggerated basement membrane of the **posterior epithelium**. The posterior epithelium is composed of a simple squamous epithelium, which also constitutes the endothelium of the anterior chamber of the eye. It enhances the selective diffusion of water to maintain the transpar-

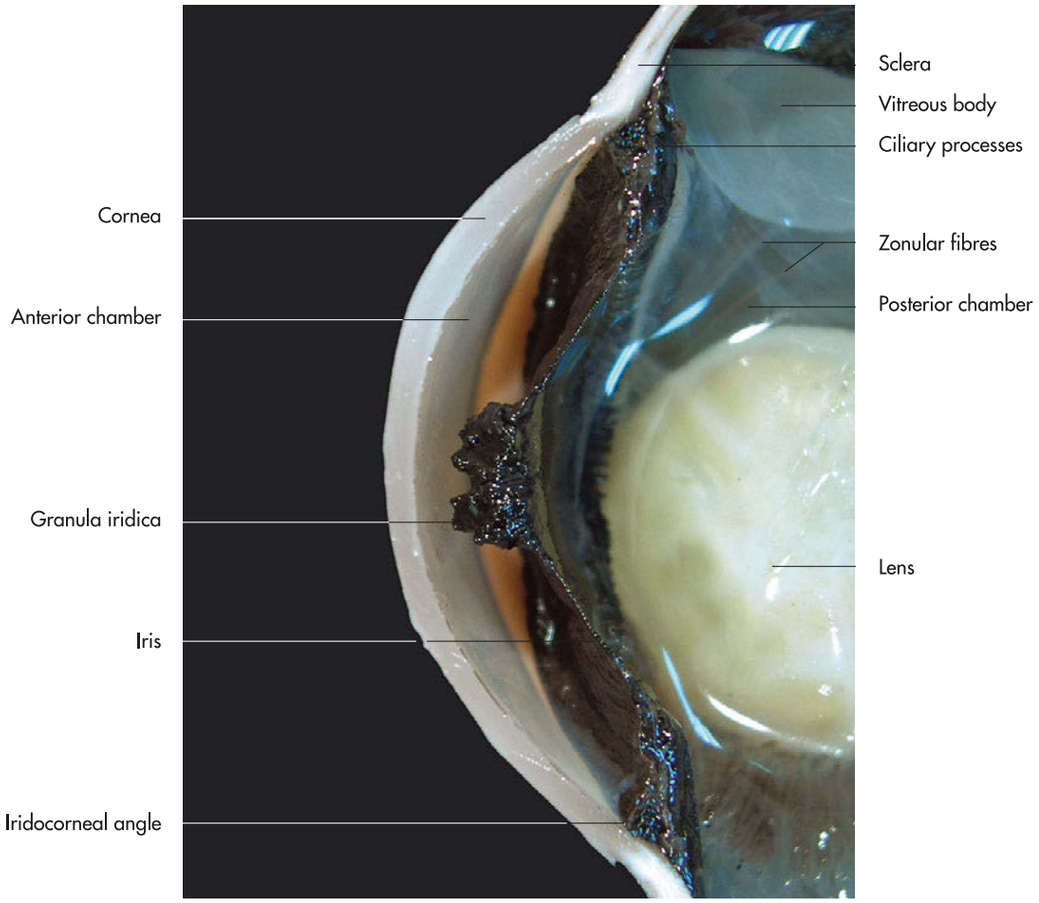


Fig. 17.4 Anterior pole of the eye of an ox (sagittal section) (source: courtesy of Dr. S. Donoso, Chile).

ency of the cornea and excretes proteins for the construction of the posterior limiting layer of the cornea.

Vascular layer of the eyeball (tunica vasculosa or media bulbi, uvea)

The vascular layer of the eyeball is interposed between the sclera and the retina. It is composed of connective tissue, which contains pigment cells, elastic fibres, a nervous plexus and a dense network of blood vessels. The vascular layer consists of **three parts**:

- choroid (choroidea),
- ciliary body (corpus ciliare) and
- iris.

This layer has numerous functions: blood supply, suspension and regulation of the shape of the lens, regulation of the size of the pupil, and production of the aqueous humour.

Choroid (choroidea, uvea)

The choroid is a pigmented, highly vascular layer that envelops the posterior part of the eyeball (▶ Fig. 17.3, ▶ Fig. 17.21 and ▶ Fig. 17.22).

It is further divided into layers, which are from the **outermost layer** inwards:

- suprachoroid layer (lamina suprachoroidea),
- vascular layer (lamina vasculosa),
- choroidocapillary layer (lamina choroidocapillaris) and
- basal lamina (lamina vitrea).

The **suprachoroid layer** is a network of delicate fibrils with pigment cells embedded within, which forms a loose connection between the choroid and the sclera.

The **vascular layer** is the thickest part of the choroid and consists of pigmented, lamellar connective tissue. Blood vessels pass within this layer providing vascular support for the inner neuronal layers of the retina. These vessels are the **ciliary arteries** and the **vorticose veins** (aa. ciliares, vv. vorticosae). These send branches into the **choroidocapillary layer**, where they form the inner capillary bed of the choroidea. The dense capillary network of the choroidocapillary layer is responsible for the nutrition of the outer layers of the retina.

Dorsal to the optic papillae is a half-moon-shaped area that has an additional reflective layer between the vascular and the choroidocapillary layer, the **tapetum lucidum** (▶ Fig. 17.19, ▶ Fig. 17.20 and ▶ Fig. 17.21).

The tapetum lucidum is present in all domestic mammals other than the pig. It is **cellular in carnivores** (tapetum cellulosum) and **fibrous in herbivores** (tapetum fibrosum). The retina underlying the tapetum is usually **pigment-free**.

The **tapetal cells** contain crystalline rods (zinc and cysteine), which are highly reflective, resulting in multiplication of the light stimulus to the light-sensitive receptor cells of the retina. Thus, the **tapetum lucidum** aids vision during dawn and night. It has a

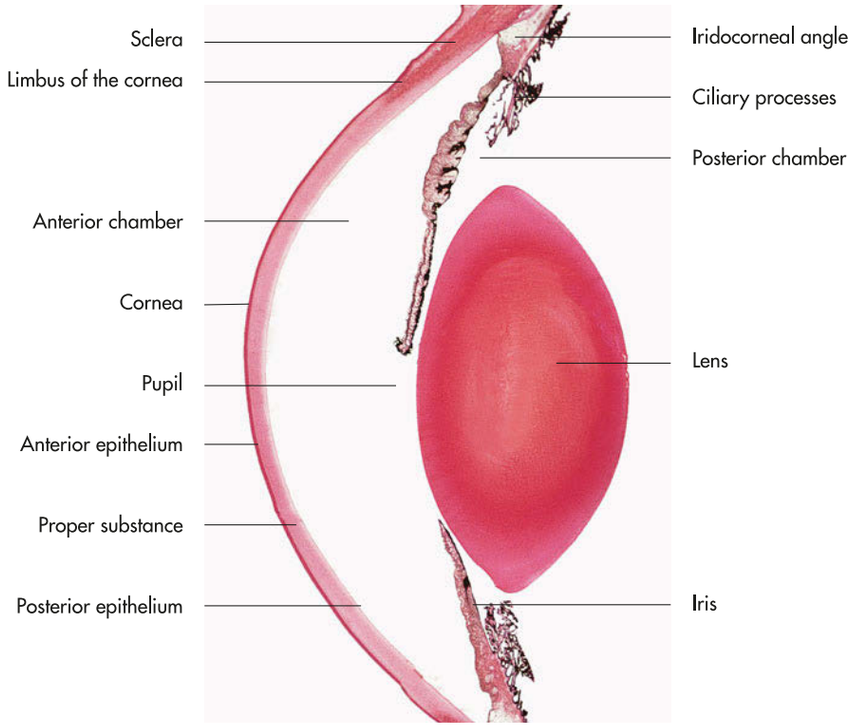


Fig. 17.5 Histological section of the anterior part of the eye of a cat.

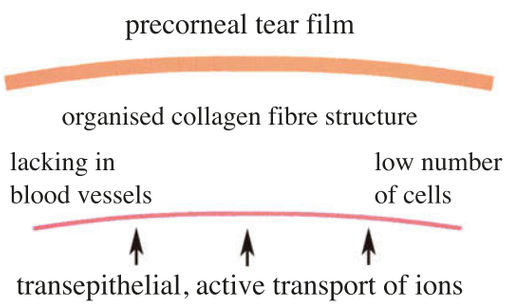


Fig. 17.6 Schematic illustration of the structural and physiological factors, that account for the transparency of the cornea.

distinctive colour in the different species and breeds (yellow in the cat, green in the dog, blue-green in the ox and horse) and accounts for the iridescent appearance of an animal's eye.

Ciliary body (corpus ciliare)

The ciliary body is the thickened middle segment of the vascular tunic, between the choroid and the iris (▶ Fig. 17.3, ▶ Fig. 17.11 and ▶ Fig. 17.12). This is an elevated ring from which ridges, the **ciliary processes** (processus ciliares), radiate towards the lens in the centre. Zonular fibres extend from the ciliary processes to the equator of the lens to suspend it around its periphery. The ciliary body is in contact with the vitreous body and forms the lateral borders of the posterior chamber. Its outer surface is covered by the sclera, its inner surface, by the **nonvisual part of the retina** (pars caeca retinae).

The ciliary body can be subdivided into the:

- ciliary ring (orbiculus ciliaris, pars plana),
- crown of ciliary body (corona ciliaris, pars plicata) and
- post- and prelenticular parts.

The **ciliary ring** (orbiculus ciliaris) constitutes the posterior portion of the ciliary body that is relatively flat, with the exception of a few fine **radiating folds** (plicae ciliares). It is covered by fibres of the ciliary zonule. The boundary between the pars ciliaris retinae and the pars optica retinae is demarcated by a slightly undulating line, the **ora serrata**. The boundary towards the corona ciliaris is indistinct (▶ Fig. 17.11).

The **corona ciliaris** is the more prominent anterior portion that contains the **ciliary processes** (▶ Fig. 17.3, ▶ Fig. 17.4, ▶ Fig. 17.11 and ▶ Fig. 17.12). The **ciliary body** is elevated into numerous small, flat, parallel processes, which increase rapidly in height to form tall, thin folds. These lose their outer attachment to the sclera and extend from the base of the ciliary body centrally towards the lens as the ciliary processes. There are approximately 70–80 ciliary processes in the dog and more than 100 in the ox and horse.

The **lens** is fixed in position by the **ciliary zonule** (zonula ciliaris), a delicate suspensory apparatus, which is composed of a highly ordered array of zonular fibres. The zonule lies posterior to the iris and ciliary body and separates the posterior chamber from the vitreous body. These fibres anchor the lens to the postlenticular part of the ciliary body, while no zonular fibres insert to the short prelenticular part (▶ Fig. 17.3, ▶ Fig. 17.4 and ▶ Fig. 17.24). The ciliary processes of the prelenticular part show plump folds on their surface.

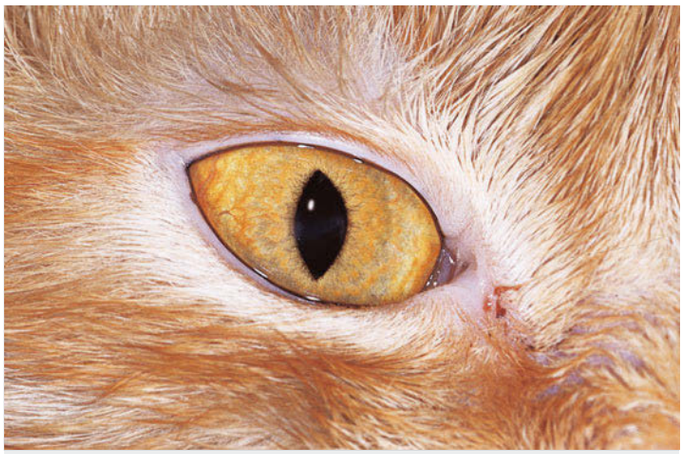


Fig. 17.7 Right eye of a cat.

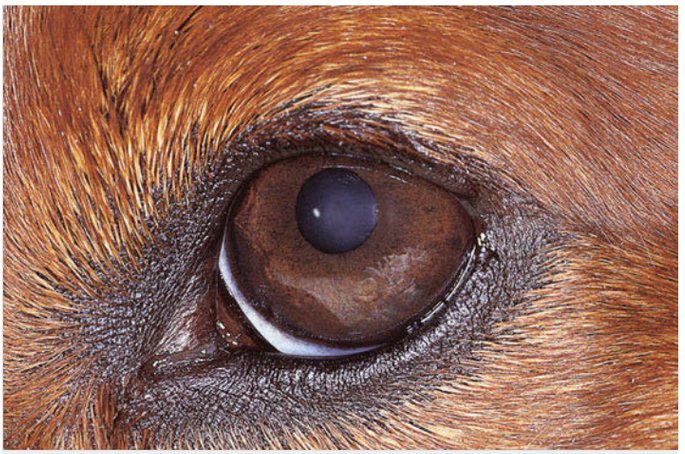


Fig. 17.8 Left eye of a dog.

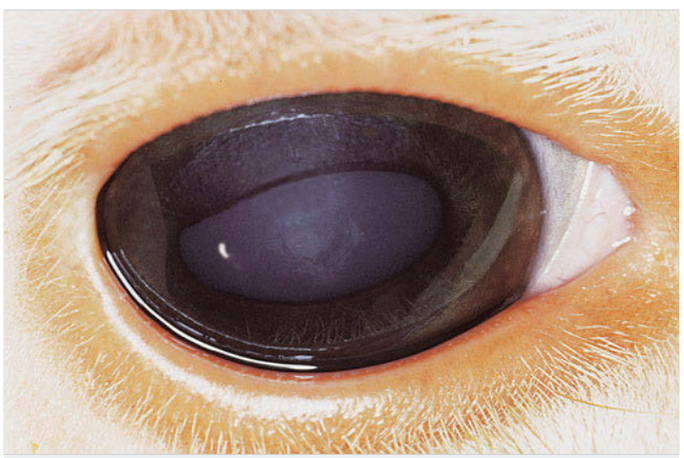


Fig. 17.9 Right eye of an ox.



Fig. 17.10 Left eye of a horse.

The **ciliary epithelium** produces the aqueous humour, which is secreted into the posterior chamber. It flows into the anterior chamber through the pupil and drains through the venous plexus of the sclera at the iridocorneal angle (▶ Fig. 17.26 and ▶ Fig. 17.27).

The **ciliary body** forms a symmetrical ring in carnivores, but is asymmetrical in ruminants and the horse, in which the visual part of the retina extends further forward. Elastic fibres, pigment cells, blood vessels and the ciliary muscle fibres are embedded in the connective tissue of the ciliary body.

The **ciliary muscle** (m. ciliaris) is a smooth muscle, which enables the lens to change its shape to focus on near or distant objects (**accommodation**). It is comparably weak in the horse, but stronger in carnivores. It receives **parasympathetic innervation** from the **ciliary ganglion** and **sympathetic innervation**. **Parasympathetic** innervation causes the ciliary muscle to **contract**, thus the lens becomes more rounded and focuses on near objects. **Sympathetic** impulses cause **relaxation** of the ciliary muscle, flattening of the lens and permit focussing on distant objects.

Iris

The iris is the continuation of the ciliary body and constitutes the most anterior part of the vascular layer. It is a thin ring of highly vascular tissue that rests against the anterior surface of the lens. The **free margin of the iris** (margo pupillaris) borders the **pupil**, through which light enters the posterior part of the eye. The **periphery of the iris** (margo ciliaris) is continuous with the ciliary body and the iridocorneal angle. The iris separates the space between cornea and lens into **anterior** (camera anterior bulbi) and **posterior chambers** (camera posterior) of the eye, which communicate through the pupil (▶ Fig. 17.3, ▶ Fig. 17.4 and ▶ Fig. 17.5).

The **anterior surface of the iris** is covered by a discontinuous layer of epithelial cells. The underlying stroma consists of delicate bundles of collagen fibres with blood vessels, smooth muscle fibres, pigmented cells and nerve fibres.

The **collagen fibres** are able to adapt to the **dilatation** (**mydriasis**) or **constriction** (**miosis**) of the pupil. There is a dense network of blood **vessels within the stroma** (circulus arteriosus iridis major et minor) that fulfil nutritive as well as stabilising functions. Basket-like networks of collagen fibres are formed around the blood vessels to protect microcirculation during contraction or dilatation of the pupil.

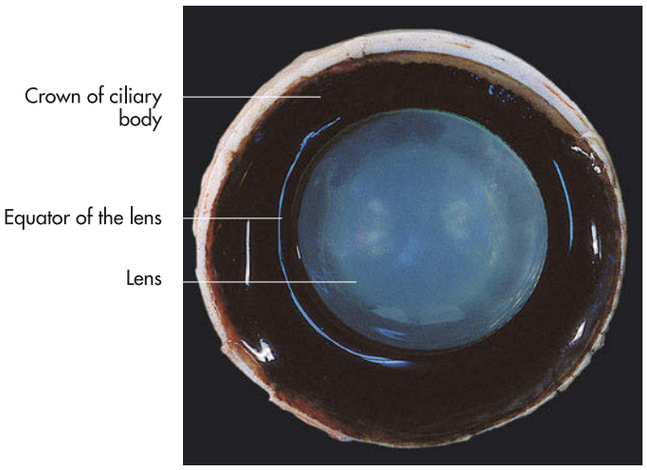


Fig. 17.11 Posterior aspect of the eye of a cat, showing ciliary body and lens (equatorial section).

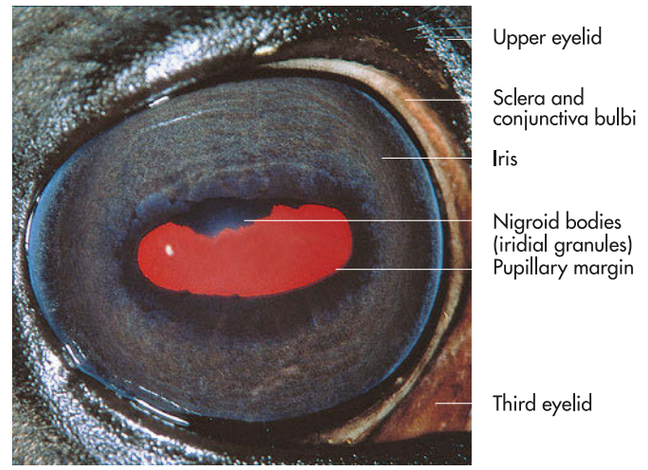


Fig. 17.12 Anterior aspect of the eye of a horse, showing iris, pupil and iridial granules (source: courtesy of Prof. Dr. H. Gerhards, Munich).

The **stroma** contains **two smooth muscles**, the sphincter and dilator of the pupil, which regulate the size of the pupil and consequently the amount of light that reaches the retina.

The **sphincter muscle** (m. sphincter pupillae) consists of circular smooth muscle fibres near the pupillary margin of the iris. In animals with an oval pupil (cat, sheep, ox) the muscle is enforced by additional fibres, which have a grid-like arrangement and result in a horizontal or vertical slit-like pupil during miosis (▶ Fig. 17.7 and ▶ Fig. 17.12). The sphincter muscle receives **parasympathetic innervation**.

The **dilator of the pupil** (m. dilatator pupillae) is composed of radially arranged muscle fibres, forming a meshwork that fills the posterior part of the iris almost completely. It is derived from the neuroepithelium of the pars iridica retinae. The dilator muscle is innervated by **sympathetic fibres**.

The **pigmented cells of the iris** contain **melanin** (▶ Fig. 17.8), which protects the retina from intense light. The number and size of the pigments determines the **colour of the eye** which is genetically determined by several codominant genes. If the collagen fibres are densely packed and there is a paucity of pigmented cells within the iris stroma, the eye appears to be blue or grey (pig and goat). If there are many pigmented cells within a thin network of collagen fibres, the iris is coloured dark brown (dog [▶ Fig. 17.8], ox [▶ Fig. 17.9]). Fewer pigmented cells result in a lighter, yellow colour of the iris (dog [▶ Fig. 17.8], pig, small ruminants). In albinos, the iris is completely devoid of pigment. Their eyes appear red, due to the blood supply in this area, which is not obscured by pigment.

The **posterior surface of the iris** (facies posterior) is lined by the pigmented inner layer of the iridial retina and the **pigmented epithelium** (epithelium pigmentosum). The upper and lower pupillary margins of the iris of ruminants and horses show irregular outgrowths that contain coils of capillaries, the **granula iridica** (corpora nigrans). In small ruminants and in the horse the granula iridica may enclose cystic structures. It is hypothesised that the granula iridica secrete aqueous humour (▶ Fig. 17.4, ▶ Fig. 17.12, ▶ Fig. 17.15 and ▶ Fig. 17.16).

Innervation of the iris and the ciliary body

Muscles and vessels of the iris and the ciliary body receive **sympathetic** and **parasympathetic fibres** from the ciliary ganglion, with the **short ciliary nerves** (nn. ciliares breves). The **postganglionic sympathetic** fibres supply the dilator pupillae muscle, the blood vessels of the iris and the ciliary processes. The parasympathetic fibres arise from the **oculomotor nerve** and supply the sphincter pupillae muscle and the ciliary muscle, forming a reflex arc.

Drugs with a parasympathetic or cholinergic action, such as **pilocarpine** or **carbachol**, stimulate the constriction of the pupil and contraction of the ciliary muscle. Parasympathetic action on the eye can be blocked by topical administration of natural alkaloids, such as **atropine** and **hyoscine**, resulting in passive mydriasis and paralysis of accommodation. Sympathetic action can be induced by **phenylephrine** and **adrenaline**.

Inner layer of the eyeball (tunica interna bulbi, retina)

The inner layer of the eyeball is the retina. It develops from an outgrowth of the diencephalon, the optic vesicle, to which it remains connected by the optic nerve. The optic nerve, therefore, is actually a tract of the central nervous system (further details on the embryological development of the eye can be found in standard embryology textbooks).

The retina can be divided into the following parts:

- **non-visual retina** (pars caeca retinae) with:
  - ciliary part of the retina (pars ciliaris retinae) and
  - iridial part of the retina (pars iridica retinae) and
- **optic part of the retina** (pars optica retinae).

The **nonvisual part of the retina** lines the anterior part of the eye and covers the posterior surface of the iris. It consists of an inner and outer epithelium that are both single-layered. The **outer layer** is heavily **pigmented**, while the **inner layer** is **unpigmented**.

The **ora serrata** is the demarcation between the **non-visual** and the **optic parts of the retina** (▶ Fig. 17.13 and ▶ Fig. 17.14).

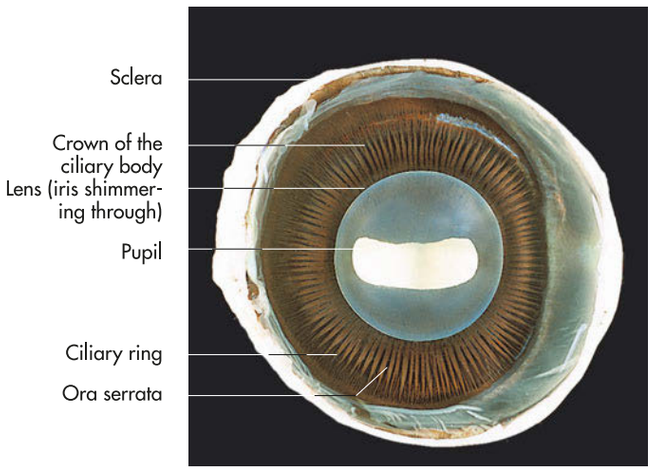


Fig. 17.13 Posterior aspect of the eye of an ox, showing ciliary body and lens (equatorial section), mydriasis.

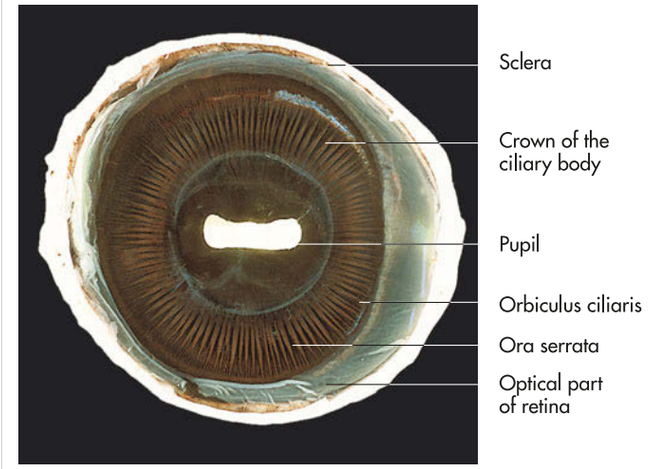


Fig. 17.14 Posterior aspect of the eye of an ox, showing ciliary body, lens removed (equatorial section), miosis.

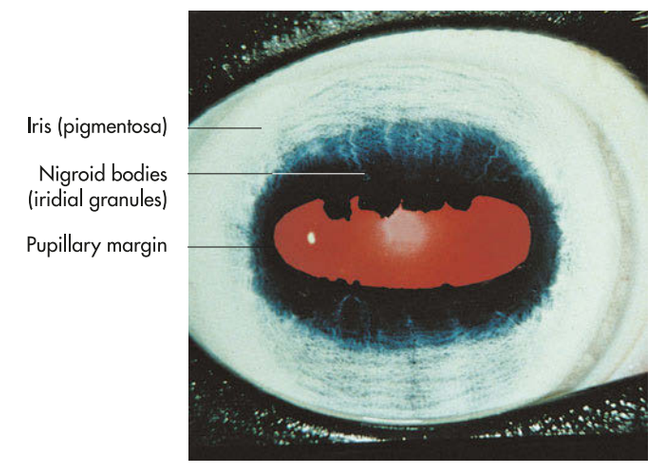


Fig. 17.15 Anterior aspect of the eye of a horse, showing iris, pupil and iridial granules (source: courtesy of Prof. Dr. H. Gerhards, Munich).

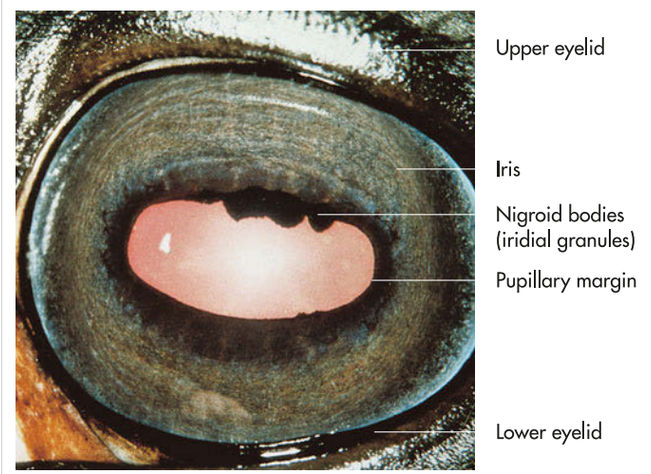


Fig. 17.16 Anterior aspect of the eye of a horse with heterochromia of the iris, showing iris, pupil and iridial granules (source: courtesy of Prof. Dr. H. Gerhards, Munich).

The **optic part** lies posterior to the ora serrata and lines the posterior part of the eye. It is responsible for the transduction of photic energy into chemical energy and finally into electrical impulses that are transmitted along the optic nerve to the visual centres of the brain. It is considerably thicker than the nonvisual part and consists of the:

- outer pigmented layer (stratum pigmentosum) and
- inner neural layer (stratum nervosum), including photoreceptor and synapsing layers.

Pigmented layer (stratum pigmentosum retinae)

The pigmented layer develops from the outer wall of the optic cup and forms the **outermost layer of the retina**, immediately adjacent to the choroid. It consists of a single-layered, cuboidal epithelium that is heavily pigmented and surrounds the photoreceptor cells (**rods** and **cones**). Light passing through the photoreceptor cells is absorbed by the pigmented layers of the retina and the choroid, thus reducing scatter, thereby enhancing contrast. In the area of the tapetum lucidum, the pigmented layer of the retina **lacks pigment** (▶ Fig. 17.21) and the light is reflected back through the photoreceptor layer. This is thought to be an adaptation for improved vision in low levels of illumination.

Neural layer (stratum nervosum retinae)

The neural layer of the retina develops from the **inner wall of the optic cup** and includes **photoreceptors**, **interneurons**, **ganglion cells** and **associated stromal cells** (Müller cells). The Müller cells are **glial cells** that provide nutritional support for the retinal neurons. Their extensions form inner and outer membranes between neurons (for a more detailed description see histology textbooks).

The **retinal neurons** form chains of three successive, interconnected neurons that can be easily distinguished histologically (▶ Fig. 17.21). The following layers can be distinguished within the neural layer of the retina from the outside to the inside:

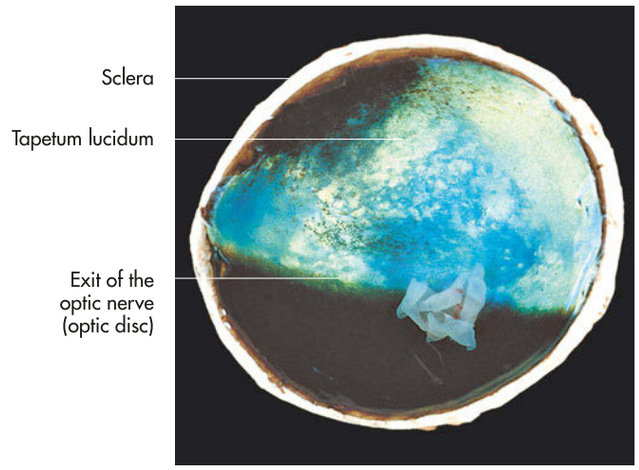


Fig. 17.17 Ocular fundus of an ox, retina partly removed (equatorial section, anterior aspect).

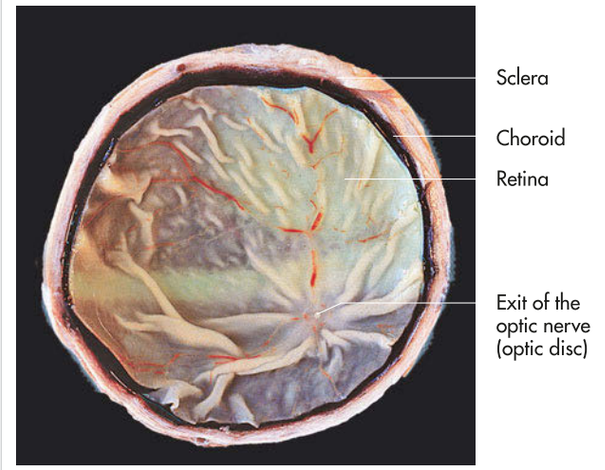


Fig. 17.18 Ocular fundus of an ox (equatorial section, anterior aspect).

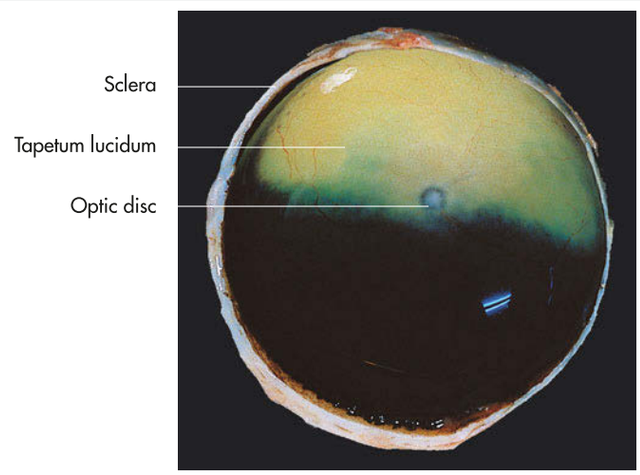


Fig. 17.19 Different form and colour of the tapetum lucidum of a cat (see ▶ Fig. 17.20, equatorial section, anterior aspect).

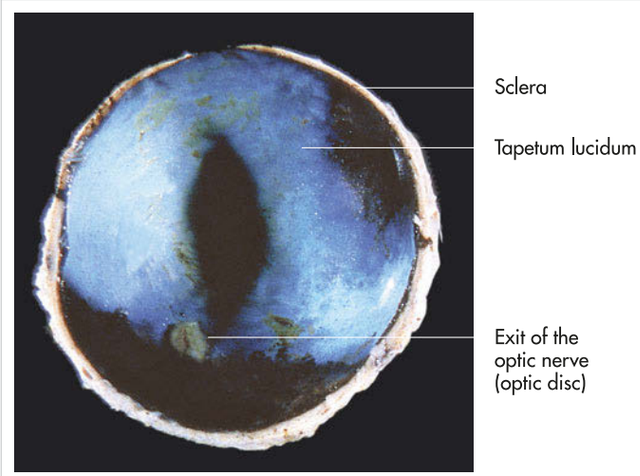


Fig. 17.20 Different form and colour of the tapetum lucidum of a cat (see ▶ Fig. 17.19, equatorial section, anterior aspect).

- **1st neuron:**
  - neuroepithelial layer (stratum neuroepitheliale): rods and cones,
  - outer nuclear layer (stratum nucleare externum) and
  - outer plexiform layer (stratum plexiforme externum);
- **2nd neuron:**
  - inner nuclear layer (stratum nucleare internum): bipolar neurons, and
  - inner plexiform layer (stratum plexiforme internum);
- **3rd neuron:**
  - ganglionic layer (stratum ganglionare): multipolar neurons, and
  - layer of nerve fibres (stratum neurofibrarum).

The **photosensitive receptor cells** of the retina are the rods and cones. The **rods** are highly sensitive receptors for **black and white** (night), while the **cones** are concerned with **colour vision** (day). The photoreceptor segments of the rods and cones are situated outward, adjacent to the pigmented epithelium. The **rods** contain membranous discs filled with **rhodopsin**, which is responsible for the transduction of light energy into chemical energy. New discs are continuously produced and moved to the end of the photoreceptor segments, where they undergo phagocytosis by the pigmented cells. **Cones** have a similar architecture, but do not contain rhodopsin as photosensitive pigment, but others, such as **iodopsin** (for a more detailed description see histology textbooks).

Cats appear to be able to differentiate between the colours green and blue, but have otherwise poor colour vision. Ruminants and horses are not able to see the colours red and blue, while pigs have a colour spectrum that is similar to that of humans. The dog has dichromate vision, in that it is able to distinguish between stimuli having predominantly short and long wavelengths.

The **outer nuclear layer** contains the cell bodies of the **photoreceptor cells**, the axons of which synapse with the dendrites of the second, bipolar neuron to form the **outer plexiform layer**. The **inner nuclear layer** contains the cell bodies of the **secondary**

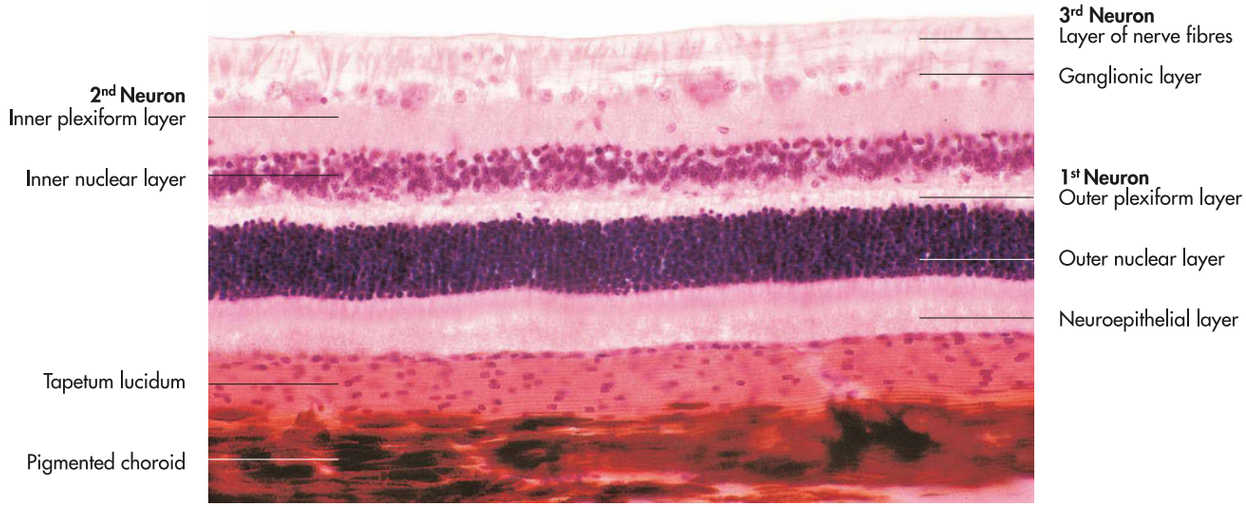


Fig. 17.21 Histological section of the optic part of the retina of a dog from the area of the tapetum lucidum.

neurons and the associated horizontal cells that form interneural connections between the photoreceptor cells and secondary neurons. The axons of the secondary neurons synapse with the dendrites of the tertiary, multipolar neurons of the ganglionic layer to form the **inner plexiform layer**. Interneurons synapse with axons of the bipolar neurons, as well as with the dendrites of the cells of the **ganglionic layer**. The ganglionic layer consists of multipolar and smaller **autonomic neurons**. Their axons form the layer of nerve fibres that pass on the inside of the retina to the **optic disc** (discus nervi optici) (▶ Fig. 17.17 and ▶ Fig. 17.18).

The **axons of the ganglionic cells** are concentrated at the optic disc, where they pass through the **cribriform area** (area cribrosa) of the sclera to form the **optic nerve** (▶ Fig. 17.22). The form of the optic disc ranges from round to oval or triangular. It is a **blind spot**, since there are no photo-receptor cells here. It is located in the ventronasal quadrant of the retina in the cat, in the median part of the perpendicular principal meridian in the dog and in the ventrotemporal quadrant in the other domestic mammals.

Central area of the retina (area centralis retinae)

Located a short distance dorsotemporal to the optic disc is an area of maximum optical resolution, the **macula**. In humans it has a distinct yellow colour, which is not present in animals. In this area the number of photoreceptor and neural cells is increased and in humans it consists predominantly of cones.

Central striateform area of the retina (area centralis striaeformis retinae)

The retina of the horse, the pig and ruminants shows strip-shaped areas of lighter colour dorsal to the optic disc. These areas include a high number of cones and neural cells. It is hypothesised that they play an important role in the recognition of movement. The part of the retina and all associated structures that can be visualised with the ophthalmoscope are referred to as the ocular fundus.

Nutrition of the retina

The photoreceptor cells of the retina are nourished by **diffusion** from the capillary network of the choroid. To diffuse to the photoreceptor cells the molecules must pass through the pigmented layer. The outer membrane of the **Müller cells** form a diffusion barrier towards the inner layers of the retina.

In cases of retinal detachment the retina usually separates along the line of the embryonic intraretinal space between the pigment epithelium and the neural layers of the retina. Thereby the nutritional supply to the rods and cones is removed and the photoreceptor cells degenerate.

The remaining layers of the retina are supplied by the **retinal arteries**, which originate from the **short posterior retinal arteries**. They enter the eyeball close to the optic disc and branch into numerous arterioles, forming a species-specific pattern. In the dog and the cat the arterioles radiate toward the periphery. Except for the area centralis the retina is uniformly vascularised in these species. The retinal blood vessels of the horse have only a few branches, which form a ring-like pattern. In the ox they form a cross-like pattern. The retina is drained by **venules**, which unite and leave the globe through the optic disc as the central vein of the retina.

Optic nerve (II) (nervus opticus)

The optic nerve, or **second cranial nerve** is actually a **tract of the brain**, which by convention is called a nerve. It is formed by the axons of the multipolar cells of the ganglionic layer of the retina. The unmyelinated axons of the ganglionic cell layer collect at the optic disc (▶ Fig. 17.22). Here they become myelinated when they pass through the area cribrosa of the sclera to form the optic nerve. Its sheath is formed by the meninges, which include subarachnoid and subdural spaces.

The **optic nerve** is about 1 mm in diameter in the cat, 2 mm in the dog and 5 mm in the horse. It passes caudally within the intraorbital fat pad and the retractor muscle of the bulbus and enters the skull through the **optic foramen** and the **optic canals**. In



Fig. 17.22 The optic disc of a goat.

all mammals a majority of the fibres cross to the contralateral side at the **optic chiasm**.

The fibres continue as the optic tract and pass to the **lateral geniculate nucleus** and the **thalamus**, from which fibres project onto the **visual area of the cerebral cortex**. The autonomic fibres of the optic nerve terminate in the **supraoptic** and **paraventricular nucleus** of the hypothalamus, where they form **retino-hypothalamic tracts** ; see also Chapter 15 “Central autonomic nervous system” (p. 537).

Structures of the inner eye

Lens (lens)

The lens is a transparent, biconvex structure suspended by the ciliary zonule (▶ Fig. 17.2, ▶ Fig. 17.3, ▶ Fig. 17.4 and ▶ Fig. 17.5). It has **anterior** and **posterior poles**, an **equator** and a **central axis**. The posterior surface is usually more convex than the anterior. During accommodation, the convexity of the lens changes. In the adult the lens is avascular and nutrition is provided by diffusion from the aqueous and vitreous humor.

Structures of the lens are the:

- capsule of the lens (capsula lentis),
- lens epithelium (epithelium lentis) and
- lens fibres (fibrae lentis).

The entire lens is covered by the **lens capsule**, which consists of a semipermeable, basement membrane secreted by the cells of the **lens epithelium**. It is highly refractile and elastic. The **zonular fibres**, which suspend the lens, insert into the superficial layers of the lens capsule (▶ Fig. 17.24). The lens rests in a depression in the vitreous humour, which tightly adhere to the posterior capsule of the lens. The **lens** is **ectodermal** in origin. It develops from an invagination of the surface epithelium that overlies the optic cup and pinches off to form the lens vesicle. The cells from the posterior wall elongate until they reach the anterior epithelium, obliterating the cavity of the vesicle. These cells then lose their nuclei to become **lens fibres**. Consequently, there is a cuboidal lenticular epithelium only on the anterior aspect of the lens in the adult. Throughout life, the epithelium continues to proliferate: cells at the equator elongate along the meridians until their apices reach the poles. As successive cell layers accumulate, the deeper cells lose their nuclei, but remain viable as lens fibres. This manner of growth results in a lamellar architecture of the lens, resembling an onion in cross section (▶ Fig. 17.23).

Within each layer the fibres are arranged to loop from pole to pole, but their apices do not all meet at a single point at each pole. Instead, the junctions form distinct linear markings, the **lens sutures** (radii lentis). On the anterior surface the lens sutures form an **upright Y**, on the posterior surface the **Y is inverted**. The growth rate of the lens is usually species-specific and there is a direct correlation between dry lens weight and age.

Each lens fibre consists of several successive hexagonal epithelial cells, which have flexible interconnections that provide elastic properties to the lens. The **extracellular matrix of the lens fibres** is composed of water (70%), membrane proteins and microfilaments (actin, vimentin, fibronectin). In the cortical part of the lens the fibres are relatively soft, but become firmer and more densely arranged towards the centre, where they form the **nucleus of the lens** (nucleus lentis). The nuclear portion of the lens undergoes progressive dehydration and condensation with age, resulting in a much firmer and less elastic lens in older individuals. The **lamellar architecture of the lens** is essential for transparency. Disease processes which affect lenticular metabolism result in loss of transparency, forming a cataract.

Chambers of the eyeball (camerae bulbi) and aqueous humour (humor aquosus)

There are **three chambers** within the eyeball, the **anterior chamber**, the **posterior chamber** and the **vitreous chamber**.

The **anterior chamber** (camera anterior bulbi) is the space bounded by the posterior surface of the cornea and the anterior surface of the iris and lens. The anterior chamber is in direct communication with the posterior chamber through the aperture of the pupil (▶ Fig. 17.2, ▶ Fig. 17.3, ▶ Fig. 17.4 and ▶ Fig. 17.25).

The **posterior chamber** (camera posterior bulbi) is bounded anteriorly by the iris and the ciliary body, posteriorly by the lens capsule and the vitreous body. The anterior and posterior cham-

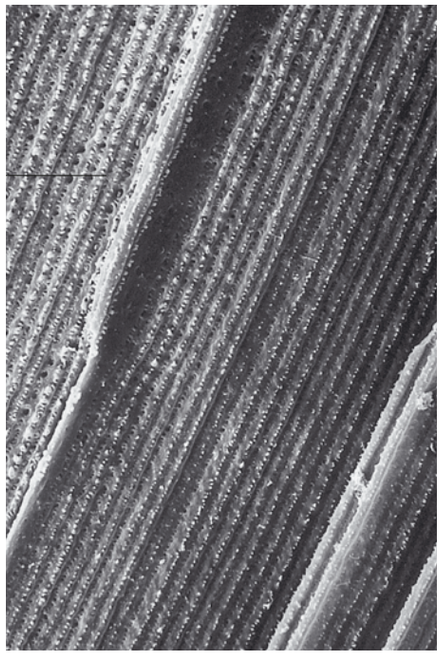


Fig. 17.23 SEM image of the lenticular fibres of an ox (lens sectioned) (source: courtesy of PD Dr. S. Reese, Munich).

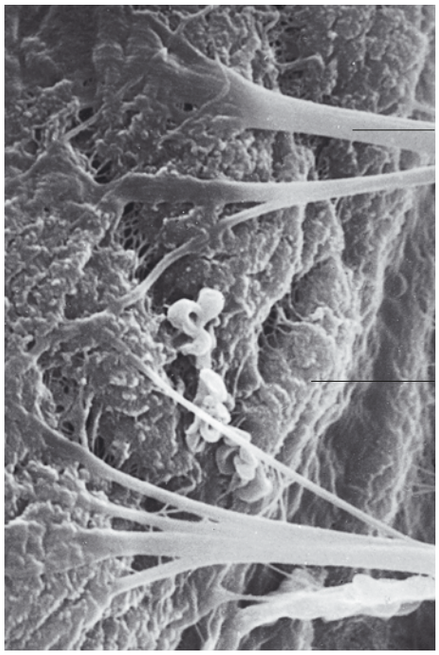


Fig. 17.24 SEM image of the zonular fibres of a cat at their site of insertion to the lens.

bers are filled with **aqueous humour**, which is produced by an active secretory process from the epithelium of the ciliary body. It is a clear and colourless fluid containing several electrolytes, glucose, amino acids and ascorbic acid. It is important for the nutrition of the **avascular structures of the eye** (cornea and lens).

The **aqueous humour** flows from its site of production into the posterior chamber; from here it passes through the pupil into the anterior chamber and drains through the spaces of the **iridocorneal angle** (angulus iridocornealis) to the **scleral venous plexus** (▶ Fig. 17.25). In the healthy eye the rate of production balances the rate of drainage, thus keeping intraocular pressure constant. Impairment of outflow results in an increase in intraocular pressure (**glaucoma**) leading to retinal atrophy and blindness.

Vitreous body (corpus vitreum)

The vitreous chamber is **the largest of the three chambers** of the eye. It is bounded anteriorly by the lens and the ciliary body. The retina encloses the remainder (▶ Fig. 17.2 and ▶ Fig. 17.3). The vitreous chamber is occupied by the vitreous body, a soft, clear gel, that conforms to the shape of its surroundings. It is mainly composed of the **vitreous humour**, a solution of mucopolysaccharides rich in hylaruronic acid (99% water, 1% solids). It is almost acellular, except for a few hyalocytes that produce protein fibres. These fibres reinforce the structure of the vitreous body and are essential to its gel characteristics. The cells are especially numerous towards the surface, where they condense to form the **membrana vitrea**. However, they do not provide sufficient rigidity to maintain the shape of the vitreous body after its removal from the eye.

The **hyaloid canal** (canalis hyaloideus) traverses the vitreous body from the posterior surface of the lens to the optic disc. It is the remnant of the **hyaloid artery**, a branch of the retinal arteries, which supply the lens during embryological develoment. This artery usually degenerates after birth, and the lens is then nourished by diffusion. The hyaloid canal is present in the ox, pig and carnivores. While in the ox, sheep and pig the vitreous body is a relatively dense structure, in the horse it has a low optic density, and in carnivores it has a dense core, but a low density in the periphery.

The eye is considered to consist of **several optical surfaces**, which together accurately focus images onto the retina. The optical components through which the light travels to reach the retina are the cornea, aqueous humor, lens and vitreous body. For proper image formation, these components must remain transparent.

The **refractive power** of an optical component is determined by its **refractive index**, **thickness** and **surface curvature**. Refractive power is largely influenced by the difference in refractive indices between it and the surrounding media. This difference is greatest at the air-cornea interface; the cornea is thus the most powerful refractive component of the eye. While the lens has the highest refractive index, it is surrounded by media with similar indices. The lens is the only refractive component that is capable of changing its refractive index.

17.2 Adnexa of the eye (organa oculi accessoria)

The adnexa of the eye include the following accessory structures:
- orbit (orbita) with the orbital fat body (corpus adiposum orbitae),
- orbital fasciae,
- extrinsic muscles of the eyeball (musculi externi bulbi oculi),
- lacrimal apparatus (apparatus lacrimalis) and
- vessels and nerves.

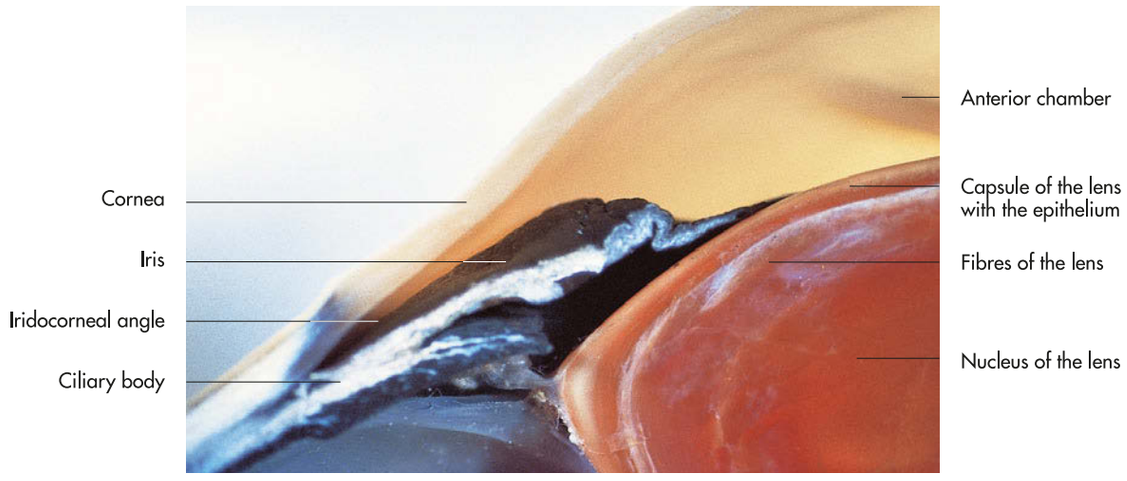


Fig. 17.25 Iridocorneal angle, iris and ciliary body of an ox with part of the anterior eyeball (section).

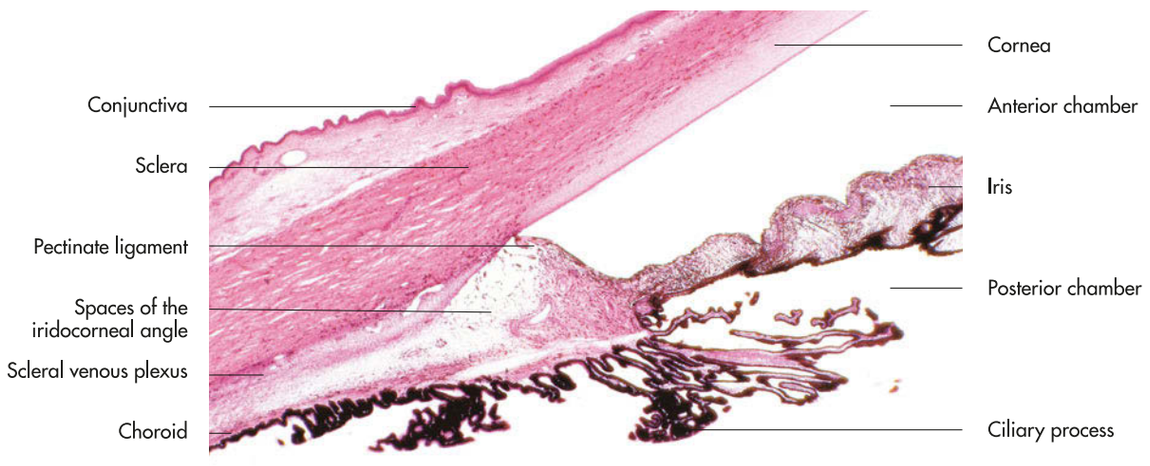


Fig. 17.26 Histological section of the iridocorneal angle of an ox.

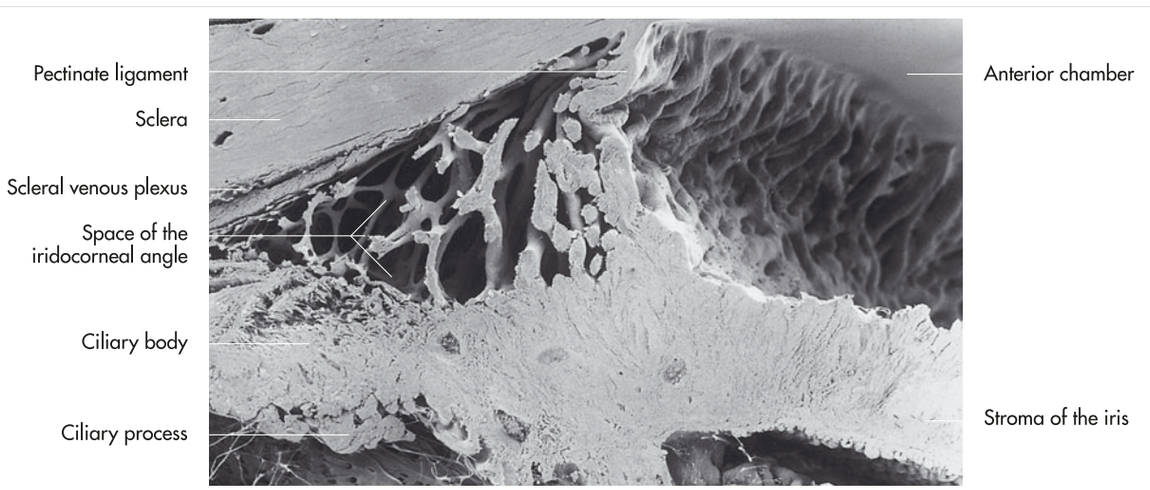


Fig. 17.27 SEM image of the iridocorneal angle of a horse.

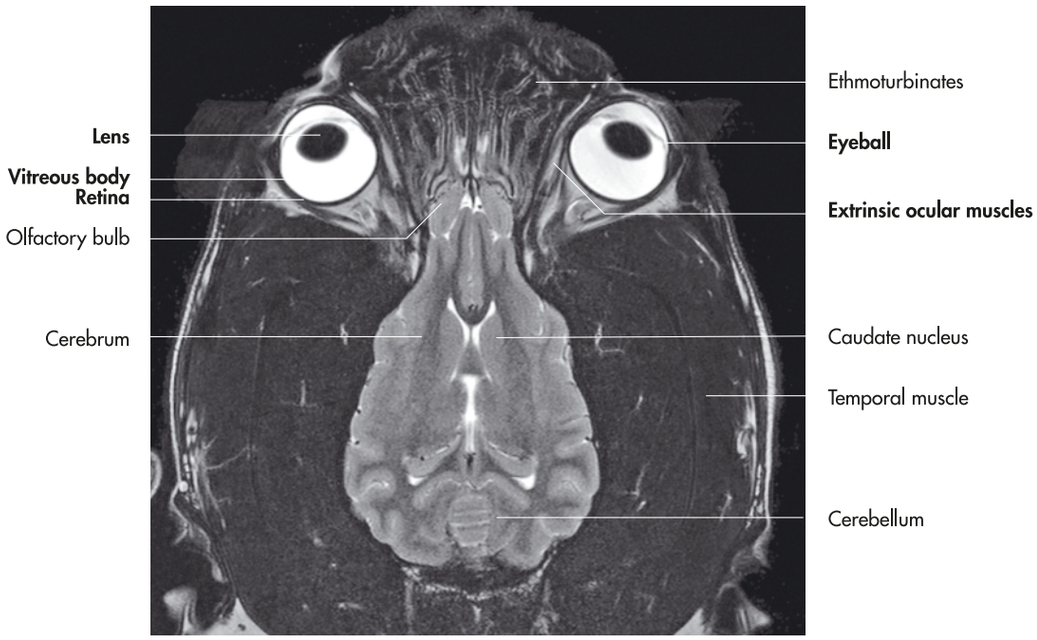


Fig. 17.28 Magnetic resonance imaging (MRI) of the head of a dog showing the position of the eyes and periorbita (dorsal section; T2-weighted image) (source: courtesy of Prof. Dr. E. Ludewig, Vienna).

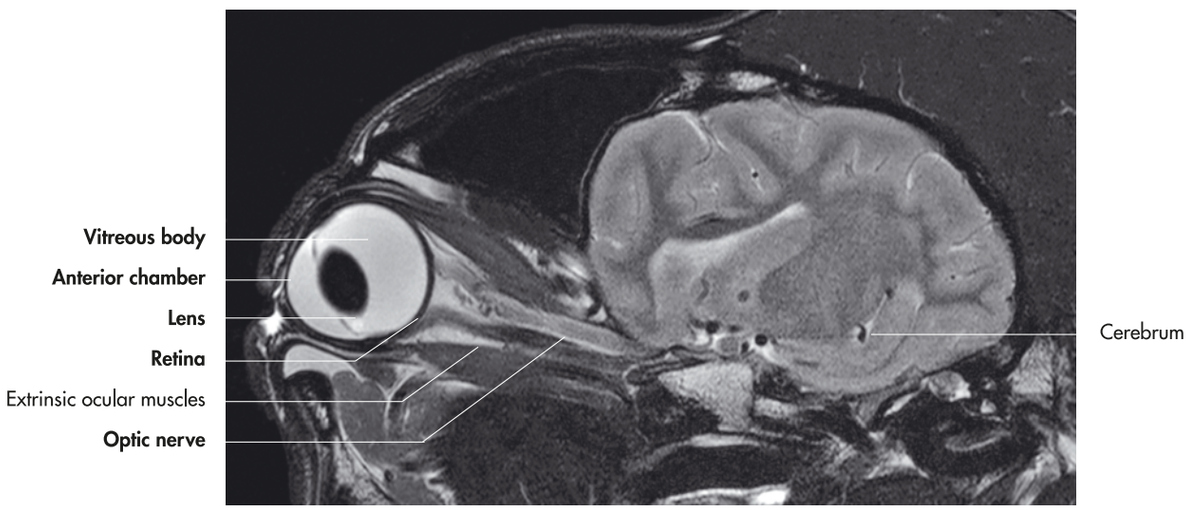


Fig. 17.29 Magnetic resonance imaging (MRI) of the head of a dog showing the position of the eye (oblique section, parallel to the course of the optic nerve; T2-weighted image) (source: courtesy of Prof. Dr. E. Ludewig, Vienna).

17.2.1 Orbit (orbita)

The orbit is the cone-shaped cavity on the lateral surface of the skull that contains the eyeball and most of the ocular adnexa. It is continuous with the temporal and the pterygopalatine fossa caudally. It is deliminated externally by a bony ring, which is open laterally in carnivores and in the pig, where the ring is completed by the orbital ligament. For a more detailed description see Chapter 2 "Skeleton of the head" (p. 74).

The **orbit** is lined by a connective tissue layer, the **periorbita** (▶ Fig. 17.28), which is derived from the **periosteum**. The orbital fat pad cushions the contents of the orbit and, being easily deformed, allows rotation and retraction of the eyeball. Embedded in the orbital fat pad are fasciae, muscles, vessels and nerves. Extraorbital fat pads fill the temporal fossa. In very thin animals these fat pads are reduced and the eyes sink within the orbit, giving the face a suffering appearance. The position of the orbits are species-specific: in the dog and cat they are set forward, while in herbivores they are more lateral.

17.2.2 Fasciae and extrinsic muscles of the eyeball

The following fascial layers surround the eyeball, the optic nerve and the muscles of the eyeball:

- **muscular fasciae** (fasciae musculares), which surround the muscles of the eyeball and extend into the eyelids, and
- **bulbar sheath** (vagina bulbi), which covers the eyeball and is separated from the sclera by the episcleral space.

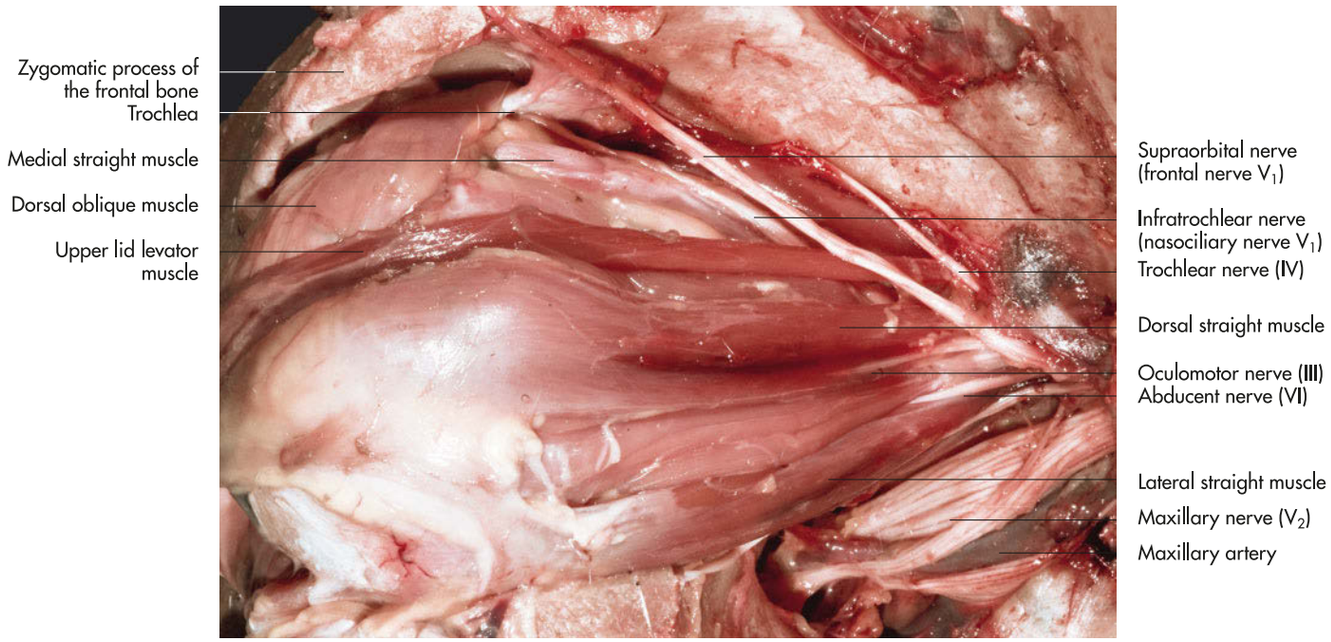


Fig. 17.30 Topography of the orbit and the extrinsic muscles of the eyeball of a horse.

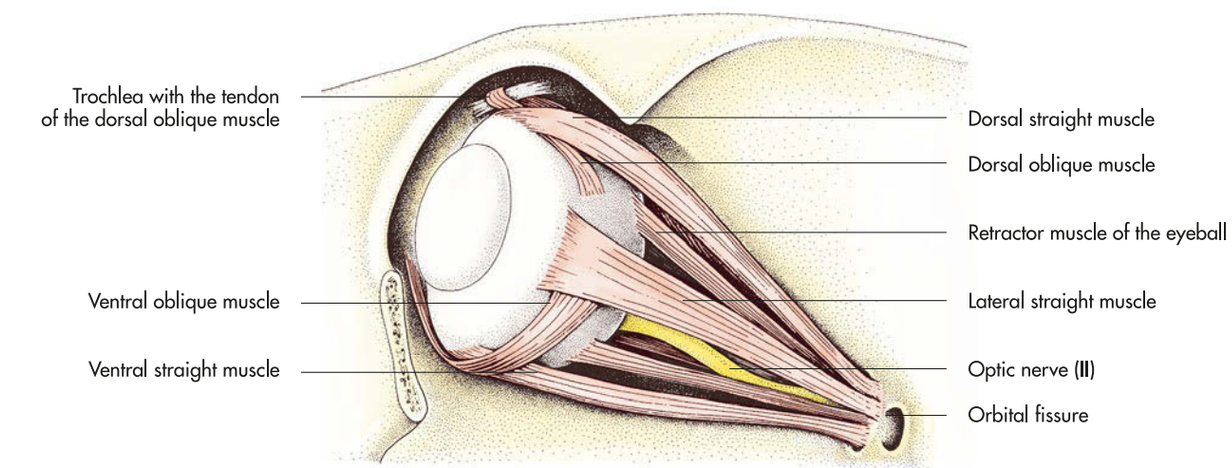


Fig. 17.31 Orbit and extrinsic ocular muscles of the dog (schematic).

These muscles facilitate the movement of the eyeball against the retrobulbar fat. They also **ensheath the optic nerve** (vagina n. optici) and the **retractor muscles of the eyeball**.

The muscles important to the function of the eye constitute three groups: the **intrinsic**, the **extrinsic** (▶ Fig. 17.29) and the **palpebral muscles** (▶ Fig. 17.30, ▶ Fig. 17.31 and ▶ Fig. 17.32). The intrinsic muscles regulate the pupillary diameter and the shape of the lens; they are described earlier in this chapter. The palpebral muscle group includes the muscles of the lid and of the head, that regulate the shape and position of the palpebral fissure and are described later.

The **extrinsic muscles** of the eyeball are concerned with the **movement of the eyeball**. This group includes the:

- dorsal, ventral, medial and lateral straight muscles,
- dorsal and ventral oblique muscles,
- retractor muscle of the eyeball and
- levator muscle of the upper eyelid.

The **four straight muscles** (mm. rectus dorsalis, ventralis, medialis et lateralis) are named after the position of their insertion on the globe. They are the deepest muscles of this group and originate in close proximity to one another around the margin of the optic foramen and the orbital fissure. They are flat muscles that

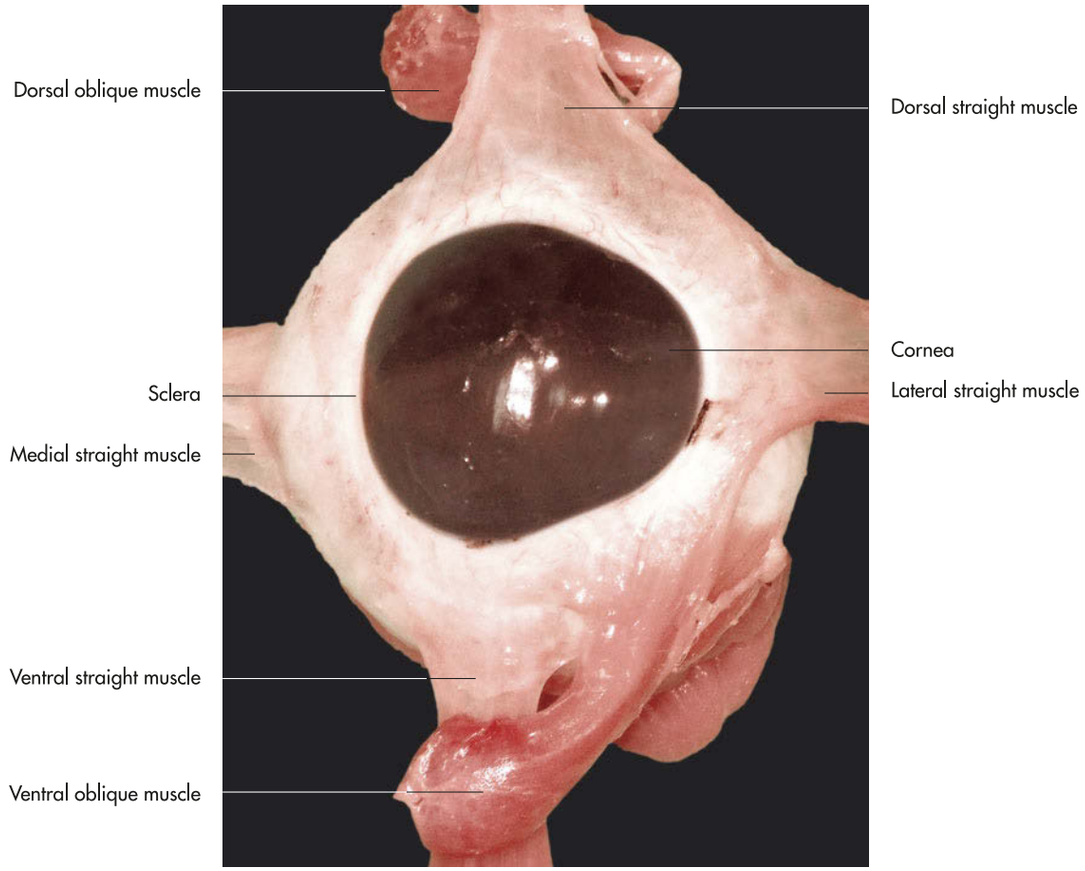


Fig. 17.32 Muscles of the left eyeball of a horse (rostral aspect).

pass to the respective aspects of the eyeball, where they insert to the sclera close to the cornea.

The **ventral oblique muscle** (m. obliquus ventralis) of the eyeball arises from a small depression (foramen muscularis) in the palatine bone. It courses dorsolaterally to insert on the temporal aspect of the eyeball below the insertion of the lateral rectus muscle.

The **dorsal oblique muscle** (m. obliquus dorsalis) arises close to the ethmoidal foramen and runs anteriorly between the dorsal and medial rectus muscles. It is deflected around the trochlea to insert on the dorsotemporal surface of the eyeball deep to the insertion of the dorsal rectus muscle. The trochlea is a small, oval plate of hyaline cartilage in the periorbita that is firmly attached to the medial orbital wall by ligaments.

The **retractor muscle of the eyeball** (m. retracor bulbi) arises close to the optic foramen and forms a nearly complete muscular cone around the optic nerve. It inserts posterior to the equator with numerous broad and thin fascicles. It is not present in man.

The **extrinsic muscles** of the eyeball rotate the globe around three perpendicular axes. The complex movements of the eye require the fine coordination of all of these muscles and they never act alone. Principally, the dorsal and ventral straight muscles rotate the globe around a medial to lateral axis, the medial and lateral straight muscles around a dorso-ventral axis and the oblique muscles rotate the eyeball around the axis of the eyeball. In addition the eyeball can be retracted into the orbit along the optic axis by the retractor muscle of the eyeball.

The **extrinsic muscles** of the eyeball are mainly innervated by the **oculomotor nerve (III)**, with the exception of the dorsal oblique muscle, which is innervated by the trochlear (IV) nerve and the lateral straight and the lateral parts of the retractor muscle of the eyeball, which are innervated by the abducent nerve (VI).

17.2.3 Eyelids (palpebrae)

The eyelids are musculofibrous folds that can be drawn over the anterior surface of the eyeball to occlude light, protect the cornea and assist in keeping the cornea moist.

There are **three eyelids** in the domestic mammals: the **upper eyelid** (palpebra superior), **lower eyelid** (palpebra inferior) and the **third eyelid** (palpebra tertia, membrana nictitans) (▶ Fig. 17.33).

The **opening** between the upper and lower lids (rima palpebralis) is variable in size and is controlled by the palpebral muscles. The **free margins** (margo palpebrae) of the upper and lower lid meet at the **nasal** and **temporal angles** (canthi) of the eye (angulus oculi temporalis et nasalis).

A mucosal prominence, the **lacrimal caruncle** (caruncula lacrimalis), is present in the nasal angle of the eye (▶ Fig. 17.33, ▶ Fig. 17.34 and ▶ Fig. 17.35). Small fine hairs project from the caruncle and, in the dog, a pea-sized lacrimal gland lies beneath it. The lacrimal puncta, through which the tear film drains, open onto the lid margins close to the nasal angle.

The eyelids consist of three layers: **skin**, a **middle musculofibrous layer** and the **mucous membrane** (the palpebral conjunc-



Fig. 17.33 Right eye with eyelids of a horse (source: courtesy of Prof. Dr. H. Gerhards, Munich).

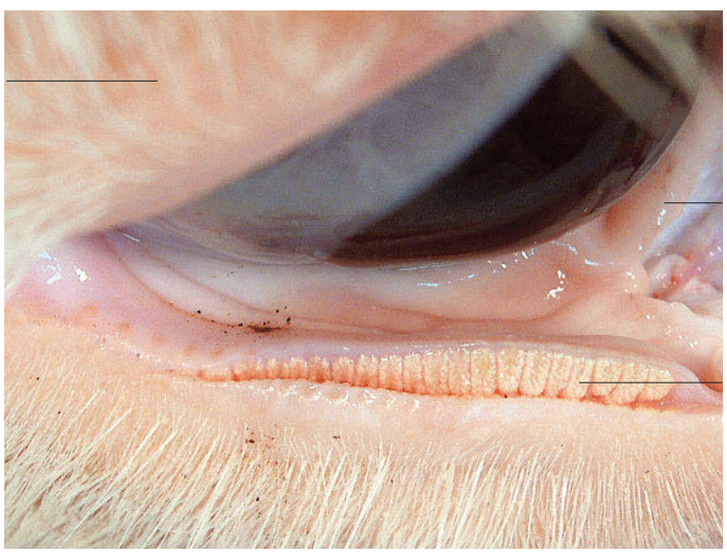


Fig. 17.34 Right eye with eyelids of an ox with tarsal gland (source: courtesy of Dr. S. Donoso, Chile).

tiva). The skin of the face continues onto the **anterior surface of the lids** (facies anterior palpebrarum) with little alteration. It is covered with hairs and includes glandular structures. Long hairs (cilia) project from the upper lid margins. The eyelids contain **several glands**: **Sebaceous glands** open into the follicles of the cilia. **Ciliary glands** are coiled, tubular, apocrine sweat glands that secrete into hair follicles, while sebaceous glands secrete directly onto the lid margin. **Tarsal glands** are specially modified sebaceous glands that are present in both eyelids and produce the oily superficial layer of the tear film (▶ Fig. 17.6 and ▶ Fig. 17.34).

The **middle layer of the eyelid** is formed by the fibres of the lid fascia and the orbicular muscle of the eyeball. The orbicular muscle of the eyeball is a striated muscle, the fibres of which radiate into the eyelids, where they form a circular arrangement and join the tarsal plate and the smooth tarsal muscle of the upper lid. Toward the free margin these structures are succeeded by the tarsal plate, a fibrous condensation that stabilises the free margin of the lid. The levator muscle of the upper eyelid (m. levator palpebrae superioris), innervated from the oculomotor nerve (III), extends from the ethmoidal foramen to the upper lid of the eye.

The **posterior surface of the eyelids** is lined by a mucous membrane, the **palpebral conjunctiva**. At the level of the orbital rim the conjunctiva reflects onto the surface of the globe to become the **bulbar conjunctiva**. The point of reflection is the **conjunctival fornix**. Multiple small folds are formed in the fornix when the eye is open. The **conjunctival sac** is the potential space between the lower lid and the eyeball that normally contains mucus and tears. The conjunctiva consists of a stratified epithelium with goblet cells in its palpebral part. It overlies a loose connective tissue stroma that is rich in lymphatic tissue. The bulbar conjunctiva is thin and continuous with the anterior epithelium of the cornea.

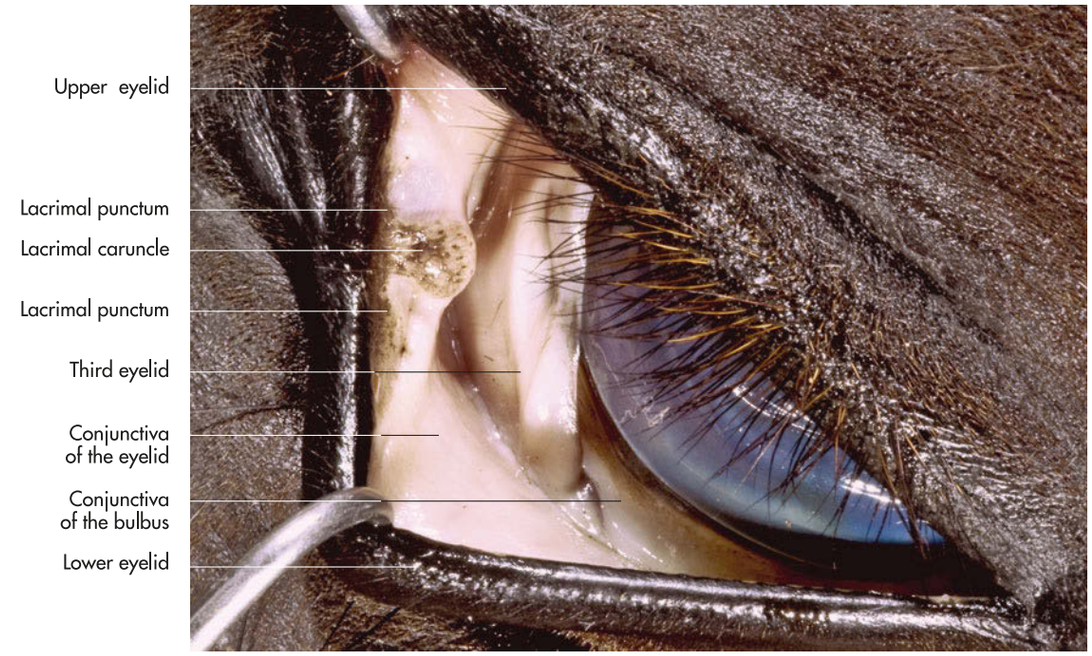


Fig. 17.35 Topography of the lacrimal caruncle of a horse.

The **third eyelid** (palpebra tertia, membrana nictitans) or **semilunar fold of the conjunctiva** (plica semilunaris conjunctivae) is a dorsoventrally orientated conjunctival fold, that extends from the nasal canthus between the lacrimal caruncle and the eyeball (▶ Fig. 17.33 and ▶ Fig. 17.35). It is supported by a T-shaped piece of cartilage, which consists of elastic cartilage in the horse, pig and the cat, and of hyaline cartilage in the dog and in ruminants. Numerous **lymphatic nodules** (noduli lymphatici conjunctivales) are found within the third eyelid, which are enlarged in chronically infected eyes and may cause further irritation.

The base of the cartilage is surrounded by the **superficial gland of the third eyelid** (glandula palpebrae tertiae superficialis). It is a mixed seromucous gland in the ox, sheep and dog, serous in the cat and horse and mucoid in the pig. It contributes considerably to the production of the precorneal tear film. Pigs also have a **second, deeper gland** (glandula palpebrae tertiae profunda).

17.2.4 Lacrimal apparatus (apparatus lacrimalis)

The precorneal tear film protects the eye by washing away foreign material and is essential in maintaining the transparency of the cornea. Insufficient tear production results in opacification.

The **tear film** (▶ Fig. 17.6) consists of a superficial, oily layer, a central aqueous layer and a thin glycoprotein layer covering the cornea. The superficial oily layer is produced by the tarsal glands and provides lubrication, prevents overflow of tears from the lid margin and retards evaporation of the underlying aqueous layer. The aqueous layer is the major component of the tear film and is produced by the lacrimal gland and the gland of the third eyelid. It moistens and nourishes the cornea. The innermost layer is produced by the goblet cells of the conjunctival epithelium and assists in adherence of the precorneal film to the corneal surface. The lacrimal apparatus includes the structures that are responsible for the production, dispersal and disposal of the tears (▶ Fig. 17.35 and ▶ Fig. 17.36):

- lacrimal gland (glandula lacrimalis),
- glands of the third eyelid (glandulae palpebrae tertiae),
- lacrimal canaliculi (canaliculi lacrimales),
- lacrimal sac (saccus lacrimalis) and
- nasolacrimal duct (ductus nasolacrimalis).

The **lacrimal gland** is a tubulo-alveolar gland that is situated between the eyeball and the dorsotemporal wall of the orbit. Its secretion is serous in all domestic mammals other than the pig, in which it is mucoid. In carnivores, it lies beneath the orbital ligament, whereas in the horse it occupies the lacrimal fossa. Its secretion is drained by many **minute ducts** (ductuli excretorii) that open at the dorsotemporal margin of the upper lid into the conjunctival sac (▶ Fig. 17.36). Blinking movements distribute the tear fluid over the anterior surface of the eye.

The drainage of lacrimal secretions begins with the **lacrimal puncta** (puncta lacrimalia), small slits located close to the lacrimal caruncle at the nasal angle of the eye. Each lacrimal punctum leads to a short narrow canaliculus, which opens in the dilatated lacrimal sac.

The **lacrimal sac** marks the beginning of the **nasolacrimal duct**, which occupies a funnel-shaped fossa within the lacrimal bone. The walls of the lacrimal sac contain large amounts of lymphoreticular tissue.

The **nasolacrimal duct** is a soft tissue tube that passes through the lacrimal bone and the maxilla. Rostrally it emerges from its bony canal and continues deep to the nasal mucosa on the nasal aspect of the maxilla. It ends by opening into the **nares**.

Lacrimal drainage varies among the species and between individuals. In the dog the lacrimal puncta are relatively large and are easily cannulated. Rostrally the nasolacrimal duct passes medial to the ventral lateral nasal cartilage and ends by opening onto the ventrolateral floor of the nasal vestibule below the alar fold.

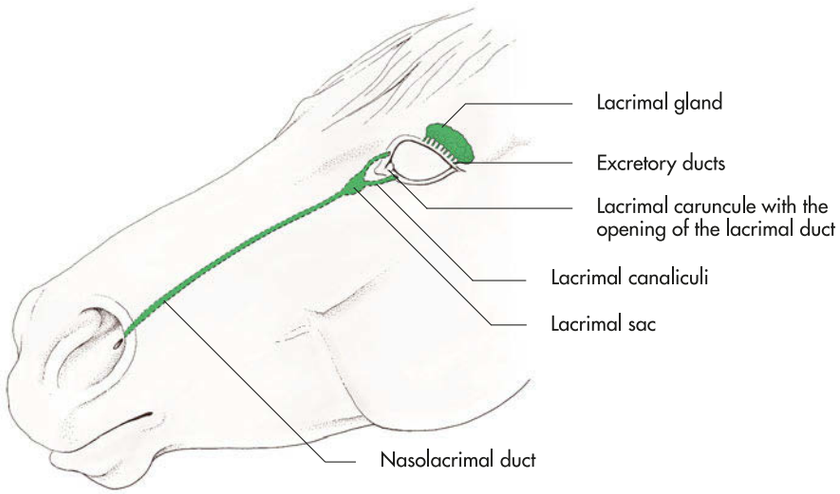


Fig. 17.36 The lacrimal apparatus of the horse (schematic).

The rostral opening cannot be visualised without a speculum. In about a third of dogs, the duct opens in the ventral nasal meatus.

In the horse the **lacrimal puncta** are relatively small. The lacrimal sac lies beneath the **lacrimal caruncle**, covered by the palpebral portion of the orbicularis oculi muscle. The nasolacrimal duct passes rostrally within the lacrimal sulcus of the maxilla to the infraorbital foramen. Its narrow middle part continues in the mucosa of the middle nasal meatus. The nasolacrimal duct opens on the floor of the **nares**, near the **mucocutaneous junction**. Occasionally the duct has more than one opening and blind-ending openings may be present in some horses. The nasal opening can be conveniently used for examining and flushing the duct.

17.3 Blood supply and innervation

17.3.1 Blood vessels of the eye

The principal blood supply to the eyeball is provided by the **external ophthalmic artery** (a. ophthalmica externa), a branch of the **maxillary artery** (▶ Fig. 17.37).

The external ophthalmic artery enters the eyeball at the area cribrosa, where it detaches the **short posterior ciliary arteries** (aa. ciliares posteriores breves). These vessels form the vascular circle of the optic nerve. The central retinal artery, consistently forming in human being, does not exist in domestic mammals. They also form the episcleral blood vessels and the **long posterior ciliary arteries** (aa. ciliares posteriores longae), which pass through the sclera near the equator to join the corresponding vein in forming an elaborate plexus within the choroid. These are complemented anteriorly by the **anterior ciliary arteries** (aa. ciliares anteriores), which penetrate the sclera near the limbus and supply the anterior portion of the choroid, the ciliary body and the iris. These arteries anastomose to form the **major vascular circle** of the iris, from which numerous branches pass to the anterior structures of the eyeball, including **posterior and anterior conjunctival branches** (aa. conjunctivales posteriores and anteriores) to the conjunctiva.

Veins are in general parallel to the arteries. Venous return from the choroid is achieved by the four **vorticose veins** (vv. vorticosae) that drain into the **external ophthalmic vein**. The scleral venous plexus, through which the aqueous humor drains, opens into the anterior ciliary veins (vv. ciliares anteriores). **Arterioles** and **venules** emerge from the optic disc and spread out in various patterns to nourish and drain the retina. For clinical purposes it is important to know that the blood vessels of the optic fundus are characteristic for each species and change with advancing age in the individual.

17.3.2 Innervation of the eye and its adnexa

The eye and its adnexa are innervated by cranial nerves II, III, IV, V, VI and VII; see Chapter 15 “Nervous System” (p. 515).

The **optic nerve** (n. opticus) or cranial nerve II is a central nervous system tract which is sensory only and is concerned with vision.

The **oculomotor** (n. oculomotorius, III), the **trochlear** (n. trochlearis, IV) and the **abducent nerve** (n. abducens, VI) control movement of the eyeball by innervating its extrinsic muscles. The **facial nerve** (n. facialis, VII) is motor to the orbicularis oculi muscle and also provides parasympathetic fibres for the petrosus major nerve that innervates the lacrimal glands.

The eye is richly supplied by branches of the **trigeminal nerve** (n. trigeminus, V). The **ophthalmic** nerve is the principal sensory innervation of the eye and orbit: The **frontal nerve** innervates the upper eyelid; the **lacrimal nerve**, the skin and conjunctiva at the temporal canthus; the **infratrochlear nerve**, the nasal canthus of the eye, and the **nasociliary nerve** the cornea and the choroid. The **zygomatic branch** of the maxillary nerve is sensor to the lower eyelid. The branches of the trigeminal nerve are responsible for the afferent pathways of the corneal and palpebral reflexes.



Fig. 17.37 Ocular fundus with branches of the arteries and veins in a 6-week-old wire-haired dachshound. Azur blue lightening of the tapetum lucidum and venous arch around the optic disc (source: courtesy of Prof. Dr. R. Köstlin, Munich).

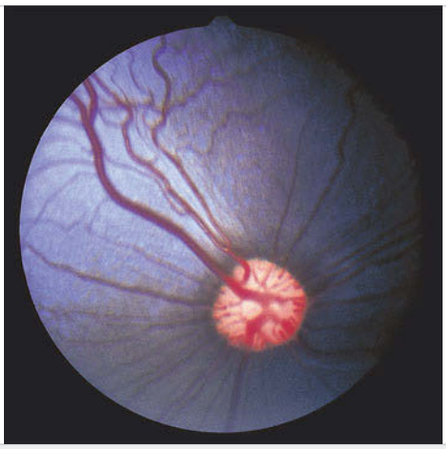


Fig. 17.38 Ocular fundus with branches of the arteries and veins in a 3.5-year-old wire-haired dachshound. The tapetum lucidum is poorly pigmented and appears light blue, the surrounding area is heavily pigmented and dark blue. The venous trunks arch around the optic disc (source: courtesy of Prof. Dr. R. Köstlin, Munich).



Fig. 17.39 Ocular fundus with branches of the areries and veins in a husky with a pigment defect (source: courtesy of Prof. Dr. R. Köstlin, Munich).

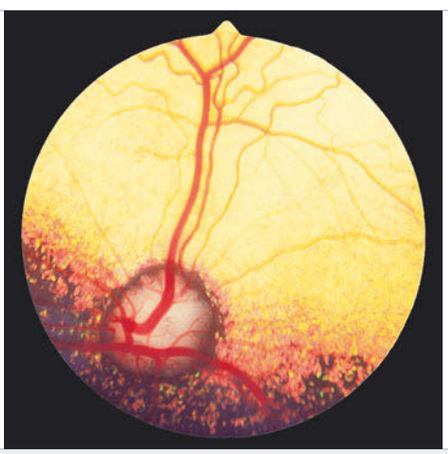


Fig. 17.40 Ocular fundus with branches of the arteries and veins in a toy poodle. The tapetum lucidum is extensive and the pigmented area forms a ring around the optic disc (source: courtesy of Prof. Dr. R. Köstlin, Munich).



Fig. 17.41 Ocular fundus of a juvenile cat with strongly reflecting tapetum lucidum, dense fundus and distinct optic disc (source: courtesy of Prof. Dr. R. Köstlin, Munich).

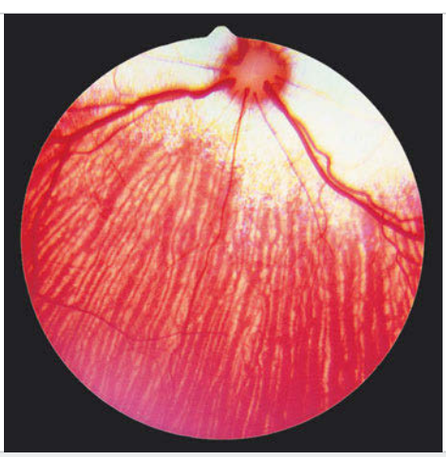


Fig. 17.42 Ocular fundus of a one-year-old cat with pigment defect, showing a transparent choracoid (source: courtesy of Prof. Dr. R. Köstlin, Munich).

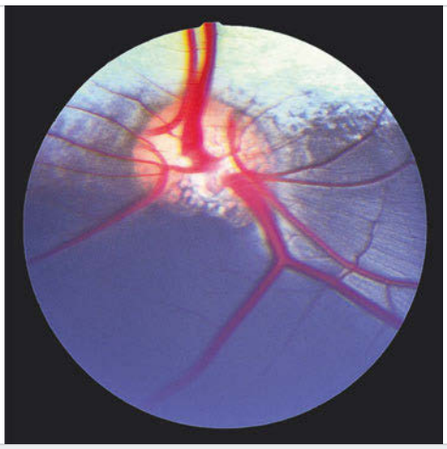


Fig. 17.43 Ocular fundus of a Merino sheep (source: courtesy of Prof. Dr. R. Köstlin, Munich).

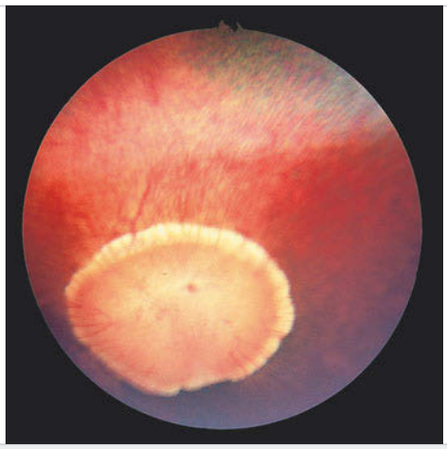


Fig. 17.44 Ocular fundus of a horse with distinct optic disc and normal fundus albinism (source: courtesy of Prof. Dr. H. Gerhards, Munich).

Parasympathetic presynaptic nerve fibres innervate the **ciliary ganglion** with the oculomotor nerve. There they synapse, and their postsynaptic fibres form the **short ciliary nerves** (nn. ciliares breves). They also receive **sympathetic** and **sensory fibres** and are responsible for the autonomic regulation of the pupillary reflex and accommodation of the lens. **Parasympathetic stimulus** causes contraction of the pupillary sphincter muscle; **sympathetic stimulus**, contraction of the pupillary dilator muscle.

17.4 Visual pathways and optic reflexes

The visual pathways comprise **central** and **peripheral segments**. The **peripheral part** includes the retinal neurons, the optic nerve, the optic chiasm, the optic tracts, the thalamus and the lateral geniculate bodies. The **central part** consists of the optic radiation, the rostral colliculi, the geniculo-occipital tract and the optic area of the cerebral cortex.

The retina contains the **receptors for visual information**. The received information is then conveyed to the brain by the **optic nerve**. The optic nerve of each eye converge to meet in the optic chiasm on the ventral surface of the brain, where part of the **fibres decussate**; see Chapter 15 “Nervous System” (p. 515).

The proportion of fibres that are exchanged with the opposing optic nerve is correlates with the degree of binocular vision enjoyed by the species. After the optic chiasm, the fibres continue as the **optic tract** (tractus opticus), which terminates in the **lateral geniculate nucleus** and in the **optic thalamus**.

From the thalamus, second stage neurons project, via the **optic radiation** (radiatio optica) of the **internal capsule**, on the visual cortex located within the **occipital lobe of each hemisphere**. This is the area of **conscious visual perception**.

Some fibres leave the optic tract to terminate in the rostral colliculi of the midbrain, in nuclei of the **reticular formation** and the **caudate nucleus**. These are responsible for optic reflexes, such as the pupillary reflex and accommodation.

Clinical terminology

Examples of clinical terms derived from anatomical terms: conjunctivitis, corneal ulcer, retinopathy, uveitis, keratitis, glaucoma, cataract, and many more.

18 Vestibulocochlear organ (organum vestibulocochleare)

H.-G. Liebich and H. E. König

The ear is appropriately termed the **vestibulocochlear organ** since it includes both the organs of **balance** and of **hearing**. Sound waves provide mechanic stimuli, which are received and transformed into electrical signals by the cochlea, while neuroreceptors within the vestibular organ provide the animal with a perception of position and movement with respect to gravity. The receptors of both organs are part of the inner ear, which is located in the petrous temporal bone. The two organs are linked anatomically and functionally by the vestibulocochlear nerve.

The ear has **three subdivisions** (▶ Fig. 18.1):

- external ear (auris externa),
- middle ear (auris media) and
- internal ear (auris interna).

The organ of balance (vestibular system) is restricted to the internal ear.

18.1 External ear (auris externa)

The external ear consists of the:

- auricle (auricula) with the auricular cartilage (cartilago auriculae), the scutiform cartilage and the auricular muscles (mm. auriculares),
- external acoustic meatus (meatus acusticus externus) and
- tympanic membrane (membrana tympani).

The external ear helps to direct and transmit sound waves into the middle ear.

18.1.1 Auricle (auricula)

The **external ear** (also called auricle or pinna) of the domestic mammals varies greatly in size and shape between species and breeds. Breedspecific variations are especially pronounced in dogs (▶ Table 18.1). In most animals the external ear is highly mobile and is important for the communication between individuals (▶ Fig. 18.2 and ▶ Fig. 18.3).

The **auricle** is shaped like a funnel and serves as a sound gathering structure. It is moved by the auricular muscles to localise and collect sound. Several auricular muscles arise from the scutiform cartilage, a small cartilaginous plate on the rostromedial aspect of the auricle; others arise from neighbouring parts of the skull.

The **auricular muscles** are arranged around the auricle and insert upon it. They rotate the external ear and move it upward and downward. The muscles consist of several layers and numerous slips that may differ in size or insertion not only between species and breed, but also from one individual to another. Like the other mimetic muscles they are innervated by the intermediofacial nerve.

The funnel-shaped auricle opens distally and narrows to form a tube proximally. The size and shape of the auricle is determined by the auricular cartilage, which is covered by skin. The hairs are thin and sparse on the concave surface, apart from a **few long hairs** (tragi) protecting the **entrance to the external acoustic meatus**. The convex surface is covered by normal fur and, especially in dogs with pendulous ears, it has dense long hairs. Following human anatomical nomenclature, the following features can be distinguished (▶ Fig. 18.2 and ▶ Fig. 18.3):

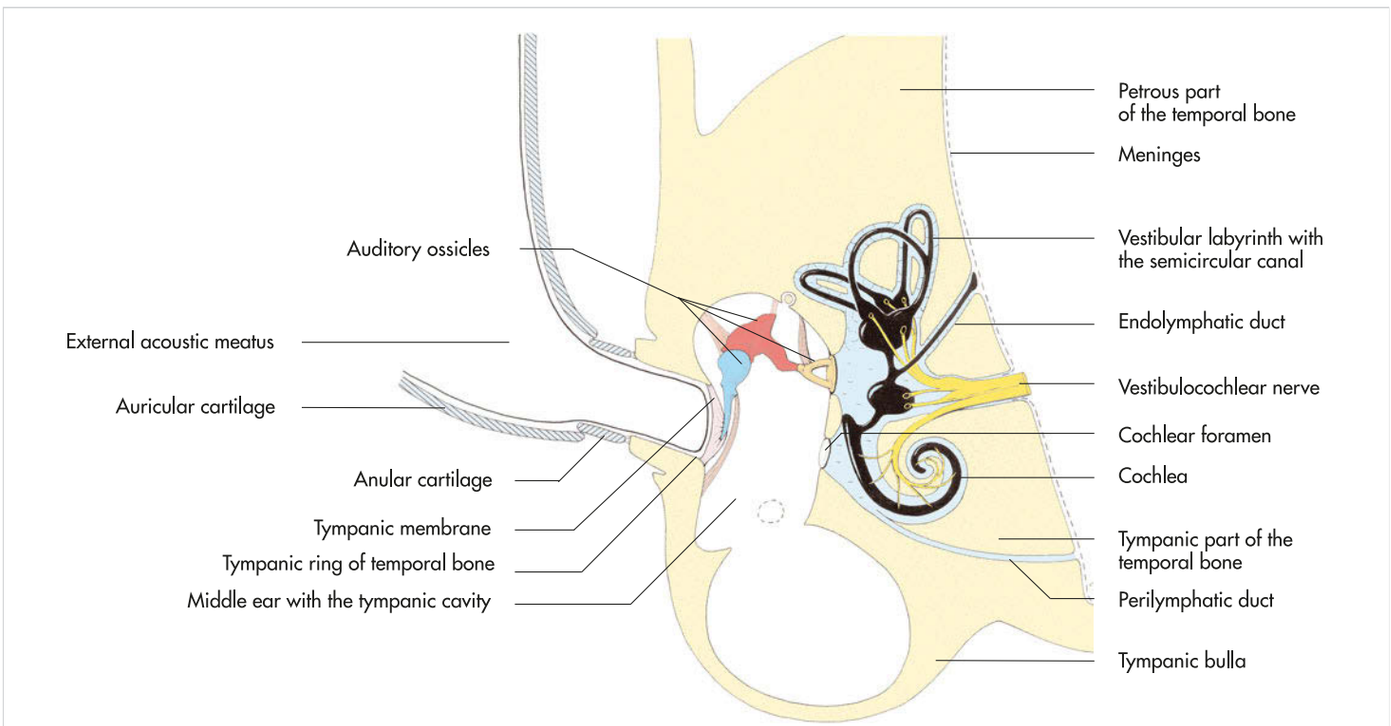


Fig. 18.1 The external acoustic meatus, the middle and internal ear of the dog (schematic).

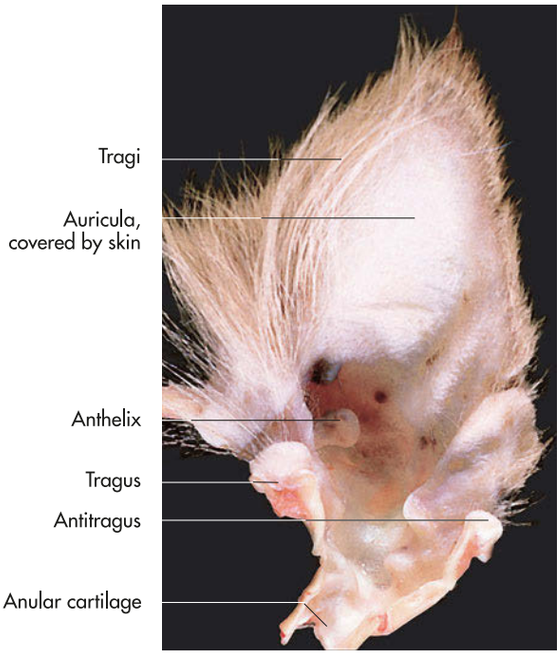


Fig. 18.2 Auricle of a cat.

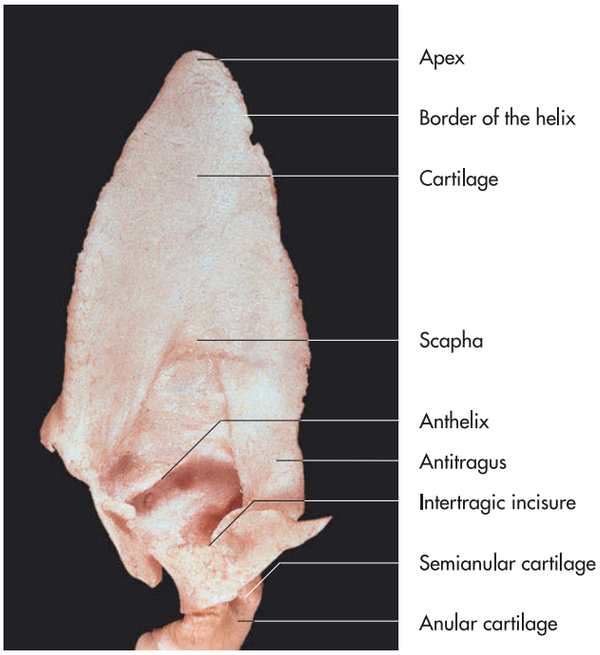


Fig. 18.3 Auricle of a dog (source: courtesy of Dr. R. Macher, Vienna).

- tip of the ear (apex auriculae),
- rostral and caudal margins,
- convex surface (dorsum auriculae) and
- concave surface with:
  - scapha,
  - concha and
  - species-specific cartilagenous structures: crus of helix, anthelix, tragus and antitragus.

The **concave surface of the auricle** is divided into the **proximal concha** (concha auriculae), or **conchal cavity**, from the more distally located and flattened **scapha**. A separate cartilagenous band, the **anular cartilage** (cartilago anularis), fits within the base of the conchal tube and overlaps and attaches to the **osseous external acoustic meatus** (▶ Fig. 18.2 and ▶ Fig. 18.3). In the cat and dog, the caudal margin presents the **cutaneous marginal pouch** (saccus cutaneus marginalis).

Table 18.1 Breedspecific ear forms.

Ear form in dogs
• Short erect ear: Spitz, northern sledge dog • Long erect ear: German shepherd • Bat ear: French bulldog • Drop ear: Foxterrier, collie • Rose ear with the ear tip lying close to the head: Greyhounds • Lop-eared: Great Dane, a few types of gun dogs • Lop-eared (long): Bloodhounds, a few hunting dogs

18.1.2 External acoustic meatus (meatus acusticus externus)

The external acoustic meatus (▶ Fig. 18.8) has a **distal cartilagenous part** and a **proximal osseous part**. It begins with the narrowed part of the auricular cartilage and ends at the eardrum.

In carnivores and pigs the cartilaginous part is relatively long and curved with its initial part directed downward, followed by a horizontal part that is directed medially.

The osseous part is relatively short and is attached to the basal portion of the concha by the anular cartilage. This arrangement of a separate joining ring between the auricle and the external acoustic meatus gives the external ear added flexibility. The **external acoustic meatus** is lined with a stratified, squamous epithelium, which contains sebaceous and tubular ceruminous glands, which secrete **earwax** (cerumen). In the horse and in ruminants, these glands are located within the cartilagenous part of the external acoustic meatus. In carnivores, the glands are located along the whole of the external acoustic meatus.

18.1.3 Tympanic membrane (membrana tympani)

The **tympanic membrane**, or **eardrum**, separates the middle ear from the external acoustic meatus (▶ Fig. 18.1, ▶ Fig. 18.4 and ▶ Fig. 18.5). It transmits sound waves onto the auditory ossicles of the middle ear. It is a thin, semi-transparent sheet that is suspended within the **tympanic ring** (anulus tympanicus). The tympanic ring is interrupted dorsally by a **notch**, which is bridged by soft tissue.

The part of the tympanic membrane that attaches to the tympanic ring is **tense** (pars tensa), while the part that covers the notch of the tympanic ring is **flaccid** (pars flaccida). The tympanic membrane is composed of **three layers**:

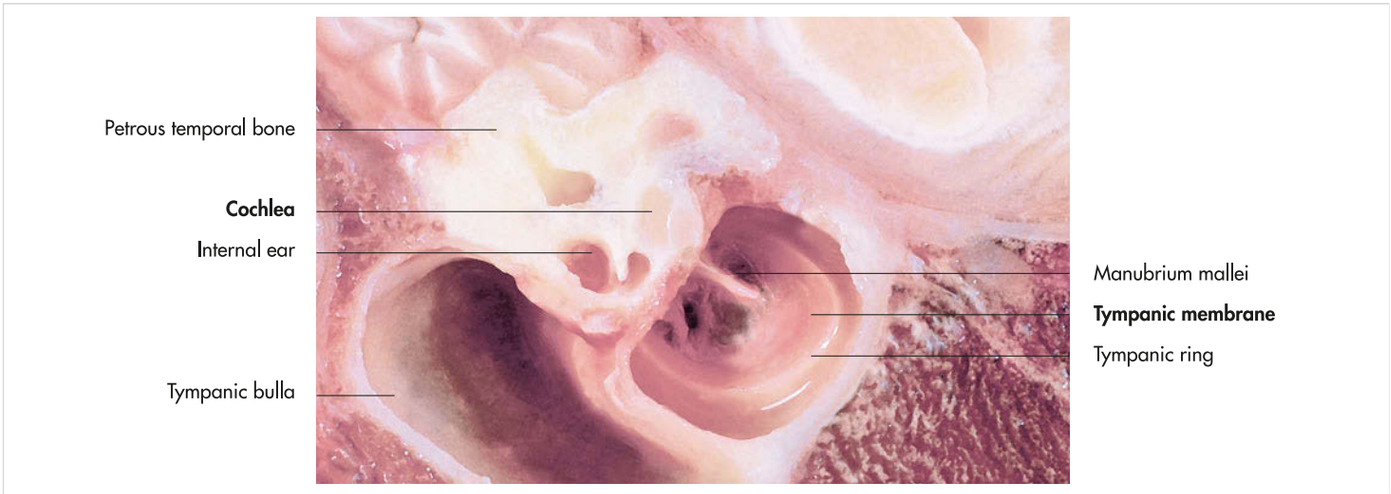


Fig. 18.4 Transverse section of the middle and internal ear of a dog showing the internal aspect of the tympanic membrane (source: courtesy of Prof. Dr. J. Maierl, Munich).

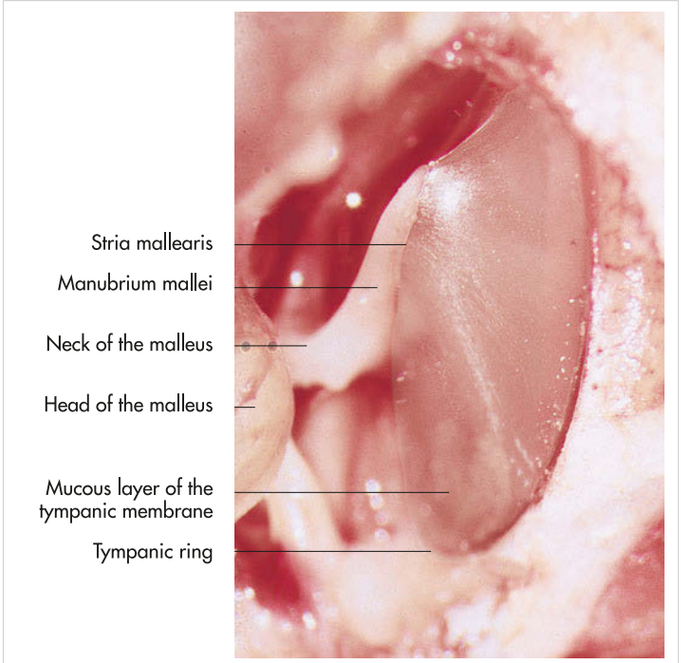


Fig. 18.5 Tympanic membrane of a cat with manubrium of the malleus (internal aspect); preparation Dr. F. Hartmann.

- outer stratified squamous epidermis (stratum cutaneum),
- central fibrous connective tissue layer (stratum proprium) and
- inner mucosa (stratum mucosum).

Its **outer surface** is covered with an epithelium continuous with that of the external acoustic meatus and its medial surface by the mucosa lining the tympanic cavity. The unpigmented outer layer does not contain any hairs or glands. The **central layer** is arranged in **outer radial** and **inner circular** layers that continue into the fibrocartilagneous ring that attaches the tympanic membrane to the osseous tympanic ring (▶ Fig. 18.1, ▶ Fig. 18.4, ▶ Fig. 18.7 and ▶ Fig. 18.11).

The **inner mucosa** consists of a single-layered squamous epithelium, which extends onto the surface of the malleus, which in turn is firmly attached to the connective tissue fibres. The site of attachment is called the **umbo of the tympanic membrane**.

The **external aspect** of the tympanic membrane is depressed opposite the distal **end of the malleus**, owing to the traction it exerts. A light coloured **streak** (stria mallearis) may be seen at that site. The handle of the malleus is embedded within the tympanic membrane, while the head articulates with the body of the adjacent auditory ossicle, the **incus**. Incoming sound waves are transformed into mechanical impulses by the tympanic membrane and conveyed to the inner ear by the auditory ossicles (▶ Fig. 18.11). The tympanic membrane is slanted and oval in shape in the dog. In the cat it is pointed, in the pig circular and in the horse and ox, oval. The tympanic membrane is **generously vascularised** and **innervated** by **sensory nerve fibres**.

18.2 Middle ear (auris media)

The middle ear (▶ Fig. 18.1, ▶ Fig. 18.6 and ▶ Fig. 18.11) comprises the:

- tympanic cavity (cavum tympani),
- auditory ossicles (ossicula auditus) and
- auditory tube (tuba auditiva, Eustachian tube).

In the horse, the auditory tube forms a large diverticulum, the **guttural pouch** (diverticulum tubae auditivae) (▶ Fig. 18.15).

18.2.1 Tympanic cavity (cavum tympani)

The tympanic cavity is housed within the petrous temporal bone. It can be divided into **dorsal**, **middle** and **ventral parts**.

The dorsal part, the **epitympanicum**, contains the auricular ossicle. The middle part, or **mesotympanicum**, includes the tympanic membrane in its lateral wall and opens rostrally into the nasopharynx via the auditory tube. The ventral **hypotympanicum**, or **tympanic bulla** (bulla tympanica), is an enlarged bulbous expansion of the temporal bone that is subdivided into numerous cells area in some species (▶ Fig. 18.8). The tympanic bulla forms the floor and a large part of the lateral walls of the tym-



Fig. 18.6 Transverse section of the head of a cat at the level of the ear.

panic cavity; for a more detailed description see Chapter 2 "Axial skeleton" (p. 73). The lateral wall of the tympanic cavity incorporates the **tympanic membrane**; the medial wall contains **two windows**.

The **oval vestibular window** (fenestra vestibuli) is located rostrodorsally and is occupied by the base of the stapes and connects the tympanic cavity with the internal ear. The **cochlear window** (foramen cochleae), situated more caudally, is round in shape and leads to the cavity of the cochlea. It is closed by the secondary tympanic membrane. The cochlea is located within a bony prominence, the **promontorium** which protrudes from the medial wall of the tympanic cavity (▶ Fig. 18.10).

The tympanic cavity is lined by a single-layered epithelium, which continues onto the auricular ossicles and the tympanic membrane. The underlying soft tissue has a rich vascular and nervous supply.

18.2.2 Auditory ossicles (ossicula auditus)

The transmission of vibrations from the tympanic membrane across the tympanic cavity to the inner ear is mediated by the **three auditory ossicles** (▶ Fig. 18.1, ▶ Fig. 18.4, ▶ Fig. 18.5, ▶ Fig. 18.11 and ▶ Fig. 18.12):

- hammer (malleus),
- anvil (incus) and
- stirrup (stapes).

These are small lamellar bones that are joined to each other by **syndesmoses** to form a chain, which extends from the tympanic membrane to the vestibular window.

In juvenile animals, there may be a small separate bone, the **lenticular bone** (os lenticulare), interposed between the incus and stapes, which fuses to the incus in later life. The most lateral of the auditory ossicles is the **malleus**, which consists of the **head**, **neck** and **manubrium**. The manubrium is embedded within the tympanic membrane (▶ Fig. 18.1, ▶ Fig. 18.4, ▶ Fig. 18.5 and ▶ Fig. 18.11). It is joined to the head by the neck, which protrudes above the tympanic membrane by a few millimetres. The saddle-shaped articular surface of the head of the malleus articulates with the body of the stapes.

The **incus** is divided into a **body** and **short** and **long limbs** (▶ Fig. 18.1, ▶ Fig. 18.11, ▶ Fig. 18.14 and ▶ Fig. 18.20). The long limb joins with the lenticular bone, which articulates with the head of the stapes (caput stapedis).

The **stapes** consists of a **head**, a **neck**, two **limbs**, a **base** and a **muscular process** (▶ Fig. 18.1, ▶ Fig. 18.11, ▶ Fig. 18.13 and ▶ Fig. 18.20). The base articulates with the fibrocartilagenous ring that surrounds the vestibular window.

Several **ligaments** and **mucosal folds** attach the auditory ossicles to the wall of the tympanic cavity. The manubrium of the malleus is attached to the tympanic ring (▶ Fig. 18.9) by the **lateral ligament** of the malleus and to the wall of the epitympanicum by the **rostral ligament** of the malleus. The head of the malleus is attached to the dorsal wall of the epitympanicum by the **superficial ligament** of the malleus and is further stabilised by two mucosal folds, through which the chorda tympani passes.

The **facial nerve** passes along the wall of the epitympanicum and is separated from the wall by mucosa in parts. The short limb of the incus is attached to the epitympanicum by the caudal ligament of the incus. An **anular ligament** (ligamentum anulare stapedis) attaches the base of the stapes to the vestibular window.

The **auditory ossicles** not only transmit the vibrations of the tympanic membrane, but also magnify them by at least 20 times. This is essential to initiate waves in the endolymph of the inner ear. An important role in the enhancement mechanism is played by **two antagonistic muscles** associated with the ossicles: the tensor tympani and the stapedial muscle.

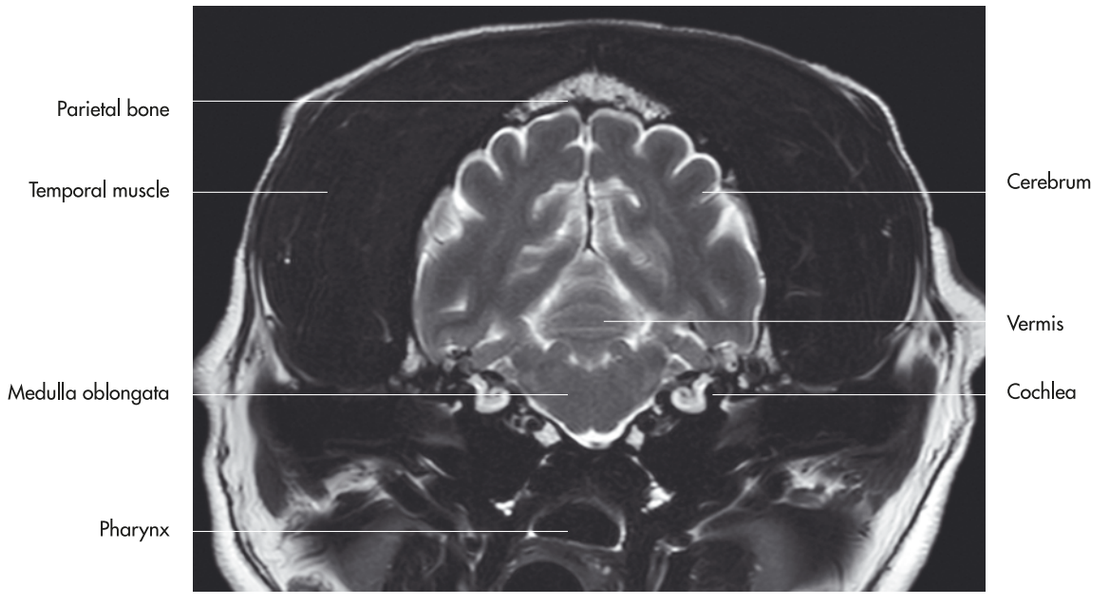


Fig. 18.7 Magnetic resonance imaging (MRI) of the head of a dog at the level of the cochlea (transverse section; T2-weighted image) (source: courtesy of Prof. Dr. E. Ludewig, Vienna).

The **tensor tympani muscle** (m. tensor tympani) originates in the rostromedial part of the tympanic cavity and inserts to the manubrium of the malleus. Contraction of this muscle tensions the chain of auditory ossicles and the tympanic membrane, thus resulting in a higher sensitivity of the transmission system.

The **stapedius muscle** (m. stapedius) originates from a small fossa between the facial canal and the wall of the tympanic cavity and inserts to the head of the stapes. Contraction of the stapedial muscle moves the base of the stapes away from the vestibular window, thus having an attenuating effect on transmission. The tensor tympani muscle is innervated by the **pterygoid nerve**, a branch of the mandibular nerve; the stapedial muscle is innervated by the **facial nerve** (▶ Fig. 18.20).

18.2.3 Auditory tube (tuba auditiva, Eustachian tube)

The auditory tube (▶ Fig. 18.15, ▶ Fig. 18.16, ▶ Fig. 18.17, ▶ Fig. 18.18 and ▶ Fig. 18.19) is a narrow, slit-like tube that connects the tympanic cavity with the nasopharynx. The tube is bordered by a ventrally open trough, which is osseous close to the **tympanic cavity** (pars ossea) and becomes cartilaginous towards the **pharynx** (pars cartilaginea tubae auditivae). Both parts are lined by ciliated epithelium, which contains goblet cells with an underlying collagenous-elastic soft tissue rich in lymphoreticular cells. The tympanic cavity marks the opening into the **auditory tube** and ends at the nasopharynx with the **slit-like pharyngeal opening**. The pharyngeal openings are marked by tubal tonsils in ruminants.

The **auditory tubes** serve to equalise atmospheric pressure on the two sides of the tympanic membranes. They temporarily open during yawning or swallowing. Sometimes the pressure becomes unbalanced (e.g. during a ride in an elevator) and its sudden restoration causes the ears to “pop”. They also permit the slight secretion from the glands in the lining of the auditory cavity to drain into the pharynx.

The **paired guttural pouches** are a characteristic anatomical feature of equids and are formed by the outpouching of the mucosal lining of the auditory tube through the ventral slit of the supporting cartilage (▶ Fig. 18.15). It has a capacity of about 500 ml and occupies the space between the base of the skull and the atlas dorsally and that between the pharynx and the beginning of the oesophagus ventrally.

Medially the **dorsal parts** of the two sacs are separated by the ventral straight muscles of the head, but below this they meet, separated by a thin **median septum**. The stylohyoid bone incompletely divides the pouch into medial and lateral compartments. Several important structures are in close anatomical relationship to the pouch. These include the **external carotid artery**, which runs in a fold of the lateral wall of the lateral compartment. The **internal carotid artery** passes across the larger medial compartment, in a common fold with the **vagus** and the **glossopharyngeal nerves** and the **cranial cervical ganglion**. The glossopharyngeal and hypoglossal nerves pass along a more ventrally located fold in the wall of the medial compartment. The guttural pouches are in contact with the medial and lateral **retropharyngeal lymph nodes** and are lined by respiratory mucosa with ciliated epithelium, goblet cells and lymphoid tissue.

Clinical note

Guttural pouch disorders are relatively common in the horse and include guttural pouch tympany in foals, guttural pouch empyema and guttural pouch mycosis. Infection may spread onto related structures and lead to further complications.

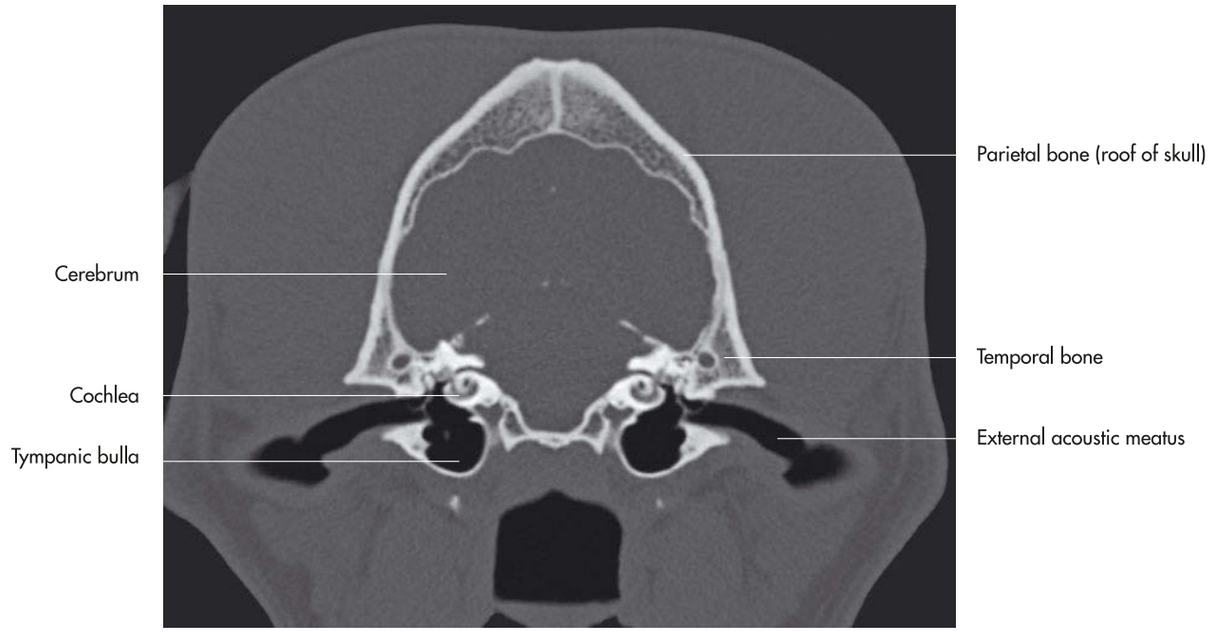


Fig. 18.8 Computed tomography (CT) of the head of a dog at the level of the cochlea (transverse section) (source: courtesy of Prof. Dr. E. Ludewig, Vienna).

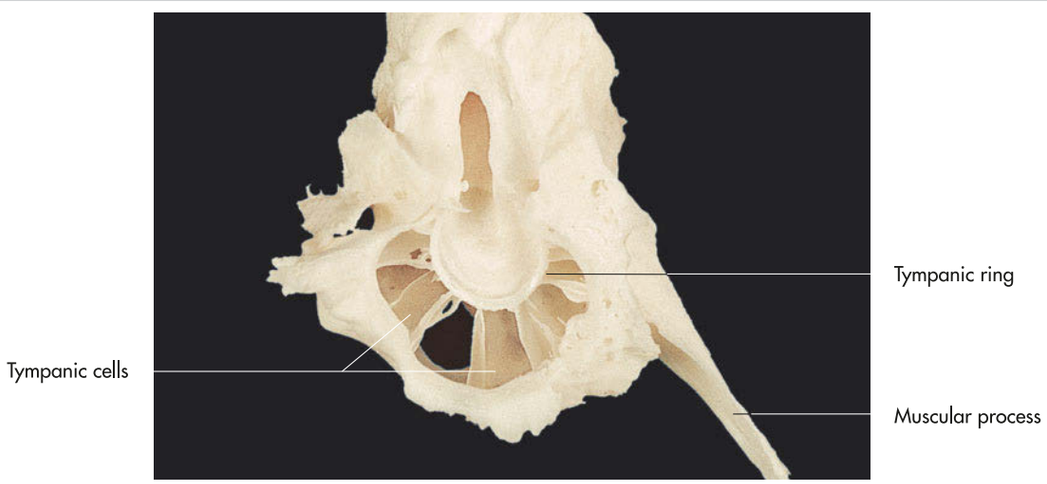


Fig. 18.9 Transverse section of the tympanic part of the petrous bone of a horse.

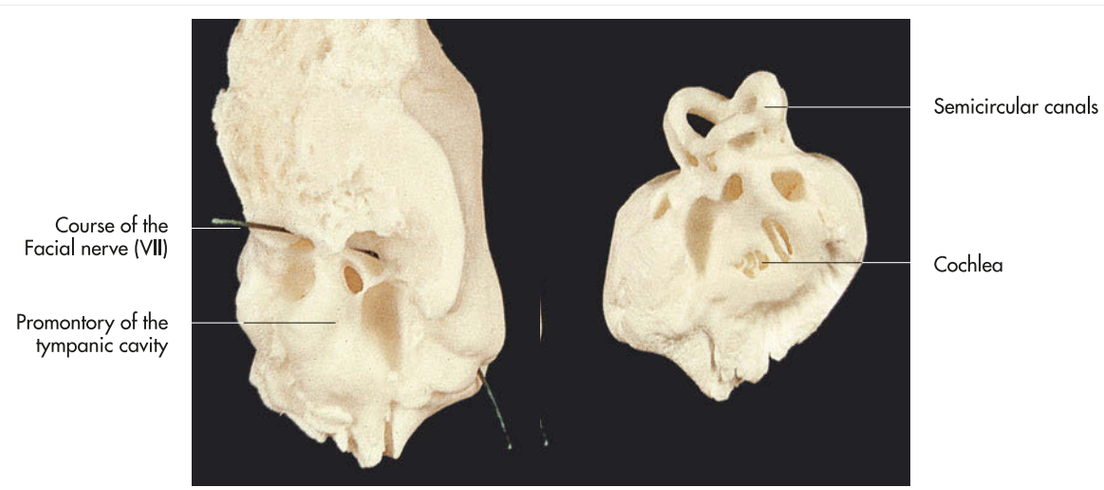


Fig. 18.10 Transverse section of the tympanic part of the petrous bone of an ox.

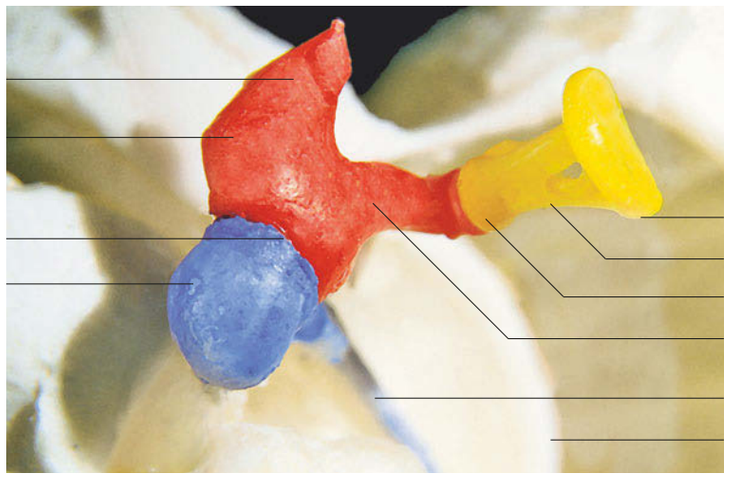


Fig. 18.11 Auditory ossicles of a horse (coloured); preparation H. Dier, Vienna.

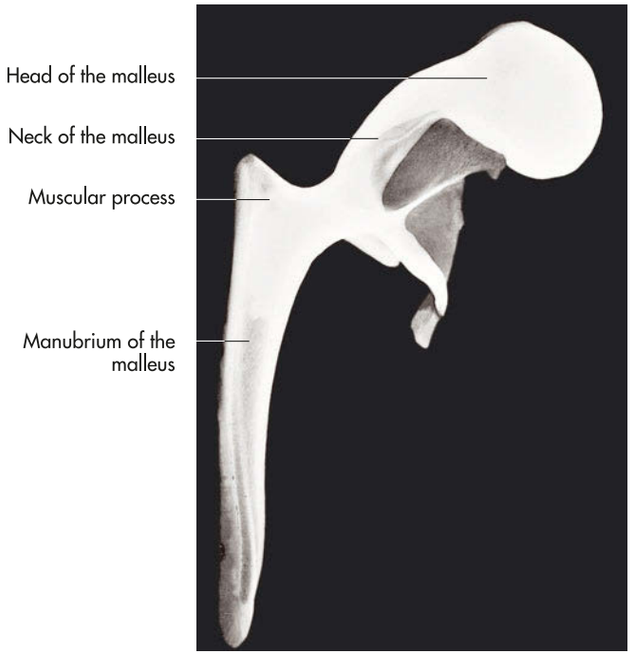


Fig. 18.12 Radiograph of the malleus (source: courtesy of Prof. Dr. Cordula Poulsen Nautrup, Munich).

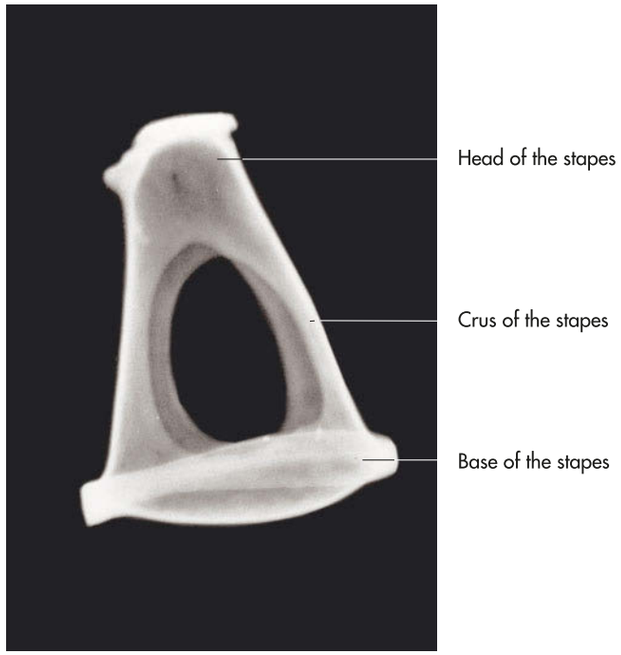


Fig. 18.13 Radiograph of the stapes (source: courtesy of Prof. Dr. Cordula Poulsen Nautrup, Munich).

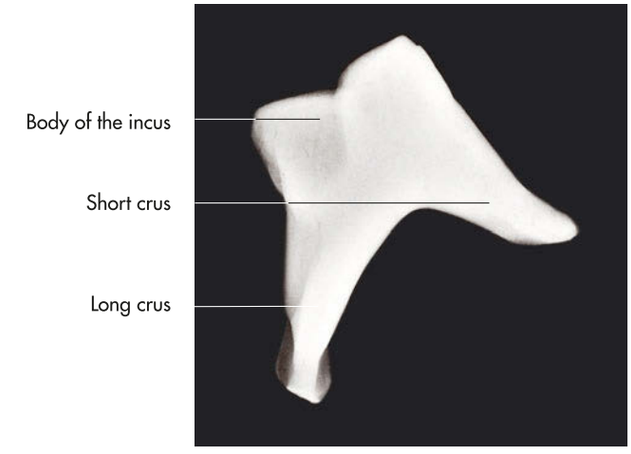


Fig. 18.14 Radiograph of the incus (source: courtesy of Prof. Dr. Cordula Poulsen Nautrup, Munich).

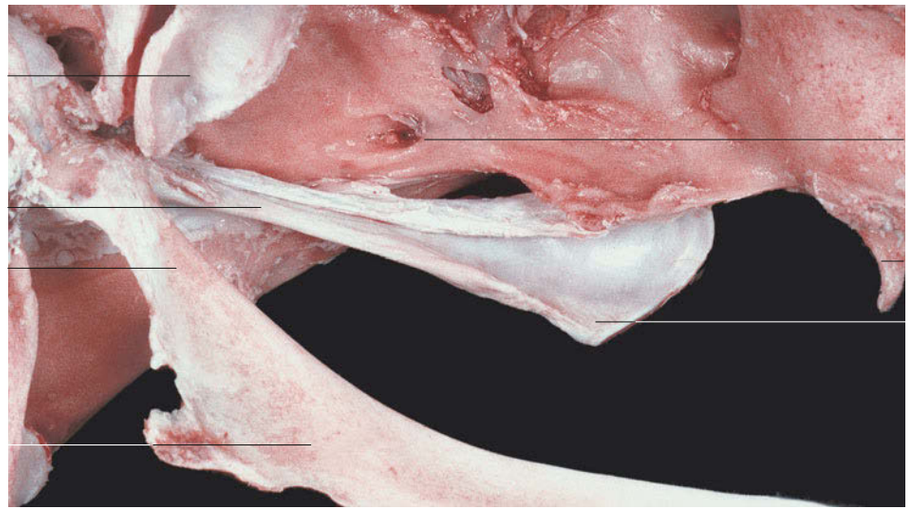


Fig. 18.15 Auditory tube of the horse (source: courtesy of Dr. R. Macher, Vienna).

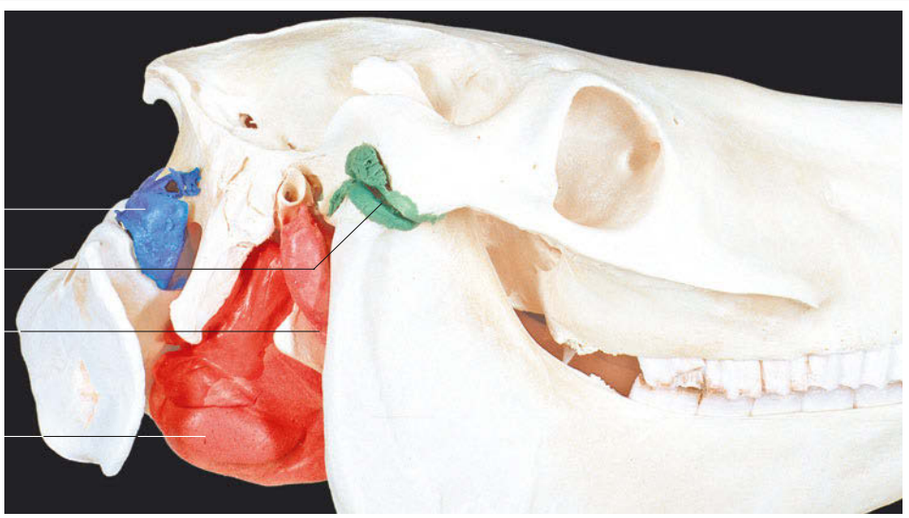


Fig. 18.16 Guttural pouch with atlanto-occipital and temporomandibular joints (acrylic cast, lateral aspect); preparation Dr. S. Wolf, Vienna.

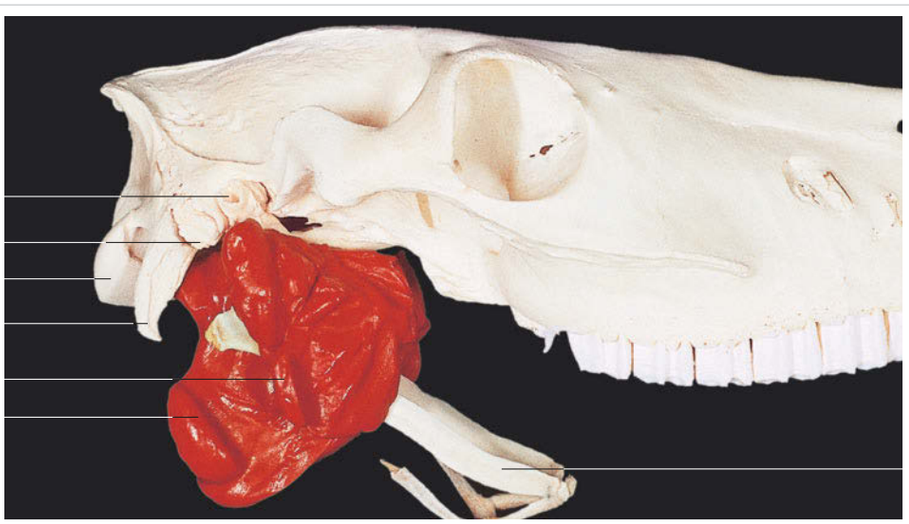


Fig. 18.17 Guttural pouches (acrylic cast, lateral aspect).

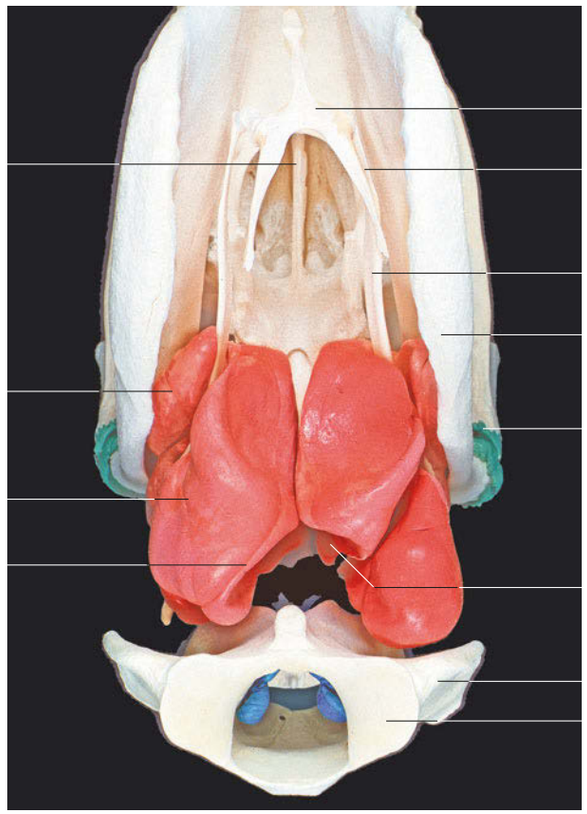


Fig. 18.18 Guttural pouches (acrylic cast, ventral aspect); preparation Dr. S. Wolf, Vienna.



Fig. 18.19 Radiograph of the guttural pouches. (source: courtesy Prof. Dr. Chr. Stanek, Vienna)

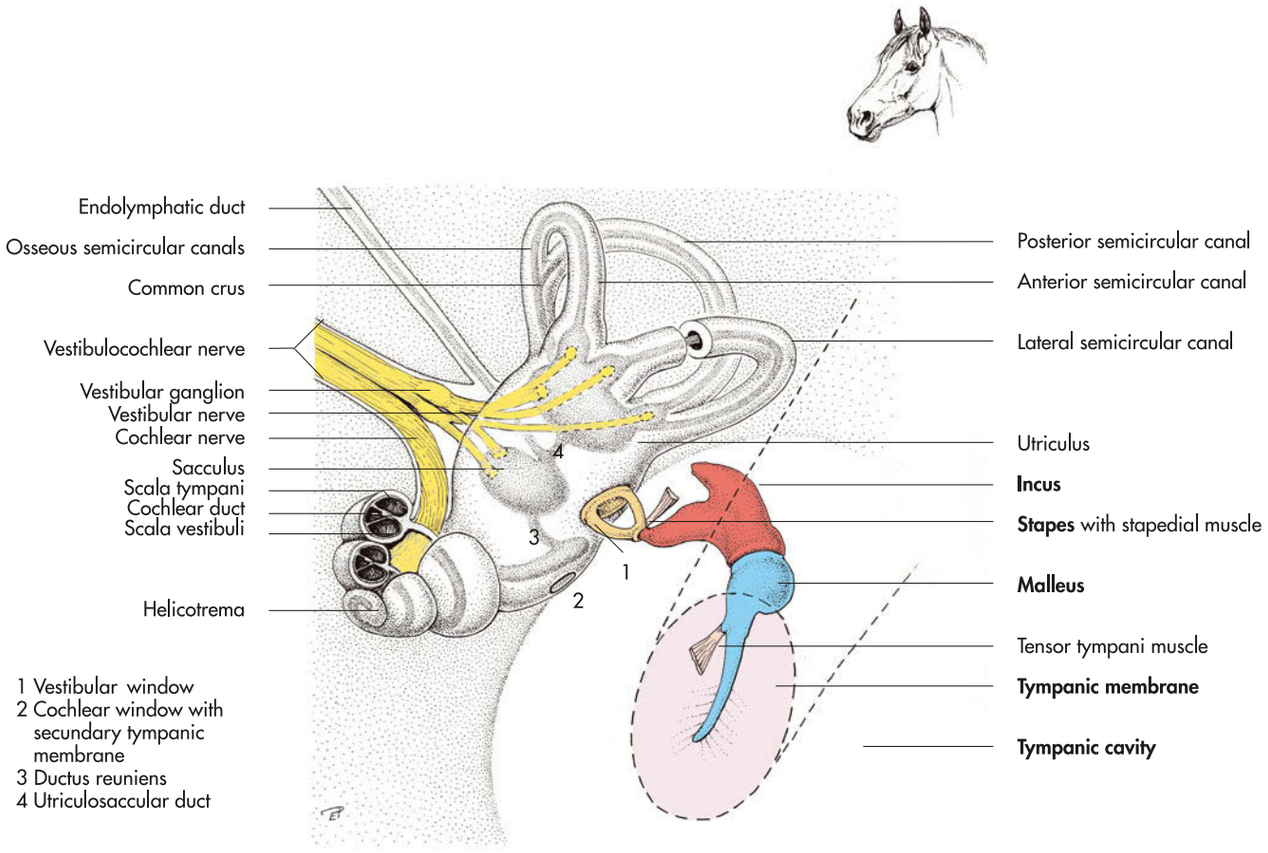


Fig. 18.20 The middle and internal ear of the horse (schematic, aspect as in the insert).

The most probably **function** of the guttural pouch is the reduction of the specific weight of the head. Recent experimental investigations identify the pouch as a mechanism for cooling the cerebral blood supply. These studies emphasize the relevance of the intensive contact between the extracranial part of the internal carotid artery and the exceeding thin pouch wall.

18.3 Internal ear (auris interna)

The internal ear is a composite organ that consists of an interconnected series of membranous fluid-filled ducts and chambers, the **membranous labyrinth** (labyrinthus membranaceus) (▶ Fig. 18.20). The fluid within this labyrinth is called **endolymph** and its movements stimulate sensory cells within the membranous wall.

The membranous labyrinth comprises the:

- vestibular labyrinth (labyrinthus vestibularis) containing the receptor organ for balance,
- cochlear labyrinth (labyrinthus cochlearis) with the organ of hearing, and
- ductus reuniens, through which both systems communicate (▶ Fig. 18.20).

The **membranous labyrinth** is surrounded by the **osseous labyrinth** (labyrinthus osseus), a complex structure within the petrous temporal bone. Its shape and partitions are similar to those of the membranous labyrinth, but it is slightly larger (a more detailed description can be found in histology textbooks).

The bony labyrinth consists of the:

- vestibule (vestibulum),
- semicircular canals (canales semicirculares ossei) and
- cochlea (▶ Fig. 18.21).

The **vestibule** is the central chamber of the osseous labyrinth. It communicates with the **cochlea** rostrally and with the **semicircular canals** caudally. The lateral wall of the vestibule has two windows: the **vestibular window**, occluded by the stapes, and ventral to it the **cochlear window**, which is covered by the secondary tympanic membrane. The semicircular canals house the semicircular duct of the vestibular labyrinth.

The **cochlea** is very similar in shape to a snail's shell. It forms a spiral around a central hollow core of bone, the **modiolus**, which contains the **cochlear nerve** (▶ Fig. 18.20).

The spiral consists of 3 turns in carnivores, 2.5 turns in the horse, 4 in the pig and 3.5 turns in ruminants. Projecting into the spiral canal from the modiolus is an osseous shelf, the **spiral lamina**, which incompletely bisects the lumen into two portions, called the **scala tympani** and **scala vestibuli** (▶ Fig. 18.22).

The **spiral ganglion** of the **cochlear nerve** lies within the spiral lamina. The cochlea houses three membranous ducts, which wind around the modiolus.

Between the osseous and the membranous labyrinths are **fluid-filled clefts** (spatia perilymphatica), which are connected to the **subarachnoid space** of the meninges by the vestibular and cochlear aqueducts. These clefts are lined by a squamous epithe-

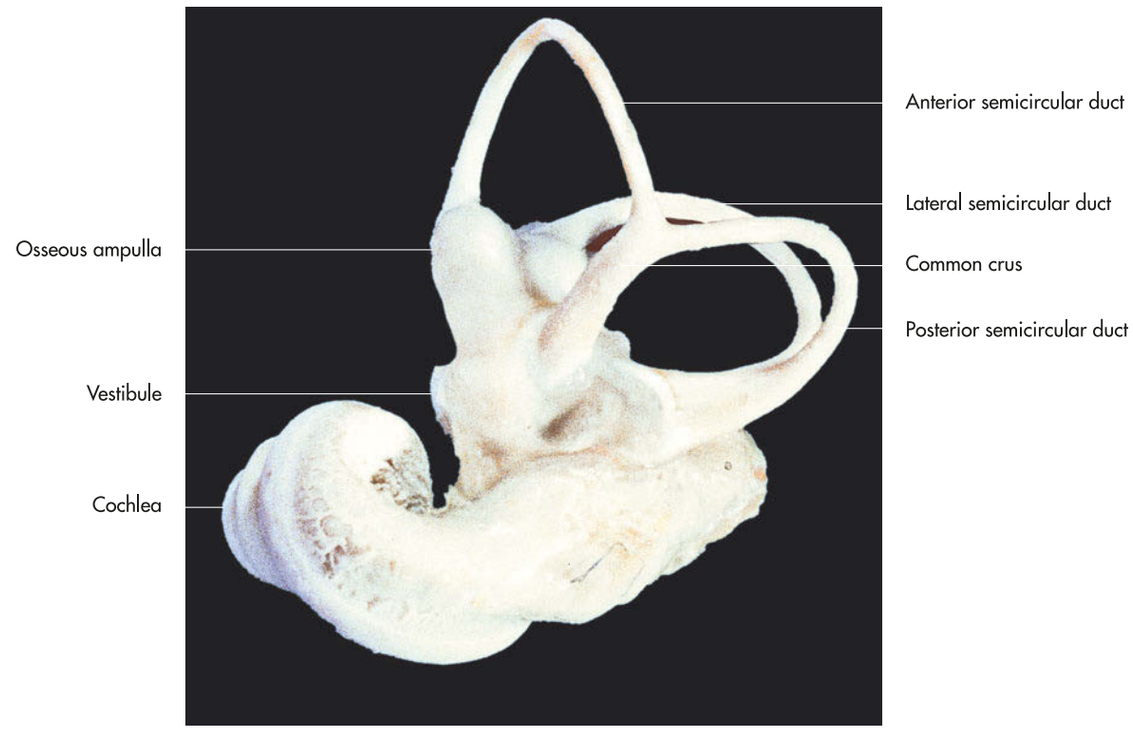


Fig. 18.21 Osseous labyrinth of a dog (arylic cast) (source: courtesy of Prof. Dr. M. Navarro and Prof. Dr. Ana Carretero, Barcelona).

lium and contain perilymph, which has a composition similar to cerebrospinal fluid.

18.3.1 Vestibular labyrinth (pars statica labyrinthi)

The vestibular labyrinth comprises the **saccule** (sacculus), the **utricule** (utriculus) and the **semicircular ducts** (ductus semicirculares). There are sensory maculae within the wall of the sacculus and utriculus and a sensory crista within each ampulla of the semicircular ducts (▶ Fig. 18.20). These sense and conduct impulses of balance via the **vestibular nerve**.

Saccule (sacculus) and utricle (utriculus)

The saccule and utricle are two enlargements within the osseous vestibule. From the utricle arise the **three semicircular ducts** concerned with balances and from the saccule arise, the **spiral cochlear duct**, which is concerned with hearing.

The **wall** of the **saccule** and **utricle** is covered by a single-layered squamous epithelium with an underlying loose connective tissue. The medial wall is thickened to form the elevated and oval-shaped **maculae** of the **saccule** and the **utricle** (macula sacculi, macula utriculi) (▶ Fig. 18.20). The sensory macula consists of modified epithelial cells that act as receptors and are innervated by vestibular nerve fibres. The basal part of the epithelial cells are surrounded by a fine network of non-myelinated nerve fibres that converge to finally form the vestibular nerve. The luminal part of these receptor cells has a gelatinous layer, surrounded by sensory hairs. Adhering to the gelatinous layer are small, calcium carbonate crystals, called otoliths. A change in the direction of the membrane exerts pressure and stimulates the receptor cells. The initiated impulse is then transmitted to the brain by efferent fibres of the vestibular nerve. The maculae thus record changes in the vertical or horizontal plane (linear acceleration).

Semicircular ducts (ductus semicirculares)

The **three semicircular ducts** are housed within the semicircular canals of the **osseous labyrinth**. Each duct arises from the utricle and is semicircular, forming two-thirds of a circle in a single plane before it returns to the saccule. Thus each duct has **two crura**, but the anterior and posterior ducts unite to form a common crus.

One crus of each duct has a dilatation, the **ampulla**, near the junction with the utricule.

The semicircular ducts stand roughly at right angles to each other. The anterior duct is orientated in a transverse plane, the posterior in a sagittal plane and the lateral duct in a horizontal plane.

The **structure of the wall** of the ducts is similar to those of the saccule and utricle (▶ Fig. 18.20). Within each ampulla protrudes a ridge-shaped thickening that marks the sensory **ampullary crest** (crista ampullaris). Sensory hairs project from the receptor cells, which are stimulated by the movement of the glycoprotein layer (**cupula**) surrounding it. Rotation induces movement of the endolymph deforming the cupula and stimulating the receptor cells (a more detailed description can be found in histology and physiology textbooks).

The **receptor cells of the vestibular labyrinth** receive their sensory nerve supply from the vestibular portion of the **vestibulocochlear nerve**. The related vestibular ganglion is located within the internal acoustic meatus and extends direct branches to the vestibular receptor cells.

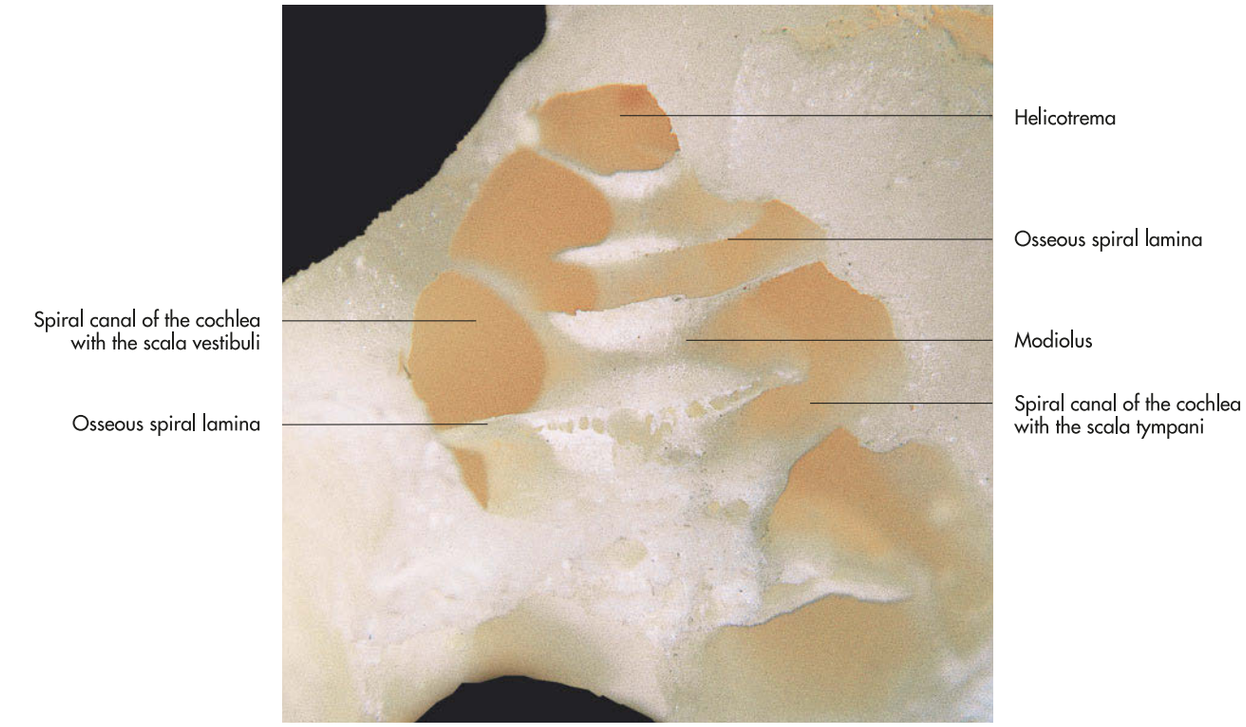


Fig. 18.22 Sectioned cochlea of a cat in dorsal recumbency (source: courtesy of Dr. F. Hartmann).

18.3.2 Cochlear labyrinth (pars auditiva labyrinthi)

The organ of hearing is located in the wall of the membranous cochlear labyrinth and consists of the **organ of Corti** (organum spirale) within the **cochlear duct** (ductus cochlearis) (▶ Fig. 18.20).

The spiral canal of the cochlea is divided into **three membranous ducts**, which spiral around the modiolus to the apex of the cochlea (▶ Fig. 18.22):

- scala vestibuli,
- cochlear duct, also called the scala media, and
- scala tympani.

The upper channel is the **scala vestibuli**, the middle the **cochlear duct** and the lower the **scala tympani**. The two scalae communicate at the apex of the cochlea (**helicotrema**) around the blind end of the cochlear duct. At the base of the cochlea the scala vestibuli begins at the **vestibular window**, and the scala tympani at the secondary tympanic membrane, which covers the **cochlear window**. Both scalae are lined with a single-layered epithelium and filled with perilymph.

The cochlear duct begins blind and passes up inside the spiral canal of the osseous cochlea and ends blind at the apex of the modiolus. It is filled with endolymph and is in communication with the vestibular labyrinth via the ductus reuniens.

Cochlear duct (ductus cochlearis)

The cochlear duct winds around the modiolus between the two scalae. It appears wedge-shaped in cross section with the apex pointing towards the modiolus. Within it lies the organ of Corti immersed in endolymphatic fluid (▶ Fig. 18.23 and ▶ Fig. 18.24).

The walls of the cochlear duct have **three distinct segments**: **tympanic membrane**, **vestibular membrane** and **lateral membrane**. The very thin **vestibular membrane** forms the roof of the cochlear duct, separating it from the scala vestibuli of the cochlea. The **lateral wall of the cochlear duct** is formed by the **spiral ligament** (ligamentum spirale), which is firmly adherent to the underlying periosteum of the spiral lamina. It is richly vascularised and responsible for the production and the **secretion of endolymph**.

The **tympanic membrane** forms the floor of the cochlear duct and separates it from the scala tympani. The organ of Corti is part of the tympanic membrane. Its connective tissue component is the **basilar lamina**, which is derived from the periosteum of the spiral lamina and is continuous with the spiral ligament of the lateral wall of the cochlear duct.

Organ of Corti (organum spirale)

The organ of Corti or spiral organ includes the **receptor cells for hearing**. It lies on the tympanic membrane of the cochlear duct and follows the spirals throughout the cochlea (▶ Fig. 18.23). Towards the interior of the duct it is covered by a **gel-like membrane** (membrana tectoria).

The organ of Corti includes **two different types of cells**:

- sensory cells and
- supporting cells: columnar and phalangeal cells.

The **columnar cells** contact the basilar membrane with one end, while the other end is extended to form plates which provide stability to the receptor cells of the organ of Corti. The columnar cells are assisted by the **phalangeal cells**, which also support the receptor cells. The **receptor cells** are arranged in rows between the phalangeal cells. They are cylindrical cells, whose base syn-

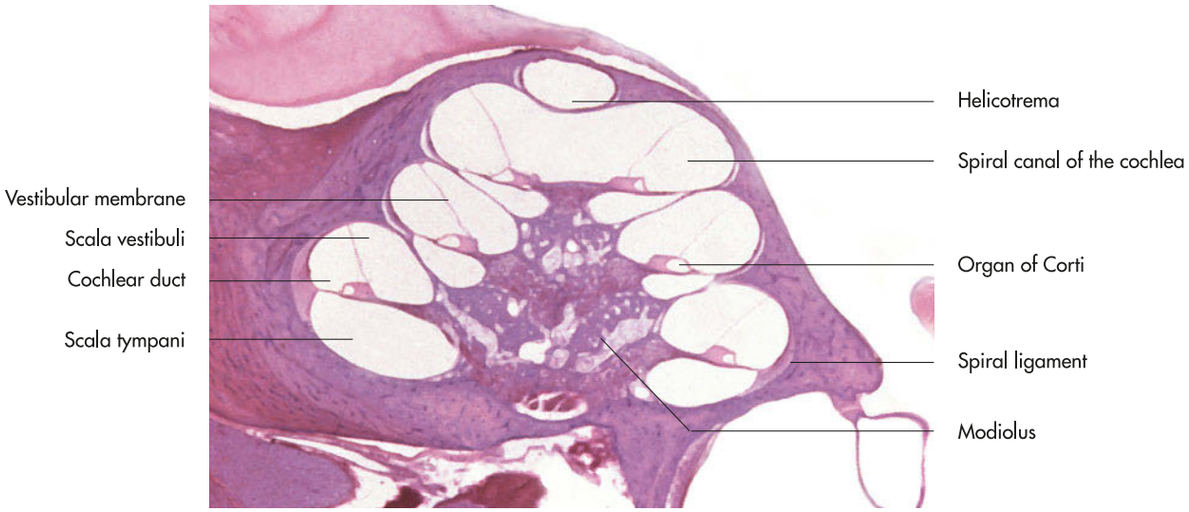


Fig. 18.23 Histological section of the cochlea of a pig in dorsal recumbency.

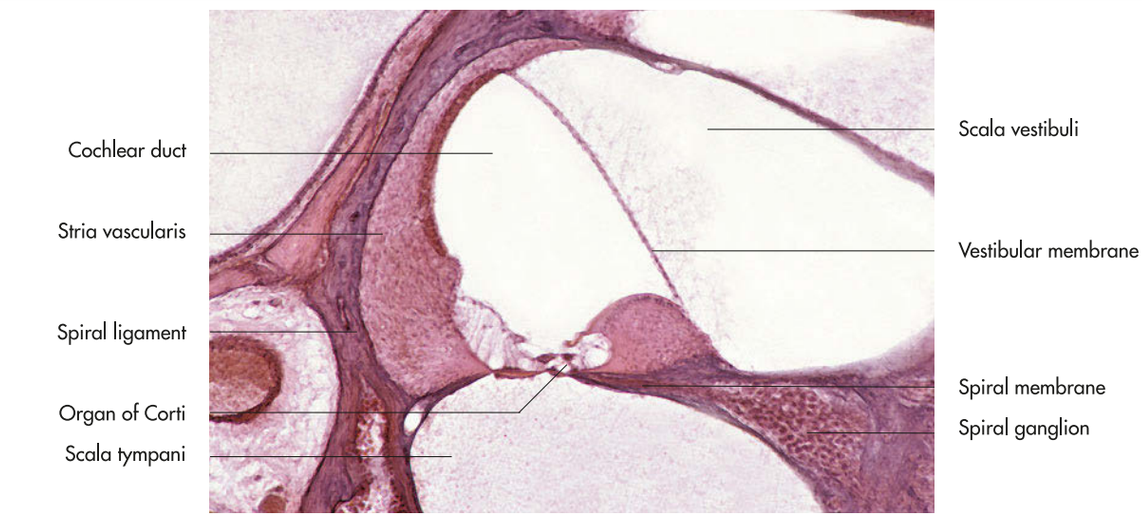


Fig. 18.24 Histological section of the scala tympani, scala vestibuli and the cochlear duct of a pig in dorsal recumbency.

apse with one or more afferent and efferent neurons. Sensory hairs project from the free end of the receptor cells (▶ Fig. 18.25).

Sounds are received by the external ear and provoke mechanical vibrations of the tympanic membrane, which are transmitted to the inner ear by the chain of the auditory ossicles.

Since the stapes is in direct contact with the vestibular window, the perilymph of the inner ear is set in motion. Due to the incompressible nature of fluids, the movement of the perilymph is transmitted via the scala vestibuli, the helicotrema and the scala tympani to the cochlear window, where it induces vibration of the secondary tympanic membrane. Different frequencies are transmitted to the endolymph of the cochlear duct by the vestibular membrane. Movement of the endolymph results in pressure on the tectorial membrane, which in turn induces pressure on the sensory hairs, which stimulate the receptor cells to send impulses to the **spiral ganglion**. The axons of the spiral ganglion unite to form the cochlear part of the **vestibulocochlear nerve**, which passes to the corresponding nuclei of the medulla oblongata.

Clinical terminology

Examples of clinical terms derived from anatomical terms: otitis, otoscopy, auriculotemporal syndrome, tympanometry, tympanoscopy, and many more.

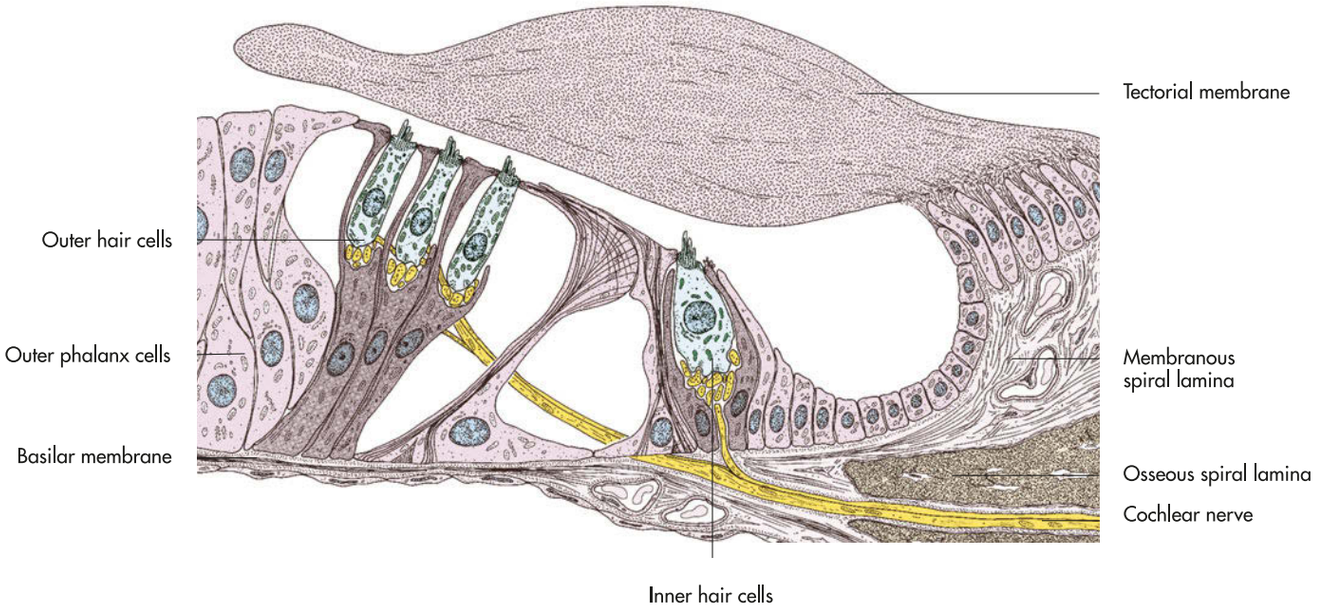


Fig. 18.25 The organ of Corti in an animal in dorsal recumbency (schematic).

19 Common integument (integumentum commune)

S. Reese, K.-D. Budras, Chr. Mülling, H. Bragulla, J. Hagen, K. Witter and H. E. König

The common integument, often inaccurately referred to as the skin, forms the outer barrier of the organism and the interface to the environment. It is the **largest organ** of all the mammals and fulfils a multitude of functions:

- protection of the body against mechanical, chemical, physical and biological factors within the environment,
- receptors for the perception of pressure, pain, heat and cold,
- storage and excretion of water, electrolytes, vitamins and fat,
- thermoregulation,
- immunological defence and
- communication.

The role of the common integument is vital, such that loss of 25% results in usually fatal complications. Furthermore, the common integument may reflect the state of health of the animal and indicate internal disease, manifesting as icterus, cyanosis or edema. The common integument also has considerable economic value with regards to the leather, fur and wool industries.

During evolutionary development, the common integument has developed several specialised structures in adaptation to its complex function:

- subcutaneous tissue (subcutis, tela subcutanea),
- skin (cutis) with dermis, epidermis and hairs, and
- modifications:
  - skin glands (glandulae cutis), including the mammary glands,
  - foot pads (tori),
  - enclosure of the distal phalanx: nail, claw, and hoof, and
  - horn (cornu).

Clinical terminology

Examples of clinical terms derived from anatomical terms: dermatitis, pyodermitis, folliculitis, laminitis, mastitis, mastectomy, and many more.

19.1 Subcutaneous layer (subcutis, tela subcutanea)

The subcutis is the loose connective tissue layer between the skin and the superficial fascia. The **superficial fascia** is regarded to be part of the external fascia of the trunk, but also constitutes the **fibrous layer** (stratum fibrosum) of the subcutis. The **subcutis** consists of loose connective tissue interspersed with white fat. The fat serves as protection against cold, energy reservoir and padding (e.g. footpads).

More substantial **accumulations of fat** (panniculus adiposus) are found in the subcutis of the pig, and in the nuchal region of the horse. The composition of the subcutaneous fat is typical for each species: it is yellowish and oily in the horse, white and dry in the ox and greyish-white and firm in the pig**. Brown fat** is only temporarily present in the domestic mammals during the perinatal phase. It is found in the nuchal and shoulder region and makes possible thermogenesis without shivering in the newborn.

Distinct soft tissue bundles pass through the subcutis, attaching it to the underlying tissue. **Cutaneous muscles** between the two layers of the superficial fascia extend minute tendons into the subcutis and provide the means for active movement of the skin. The **subcutis** of the sheep, dog and cat includes large amounts of loose connective tissue, while the subcutis of the horse, ox and goat is more tightly adherent to the trunk. Local thickening of the subcutis enables the skin to form **folds** (plicae cutis) (▶ Fig. 19.1). Excessive subcutis occurs for example in the brisket of the ox, the neck of the sheep, the popliteal region, and the intermandibular region between the cervical appendages. Several goat breeds and some pigs and sheep have paired cylindrical appendices hanging from the ventral aspect of the neck that consist of loose connective tissue around a central rod of cartilage.



Fig. 19.1 Pedigree bull with characteristic median skin fold at the caudal end of the neck (dewlap).



Fig. 19.2 Head of a billy goat with species-characteristic modifications of the common integument: tassels, long beard hairs and horns.

Where movement of the skin is undesirable the subcutis is either very thin or even absent, e.g. over the lips, cheeks, eyelids, auricles and around the anus. A synovial bursa may be present against bony protuberances to prevent damage to soft tissues or skin (bursa synovialis subcutanea).

19.2 Skin (cutis)

The skin encloses the body and blends with the mucous membranes at the various openings of the digestive, respiratory, urinary and genital systems.

The **surface of the skin** is marked by a network of fine **grooves** (sulci cutis) and **ridges** (cristae cutis). These contours are most distinct in areas where no hairs are present, such as the nose or the muzzle (▶ Fig. 19.3). Such contours are permanent and individually distinct and provide a means of identification widely used in man (fingerprints), less commonly in dogs and cattle (nose printing). Additionally, small, knob-like projections are found in all species and serve as tactile receptors.

Specialised **skin pouches** (sinus cutanei) are present in the sheep, cat and dog, in which the secretion of skin glands and sloughed surface cells combine to form a pungent mixture, which is used for marking. In sheep these are the infraorbital pouch (sinus infraorbitalis), the inguinal pouch (sinus inguinalis) and the interdigital pouches (sinus interdigitalis), which are present in all four limbs (▶ Fig. 19.4). In the dog and the cat, the circumanal pouches release their secretions during defecation or voluntarily by contraction of the external sphincter of the anus. The skin can be further subdivided into the:

- dermis (corium), the deep connective tissue layer, and
- epidermis, the superficial epithelium.

19.2.1 Dermis (corium)

The dermis or corium represents the **connective tissue structure** of the integument. is this part of the skin that forms leather following the tanning process, and is part of the integument that contributes most to its thickness. The thickness of the dermis varies in different species and body areas. Generally the thickest dermis is found in cattle and the thinnest in sheep and cats. The dermis decreases in the thickness from the dorsal to the ventral aspect in the abdomen, and from proximal to distal in the legs. The dermis is more developed on the extensor side of joints than on the flexor side. Older, uncastrated boars possess an especially tough and thick dermis in the neck, shoulder and lateral thoracic area.

The dermis is largely composed of **collagen fibre bundles** arranged parallel to the surface of the skin. The interlacing fibres form a dense network that accounts for the increased tensile strength of the integument. **Elastic fibres** forming an additional network make the integument pliable. These fibres interlace with the soft tissue of the hair shafts and provide a stable yet elastic suspension of the hair follicle within the thin epidermis.

The orientation of the collagen and elastic fibres differs with the body region, creating so-called **split lines**. These split lines can be demonstrated by creating a circular incision, which will result in a slit along the direction of these fibres. It is essential for the surgeon to know the general orientation of theses fibres in order to make incisions parallel to them, thus reducing tension within the incision. Incisions and wounds perpendicular to the fibres result in wide, gapping wounds.

The dermis can be further subdivided into:

- reticular layer (stratum reticulare) and
- papillary layer (stratum papillare).

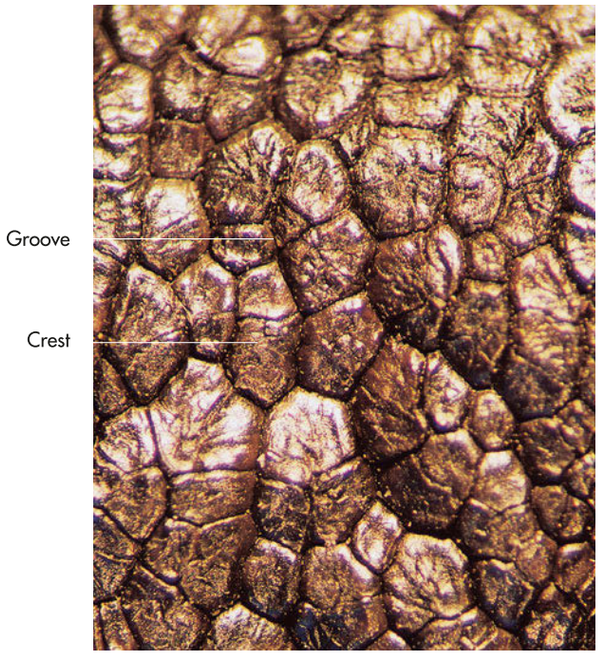


Fig. 19.3 Surface contour of the planum nasale of a dog.



Fig. 19.4 Interdigital pouch of a sheep (sagittal section).

The **dense reticular layer** is rich in fibres and poor in cells, and lies directly on the subcutis. The **papillary layer** underlies the epidermis and is rich in blood vessels and cells. Contact between the papillary layer and the epidermis is increased by the development of ridges and papillae. These structures are summarised as the **papillary body**, which has two main functions: it increases mechanical adhesion between the dermis and the epidermis and enhances diffusion of nutritional substances from the well-vascularised dermis to the nonvascularised epidermis. The papillary body is considerably developed in hairless areas, where the integument is exposed to hard wear (e.g. lips and footpads). The lack of or greater demand for nutritional substances by the epidermis leads to increased differentiation of the papillary body.

19.2.2 Epidermis (epidermis)

The epidermis is formed by a **cornified**, **stratified squamous epithelium** (▶ Fig. 19.5, ▶ Fig. 19.6, ▶ Fig. 19.7 and ▶ Fig. 19.8). It is continuous with the mucous membranes at the mucocutaneous junctions and can be differentiated from mucosa by the presence of **hairs** and **sebaceous** and **sweat glands**. The thickness of the epidermis varies considerably between body regions. While it is thin in the hairy skin (10–100 µm), it is ten to twenty times thicker in non-hairy skin (e.g. planum nasale). The thickest epidermis is found in the digital pads and the hoof, where cornification of the epidermis results in **horn formation**.

The epidermis can be divided into **five layers**:

- basal layer (stratum basale),
- prickle-cell layer (stratum spinosum),
- granular layer (stratum granulosum),
- clear layer (stratum lucidum) and
- horny layer (stratum corneum).

The most superficial layer, the **horny layer**, from which cells are sloughed continuously, is sometimes referred to as a **disjunction layer** (stratum disjunctum). The **clear layer**, is in fact a remnant of young horn cells. In the domestic mammals it is present in the epidermis of the digital pads and the planum nasale of the dog and cat.

The main component (85%) of the epidermis are the **keratinocytes**. The deepest layer is the **basal layer**, which rests on a basement membrane under which the dermis lies. In this layer, the keratinocytes undergo mitotic cell division, followed by migration towards the surface. On their way from the basal layer to the surface the keratinocytes undergo a sequence of differentiation processes (**keratinisation** and **cornification**), the end product of which is the dead cornified cell. The continuous process of proliferation, migration, keratinization, cornification and the final sloughing of the cells are regulated by feed-back mechanisms (a more detailed description of which can be found in histology textbooks). Disturbance of the regulatory mechanisms, as often seen with skin diseases, typically results in **hyperkeratosis**.

A complete cycle from the fresh cell to its desquamation usually takes between 20 and 30 days, depending on the species. The quality of keratinization and cornification is largely dependent on the nutrition the cells receive. The surface available for diffusion between the dermis and epidermis is larger on the sides of the papillae (**peripapillary**) than on the tip (**suprapapillary**) or between the papillae (**interpapillary**).

Thus peripapillary horn differs from suprapapillary and interpapillary horn in structure and has better mechanical properties. In skin modifications with especially well-developed papillary body this leads to the formation of specific horn types, such as the horn tubules in the hoof.

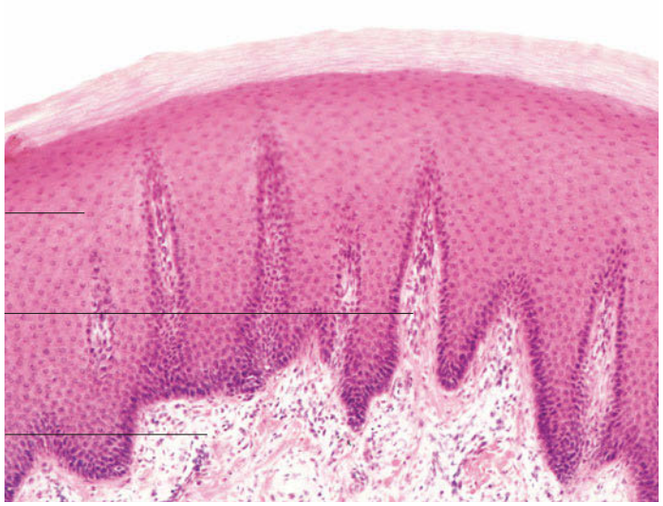


Fig. 19.5 Histological section of the foot pad of a cat with distinct papillary body.



Fig. 19.6 Histological section of the epidermal layers of the lip of a horse.

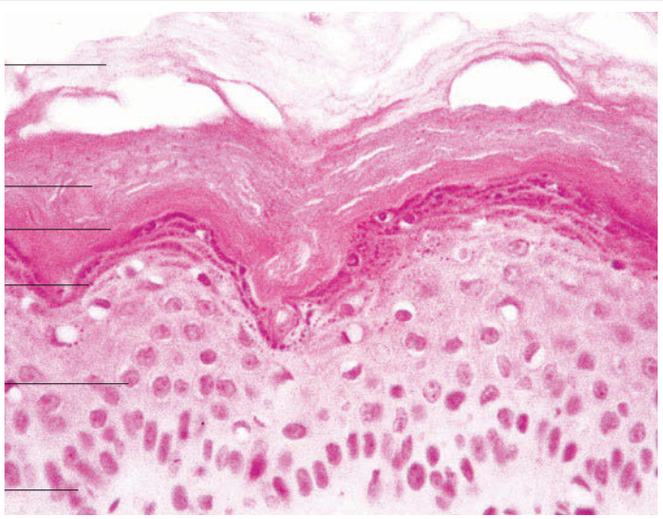


Fig. 19.7 Histological section of the epidermal layer of the foot pad of a dog with a distinct granular layer and cornified layers.

In general two different types of cornification can be distinguished: so-called **soft** and **hard cornification**. Soft cornification takes place in association with the granular layer and is the typical process for the skin. The hard type is a modification of the cornification process and is characteristic for the epidermis of the distal phalanx, such as the hoof and claw, where no granular layer is present.

Completely cornified keratinocytes, the horn cells, are held together by **membrane coating material (MCM)**; thus the structure of horn can be compared with a brick wall: the cells being the brick, the MCM the mortar. MCM includes lipids, such as ceramide, which accounts for the semi-permeable properties of the stratum corneum with regards to water and water-soluble molecules, while fat-soluble molecules easily penetrate the epidermis. The water-resistant characteristic of the horny layer is essential for terrestrial mammals and birds and was a preliminary requisite for the movement of animals from aquatic to terrestrial life.

Several cell types account for the remaining 15% of the epidermis. Although small in number, these cells have an important part in the multitude of functions the integument has to fulfil. These cells are:

- melanocytes,
- Langerhans cells and
- Merkel cells.

Melanocytes are responsible for the pigmentation of the skin. They produce yellowish to black pigment granules (melanosomes) that are taken over by neighbouring keratinocytes. These melanosomes group around the nuclei of the keratinocytes, thus protecting them from the mutagenic effect of UV radiation. The melanosomes account for the colour of skin, providing camouflage and the colouring of specific skin regions that express signals to fellow animals as well as to enemies.

Langerhans cells are part of the cellular component of the immune system and belong to the mononuclear phagocytosis system (MPS). They play an important role in the body's defence against viral infections, skin tumours and contact allergies.

Merkel cells are especially numerous around the tactile elevations (toruli tactiles) and function as receptors to touch. They are epithelial neuroendocrine cells that respond to mechanical stimulation and convey the received information to free nerve endings within the epithelium.

19.2.3 Blood supply

Blood vessels to the skin and subcutis arise from a **(sub)fascial arterial network**. Arcuate arteries extend into the dermis, where they form a cutaneous network (**rete arteriosum dermidis**) close to the subcutis. A second, denser network (**rete arteriosum subpapillare**) is located between the papillary and the reticular layer of the dermis and extends capillary loops into the papillae (▶ Fig. 19.9).

Venous drainage is achieved by three distinct plexuses, all lying parallel to the surface (plexus venosus subpapillaris superficialis et profundus, plexus venosus dermidis profundus) (▶ Fig. 19.8). These plexuses are extensive and are responsible for the ability of the skin to store blood. The blood can bypass the capillary beds of the skin by means of autonomic regulatory mechanisms.

Blood flow to the skin is responsible for the loss of heat and is thus an important factor in the thermoregulation of the body. Changes in skin colour brought about by blood flow to the skin is part of the social interaction and communication system (e.g. blushing in people or changing of the colour of the wattle and comb in poultry).

Lymphatic drainage starts in the epidermis with minute sinusoids (sinus lymphatici initiales), which drain into modified lymph capillaries. These lymph capillaries form a **deep capillary network** (rete lymphocapillare cutis profundum). The vessels arising from this network drain into a **subcutaneous lymphatic plexus** (rete lymphocapillare subcutaneum) (▶ Fig. 19.8). From this plexus drainage is achieved via local lymph nodes, which are located mostly superficially and are thus palpable in most cases (e.g. axillary lymph node, superficial inguinal lymph node, popliteal lymph node).

19.2.4 Nerves and sense organs of the skin

Both the dermis and the subcutis contain an ample **autonomic** and **sensory innervation**. The autonomic nerve fibres form perivascular plexuses in order to provide **sympathetic innervation** of the blood vessels, skin glands and the smooth musculature of the skin (mm. arrectores pilorum) (▶ Fig. 19.18). There is **no parasympathetic supply** to the skin.

Sensory nerve fibres form plexuses within the subcutis and dermis (plexus nervorum subcutaneus, dermidis et subepidermidis). They terminate either in free endings or in end corpuscles (▶ Fig. 19.8). A part of the **free nerve endings** extend into the epidermis after loss of their glial sheaths. Based on their function one can distinguish three different types of nerve endings: type one is sensitive to mechanical pressure, the second is sensitive to temperature and the third acts as a pain receptor.

Interspersed within the integument are hair follicle receptors, which are sensitive to pressure and touch. Apart from the free nerve endings, there are Merkel's cells within the dermis, Meissner's corpuscles in the papillary layer and Vater-Pacinian corpuscles within the subcutis (▶ Fig. 19.8 and ▶ Fig. 19.10).

The following structures act as **thermal receptors**: end bulbs of Krause in the papillary layer, which respond to cold and Ruffini corpuscles in the reticular layer, which respond to warmth (▶ Fig. 19.8).

Pain is registered by convoluted free nerve endings without glial sheaths (a more detailed description can be found in histology textbooks).

Small nerve branches are generally distributed in a segmental pattern in all areas of the body. On the head they originate from the cutaneous components of cranial nerves. Along the body, the cutaneous nerves are branches of the spinal nerves.

The various segments of the spinal cord are responsible for innervation of certain inner organs as well as the skin. Disease of a certain organ can cause changes in the corresponding skin region (**head zone**). This phenomenon is described as a viscerocutaneous reflex. A classic example of this is the hypersensitivity of the region of the withers in cows suffering from traumatic reticulitis caused by a foreign body.

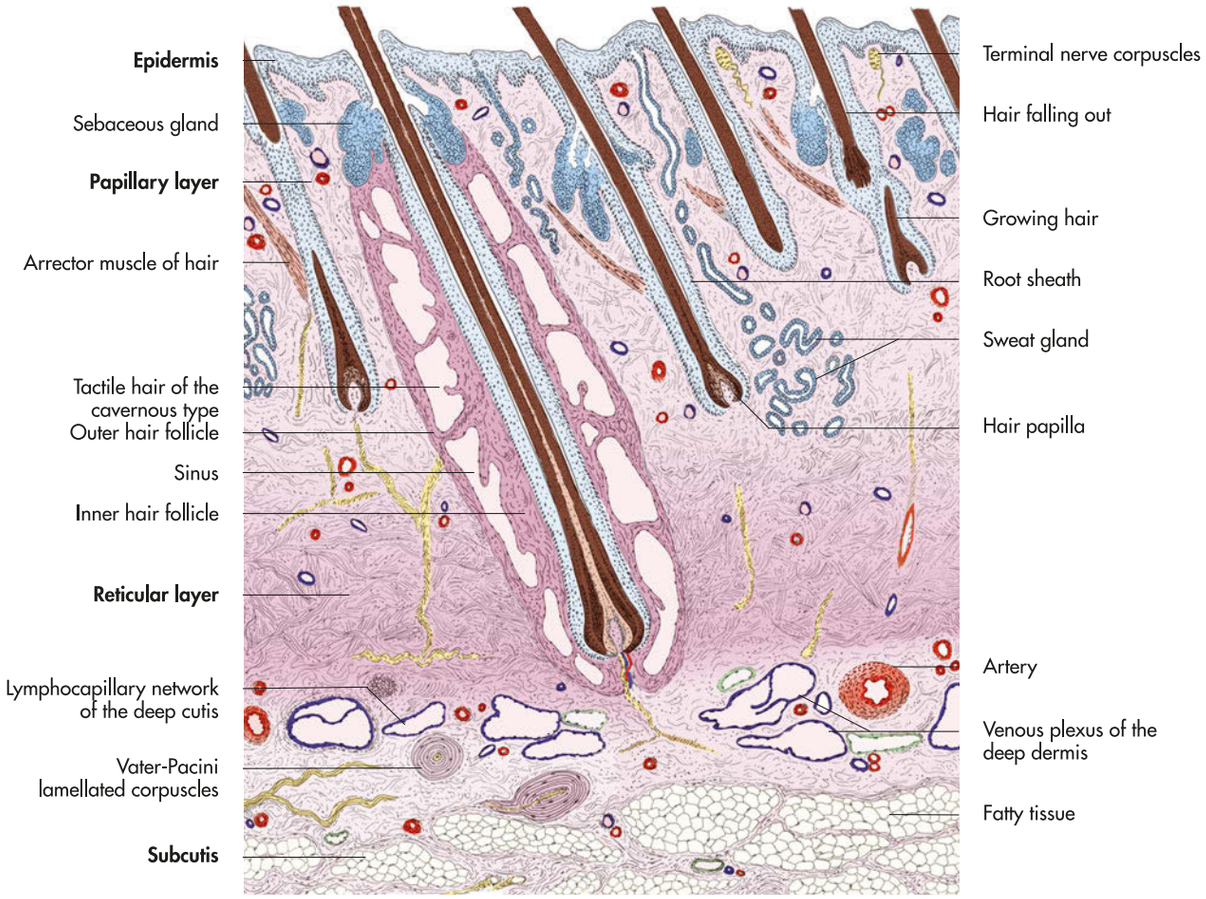


Fig. 19.8 Skin with sinus hair (schematic).

19.3 Hairs (pili)

Hair is a feature of the skin that is class-specific for mammals. In most species, the hair coat is spread over the whole body with the exception of a few body regions, such as the nose, digital pads, teats, claws and hooves. Even in so-called "naked" or hairless dogs, there are still hairs present, although they are reduced in size and number.

Hairs are essentially long, thin, elastic columns of horn formed by the epidermis (▶ Fig. 19.14 and ▶ Fig. 19.15). Each hair consists of a **central medulla** or **core** (medulla pili), a **cortex** (cortex pili) and an **outer cuticle** (cuticula pili). However, not all hair types have the same architecture: e.g. in wool hair, the medulla is absent. Longitudinally each hair can be divided into the:

- hair shaft (scapus pili), which protrudes above the surface of the skin,
- hair root (radix pili), which takes an oblique course to anchor the hair in the dermis, but is only fully developed during hair growth, and
- hair bulb (bulbus pili), a proximal enlargement of the root within the epidermis and which encloses the dermal papilla (papilla pili).

The root of the hair is embedded within the **hair follicle** (folliculus pili) and constitutes the basic unit of hair production. The follicle wall is divided into two layers, the **outer mesodermal** (vagina dermalis radicularis) and **inner ectodermal** (vagina epithelialis radicularis) root sheaths (▶ Fig. 19.15). Sebaceous and sweat glands open into the hair follicles; see section about skin glands (p. 641).

The hair can be involuntarily moved by **smooth muscles**, the **arrector muscles of the hair**. A tiny erector muscle of the hair passing from an attachment near the dermal papilla joins the proximal end of each follicle. Contraction of these muscles result in erection of hair from its normally oblique position. It improves thermal isolation of the body during low temperatures and gives an animal a threatening appearance. Though functionally unimportant in humans, its still obvious as "goose pimples".

The **colour of the hair** is determined by the type and number of melanin granules within the keratinocytes and by the amount of air trapped within the medulla of the hair (a more detailed description can be found in histology textbooks).

19.3.1 Hair types

There is a great deal of variability among the various species and breeds in hair length, colour, diameter and transverse contour. Straight, rather stiff **guard hairs** (capilli) provide the **top-coat** in all domestic mammals other than the sheep. Fine, wavy **wool hairs** (pili lanei) provide the **undercoat**. These hairs are most nu-

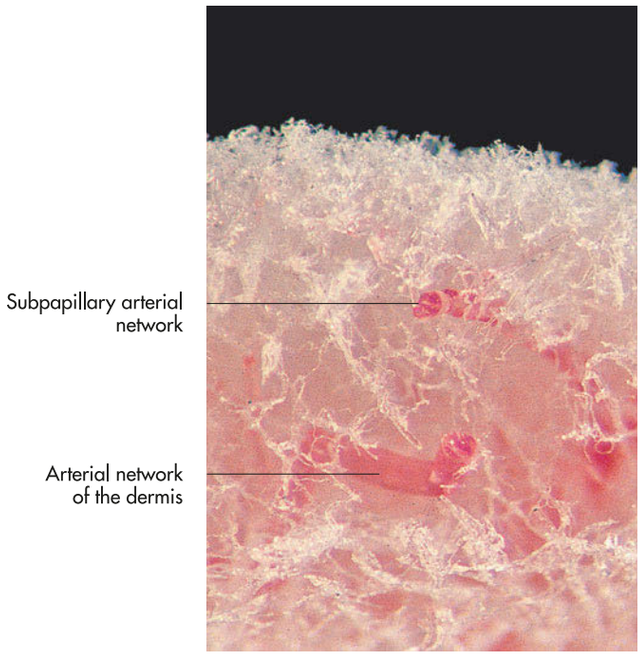


Fig. 19.9 Blood vessels of the dermis (corrosion cast). (source: courtesy of Dr. T. Koy, Munich)

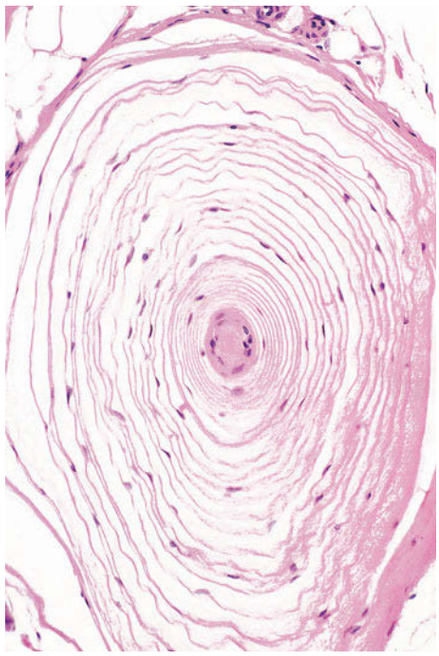


Fig. 19.10 Vater-Pacinian corpuscle.

merous during the winter. In sheep the fleece is exclusively of this hair type. Stout tactile hairs with a restricted distribution are associated with touch receptors.

There are **three basic hair-coat types** based on hair length: normal coat, which is typified by the German Shepherd, the short-hair coat, typified by the Boxer and the long-hair coat, typified by the Chow. There are many variations among the different types, such as the wire-hair coat. The stiff, sparsely scattered bristles of pigs constitute a species-specific modification of guard hairs. Local variations in the form and development of guard hairs include the coarse hair of the **mane** (juba), **tail** (cirrus caudae) and the **fetlock tufts** (cirrus metacarpeus/metatarseus) of horses, the long tail hairs of cattle and pigs and the **beard hairs** (barba) of some goat breeds (▶ Fig. 19.2). Special modifications of guard hairs are the hairs of the **vestibule of the nose** (vibrissae, ▶ Fig. 19.11), the **hairs of tragus** around the ear (tragi, ▶ Fig. 19.12) and the **eyelashes** (cilia, ▶ Fig. 19.13).

Tactile hairs are a modification of the guard hairs (▶ Fig. 19.8, ▶ Fig. 19.16 and ▶ Fig. 19.17). They are found on the head with the exception of the tactile hair at the carpus of the cat (pili tactiles carpales). They are substantially thicker and generally protrude beyond the neighbouring guard hairs. Their roots reach deep into the subcutis and each is surrounded by a venous sinus within whose walls there are nerve endings responsive to touch.

The following survey presents tactile hairs, and their names indicating their location:

- supraorbital tactile hairs,
- infraorbital tactile hairs,
- zygomatic tactile hairs,
- buccal tactile hairs,
- mental tactile hairs and
- tactile hairs of the upper lip (vibrissae of the cat) and lower lip.

19.3.2 Patterns of hair

Guard hairs mostly lie close to the skin and sweep uniformly in broad tracts, giving the coat a smooth appearance. The general directions taken by these bundles are referred to as **hair streams** (flumina pilorum). The regular pattern of the hair stream is interrupted where different bundles converge, diverge or combine and **whorls** (vortices), **crests** (linea pilorum convergens), **crosses** (cruces) and **partings** (linea pilorum divergens) are formed (▶ Fig. 19.18 and ▶ Fig. 19.19). Generally the length and the diameter of the single hair decreases from dorsum to ventrum, while the density increases. However, in some breeds mutant arrangements are seen as attributes of the particular breed, particularly in dogs, cats and rabbits.

In dogs and cats, several hairs share a single follicle opening. The central (primary) hair is longest and of the guard type, while the surrounding secondary hairs are shorter and softer and of the wool type. The hair shafts that share a common opening in the skin are enclosed in a common follicle down to the level of the sebaceous glands. Below this point the hair shafts have their own individual hair follicle and bulb.

19.3.3 Shedding

Guard and wool hairs have a limited life-span, and the coat undergoes gradual shedding with seasonal peak times in spring and autumn, when many hairs are shed together. However, the coat of one season merges into that of the next, so the animal is normally never without a protective covering. The shedding process is regulated by the pineal gland and is mainly conditioned by day length and temperature.

The **hair follicle cycle** can be divided into **three stages**: the **anagenetic**, **catagenetic** and **telogenetic** stages. The agenetic stage constitutes the active growth phase and is characterised by

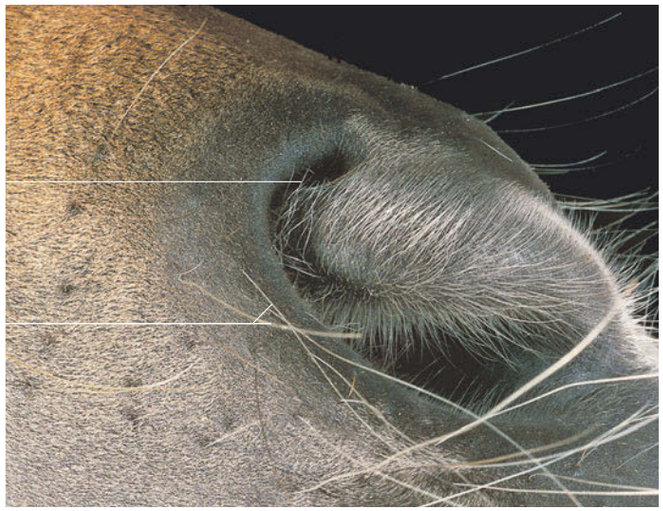


Fig. 19.11 Guard hairs (vibrissae) at the vestibule of the nares of a horse.



Fig. 19.12 The hairs of tragus around the ear.

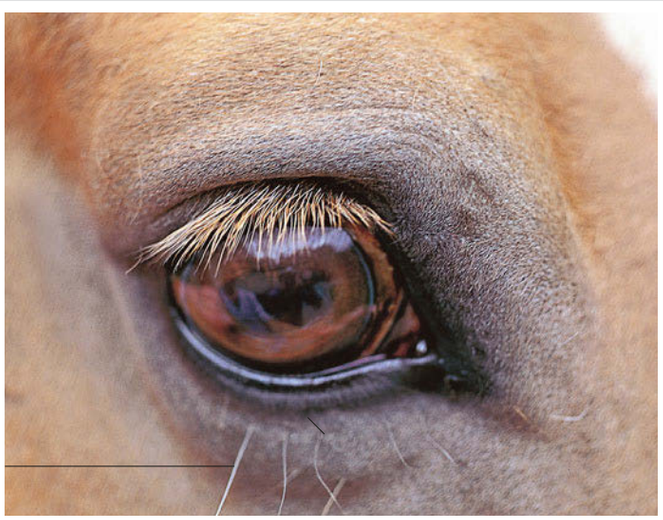


Fig. 19.13 Eyelashes of the upper lid of the horse.

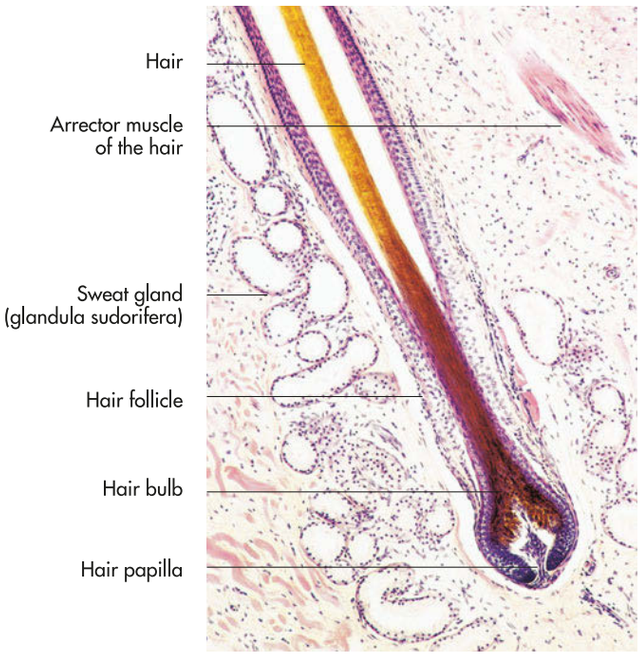


Fig. 19.14 Histological section of a hair follicle.

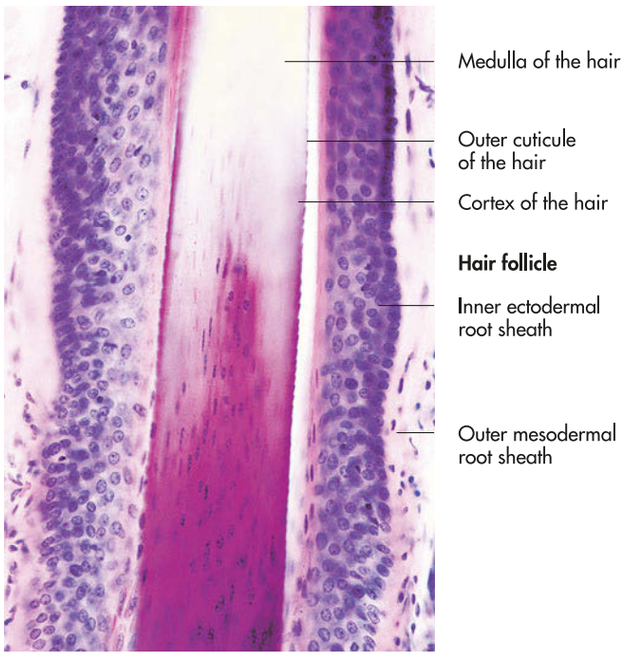


Fig. 19.15 Histological section of hair with hair shaft.

a well-developed dermal papilla that is completely capped by the epidermal hair matrix, forming the bulb of the hair. In the next, catagenetic stage, growth slows, and the hair matrix and the covering papilla both atrophy. The dermal bulb and the entire follicle become smaller. Hair follicles in the telogenetic stage have small dermal papillae, which are separated from the bulb and are no longer covered by matrix cells. The hair follicle is very short, which causes a larger part of the hair to project above the skin. When growth resumes, the reactivated follicle lengthens and extends away from the surface, thus releasing the old hair, which falls out. A replacement hair then forms in the anagenetic phase that follows. The new hair gradually grows from the depth of the follicle until it emerges on the surface of the skin.

19.4 Skin glands (glandulae cutis)

Two basic types of skin glands can be distinguished (▶ Fig. 19.8), although each type has various sub-varieties and specialised forms:

- sebaceous glands (glandulae sebaceae) and
- sweat glands (glandulae sudoriferae).

Sebaceous glands are distributed over the integument in association with hair follicles into which they drain. These glands produce a **fatty secretion** (sebum) that mixes with the secretion of the apocrine sweat glands, which also open into the hair follicle. The combined secretion is distributed over the whole body surface and lubricates and waterproofs the skin and coat. The **tarsal glands of the eyelids** (Meibomian glands), the sebaceous glands of the lips and around the anus are specialised sebaceous glands which are not associated with hairs. In the pig sebaceous glands are sparse and rudimentary.

Sweat glands can be further subdivided based on the histology of their secretory process into (▶ Fig. 19.8 and ▶ Fig. 19.14):

- eccrine sweat glands and
- apocrine sweat glands.

Apocrine sweat glands are more common and discharge their albuminous sweat into hair follicles over most of the body. Their secretion provides the **individual odour** characteristic of each animal (glandula odorifera). These glands are especially numerous in the horse, where they have additional openings on the skin surface around hair follicles. Since the apocrine sweat is rich in protein, the horses' sweat froths when worked by movement of the skin and coat ("lathering up").

Eccrine sweat glands are not associated with hairs and secrete a more watery sweat directly onto the skin. This type predominates in primates, in which it accounts for the typical sour protection film on the skin (pH of the skin of primates is around 5, compared to a pH of 7 in domestic mammals). In the domestic mammals, they are only found in certain hairless or nearly hairless regions of the skin, e.g. the footpads of dogs.

19.4.1 Specialised forms of skin glands

Skin glands form localised accumulations, the size, form and location of which vary among species. Some of them show specialised modifications and several are associated with skin pouches. In some domestic mammals, the secretion of these glands functions as sexual or territorial markers. The following glands are found in the domestic species, their names indicating their location:

- **perianal glands** (glandulae sinus paranalis): sebaceous and serous glands in the wall of the anal sac in dogs and cats,
- **circumanal glands** (glandulae circumanales): sebaceous glands in the vicinity of the anus of the dog,
- **tail glands** (glandulae caudae): sebaceous and serous glands on the dorsum of the tail in the cat and rudimentary in the dog,
- **circumoral glands** (glandulae circumorales): sebaceous glands in the lips of the cat,



Fig. 19.16 Tactile hairs on the head of a dog.

- **skin glands of the footpads** in carnivores and the frog of the horse (glandulae tori),
- **mental glands** (glandulae mentales) and **carpal glands** (glandulae carpeae): apocrine sweat glands in the pig,
- **glands of the infraorbital pouch** (glandulae sinus infraorbitalis),
- **glands of the interdigital pouch** (glandulae sinus interdigitalis),
- **glands of the inguinal pouch** (glandulae sinus inguinalis) in the sheep,
- **horn glands** (glandulae cornuales) in the goat, and
- **glands of the ear canal** (glandulae ceruminosae): apocrine and sebaceous glands that produce cerumen, present in all domestic mammals.

The nose is kept moist by planum rostrale glands, nasolabial or nasal glands, depending on the species. These glands are not present in the cat and dog. The largest and most important modified skin gland in domestic mammals is the mammary gland. This organ is described separately and in detail in the next section.

19.5 Mammary gland (mamma, uber, mastos)

The presence of mammary glands (glandula mammaria) and the process of lactation are unique to **mammals** (mammalia). Based on their microanatomy, mammary glands are **modified sweat glands** of the **exocrine**, **tubuloalveolar type**.

The **mammary gland** consists of a species-specific number of **mammary complexes**, arranged in a bilaterally symmetrical order to either sides of the midline on the ventral aspect of the trunk. In carnivores and in the pig the mammary glands extend from the thoracic to the inguinal region, while in ruminants and the horse they are restricted to the groin and are collectively referred to as the udder (uber) (▶ Fig. 19.20 and ▶ Fig. 19.21). Each mammary complex consists of one or several mammary units comprising a **body** (corpus mammae) and a **teat** (papilla mammae) (▶ Fig. 19.22). The relative size and length of the mammary gland vary among individuals and with the functional stage the gland is in (juvenile, lactation, postlactation). The skin covering the teats is hairless, while the skin over the mammary body has some hairs, depending on the species. Usually the skin can be easily moved against the underlying glandular tissue and only in the case of a disease process does the skin becomes tightly adherent to the underlying tissue. Other diagnostic signs of mastitis are pain, raised temperature and swelling of the affected gland.

Milk is the characteristic secretion of the mammary glands and serves for nourishment of the young. The first milk after parturition, the **colostrum**, has a high antibody content, which provides the newborn with **passive immunity**. Because of its composition, the milk of ruminants, especially of cows, is an important component of human food.

Clinical note

Diseases affecting the mammary glands are of clinical importance. Inflammation of the mammary glands **(mastitis)** is a common condition in the dairy cow and causes considerable economic losses. Neoplasms of the mammary glands of the bitch are not uncommon, especially in older animals, and often need surgical removal.

This requires detailed knowledge of the anatomy of the mammary glands with special regard to suspension, blood supply, lymphatic drainage and innervation.

19.5.1 Suspensory apparatus of the mammary glands

The mammary glands are suspended from the ventral aspect of the trunk by the superficial and deep layers of the external fascia of the trunk, which form the so-called **suspensory apparatus** (apparatus suspensorius mammarius). It consists of **lateral** (laminae laterales) and **medial fascial sheets** (laminae mediales) from which thin) **lamellae** (lamellae suspensoriae) extend between the mammiary complexes (▶ Fig. 19.22). The medial lamina is largely composed of **elastic tissue**; the lateral lamina, of **dense connective tissue**. The left and the right rows of mammary complexes are divided by the **intermammary groove** (sulcus intermammarius).



Fig. 19.17 Tactile hairs at the carpus of a cat.



Fig. 19.19 Hair crest in a horse.



Fig. 19.18 Hair whorl in a dog.

19.5.2 Structure of the mammary glands

Each mammary complex comprises one or more mammary units. The **mammary body** (corpus mammae) consists of epithelial **glandular tissue** (glandula mammaria) and interstitial **connective tissue** (interstitium) with nerves, blood and lymph vessels (▶ Fig. 19.22, ▶ Fig. 19.25 and ▶ Fig. 19.26). The mammary unit ends with a system of ducts, which show a species-specific arrangement and end at the **tip of the teat** (papilla mammae). The **duct system** of each mammary unit can be subdivided into the following segments (▶ Fig. 19.23):

- terminal parts of the glands (glandular alveolus): place of milk production,
- lactiferous ducts (ductus lactiferi): system of ducts for the transport of milk and
- lactiferous sinus (sinus lactifer): sinus for the bulk of milk.

The glandular tissue is arranged in **lobules** (lobuli glandulae mammariae), which comprise a multitude of **alveoli**, the actual sites of milk production and secretion. These alveoli are lined by a single-layered cuboidal epithelium and are separated from each other by interstitial septa that convey nerves and blood vessels. Several lobules are enclosed by thicker interstitial septa to form **mammary lobes** (lobi glandulae mammariae) (▶ Fig. 19.23 and ▶ Fig. 19.24) (for a more detailed description see histology textbooks).

The milk drains to an **intralobular duct** that joins others to form a larger **interlobular duct**. Interlobular ducts lead to a system of lactiferous ducts that ultimately convey the milk to the relatively large **lactiferous sinus**. Each lactiferous duct is responsible for the drainage of a mammary lobe, while each intralobular duct drains one lobule.

The **lactiferous sinus** extends into the teat and is incompletely divided into the **gland** (pars glandularis sinus lactiferi) and the **teat sinus** (pars papillaris sinus lactiferi) by a constriction. The glandular part of the sinus has several chambers and a wide diameter. The transition between the gland part and the teat part is marked by a mucosal fold, that containing a venous plexus, which has to be taken into consideration when amputating a teat to avoid excessive blood loss. The **teat sinus** is continuous with the **papillary duct** or **teat canal**, which opens at the tip of the teat where the orifice is surrounded by a **smooth muscle sphincter**.

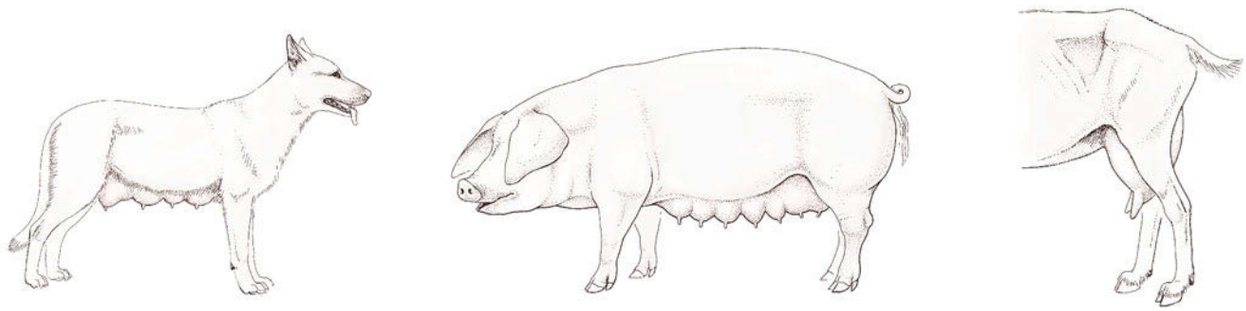


Fig. 19.20 Mammae of the bitch and sow, udder of a she-goat (schematic).

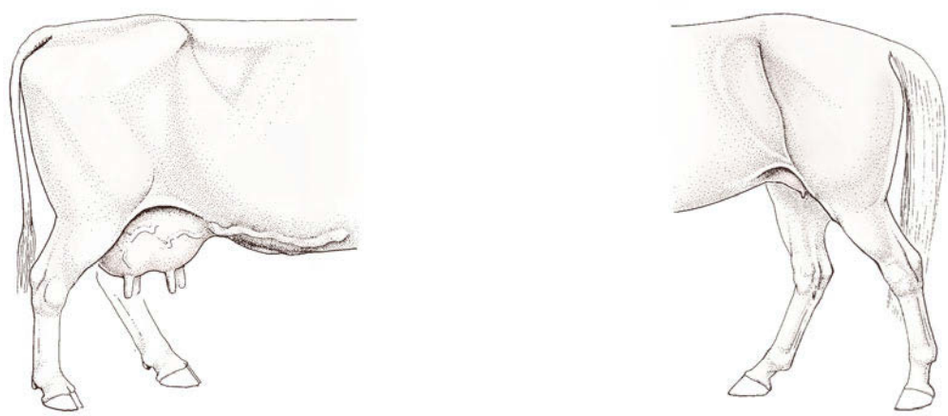


Fig. 19.21 Udder of the cow and mare (schematic).

Blood supply

The mammary glands receive their blood supply from the superficial blood vessels of the ventral body wall (▶ Fig. 19.29, ▶ Fig. 19.30 and ▶ Fig. 19.31).

Arteries

The thoracic and the cranial abdominal mammary complexes receive their arterial blood supply from the mammary branches of the **cranial superficial epigastric artery**, a perforating branch of the **internal thoracic artery**. Segmental ventral intercostal branches of the internal thoracic artery may also contribute blood to the thoracic glands.

The caudal abdominal and inguinal mammary complexes are supplied by mammary branches of the **caudal superficial epigastric artery**, that arises from the **external pudendal artery** (▶ Fig. 19.29).

Veins

The thoracic mammary complexes drain into the **cranial superficial epigastric veins**, which opens into the **cranial epigastric vein** (▶ Fig. 19.31), which in turn drains into the internal thoracic vein.

The abdominal and inguinal mammary complexes drain into the **caudal superficial epigastric veins**, which open into the **external pudendal vein**. Of functional importance is the presence of anastomoses between the cranial and caudal superficial arteries between the like-named veins. The species-specific differences concerning the blood supply of the mammary glands will be discussed in detail when the gland of each species is described.

Lymphatics

The lymphatics of the thoracic and cranial abdominal mammary complexes drain to the **axillary lymph node**. The lymphatics of the caudal abdominal and the inguinal mammary complexes drain to the **superficial inguinal lymph node**, which is also called the **mammary lymph node** (▶ Fig. 19.29). This lymph node is located at the base of the inguinal mammary gland and is usually palpable under the skin.

Clinical note

Since mammary tumours may metastasise to the draining lymph nodes, removal of these is routinely performed when mammary tumours are surgically removed **(mastectomy)**.

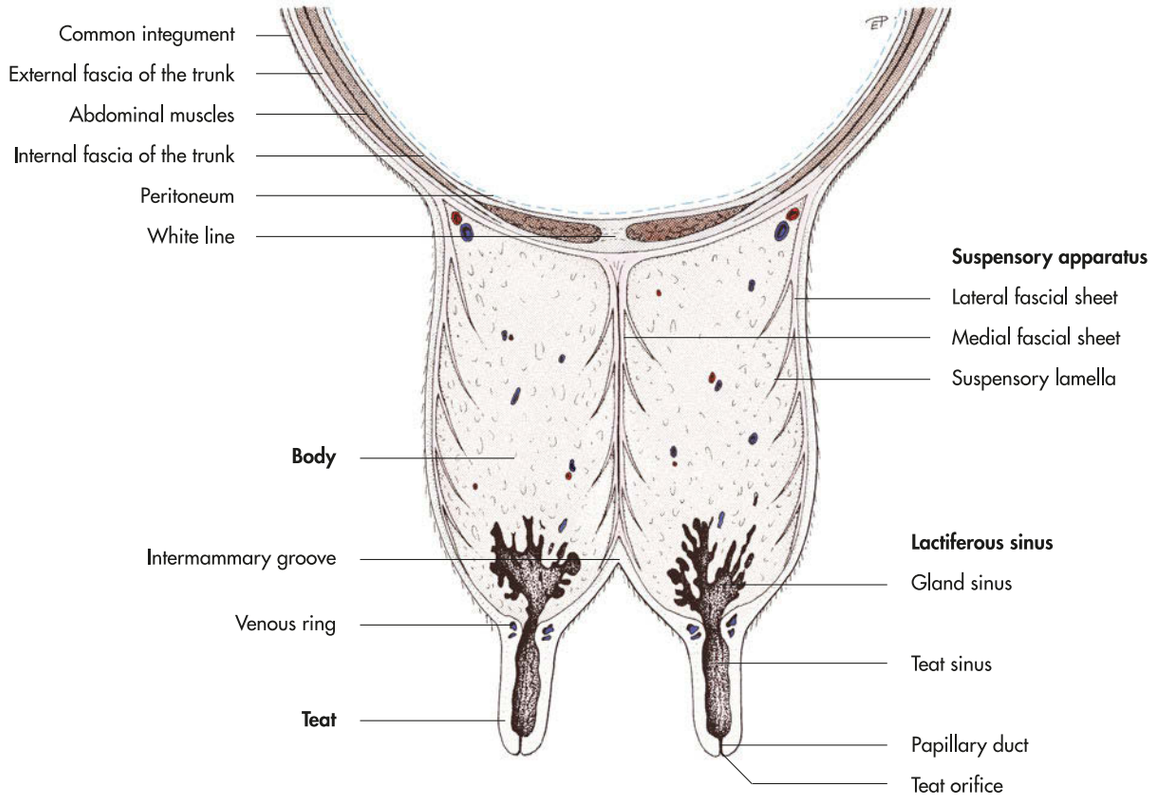


Fig. 19.22 Suspensory apparatus of the udder (schematic); fig. based on data from Dyce, Sack and Wensing, 2002.

Innervation

The mammary glands receive **sensory**, **sympathetic and parasympathetic innervation**. The thoracic mammary glands are innervated by lateral and medial mammary branches of the cutaneous part of the intercostal nerves, which are also referred to as ventral branches of the thoracic nerves. The abdominal and inguinal complexes are supplied by the cutaneous branches of the **iliohypogastric**, **ilioinguinal** and **genitofemoral nerves**. The inguinal mammary glands receive additional innervation from the mammary branch of the distal cutaneous branch of the **pudendal nerve** and the **genitofemoral nerve**. In addition to being subject to nervous control, secretion of the mammary glands is influenced by **hormones** from the hypophysis and other endocrine organs.

Neurohormonal reflex arc

The sensory nerve supply to the teats and the skin of the mammary glands constitutes the afferent part of the **neurohormonal reflex arc**, which is responsible for initiating and maintaining lactation. When the mammary glands are stimulated by suckling on the teats or massage of the skin, the sensory nerve fibres conduct the impulses to the central nervous system. These impulses trigger the production of oxytocin in certain nuclei within the hypothalamus and its release into the blood stream via the **neurohypophysis**. **Oxytocin** causes contraction of the **myoepithelial cells** in the walls of the duct system within the mammary glands, and the milk is "let down". The effect of oxytocin is antagonised by **adrenaline**, which is released under stress (for a more detailed description see histology and physiology textbooks).

19.5.3 Development of the mammary gland

Prenatal development of the mammary gland occurs in **both sexes**, while the further **postnatal development** occurs only in **female individuals** during puberty and pregnancy. The mammary gland is also referred to as the accessory gland of the female reproductive tract. Completion of development is influenced by female hormones, especially progesterone and prolactin, and the mammary gland is only fully functional at the end of gestation.

The mammary glands develop as epithelial buds that grow into the underlying mesenchyme from linear ectodermal thickenings, the **mammary ridges**.

Two different developmental mechanisms lead to the formation of teats: in ruminants and in the horse a raised teat forms upon the surface of the body following proliferation of mesenchyme surounding the epithelial buds that later form the mammary body. In carnivores and the pig the alveolar tissue proliferates and forms a so-called eversion teat, as is characteristic for human beings (for a more detailed description see embryology textbooks).

Male and female mammary glands have small mammary bodies and short teats from birth until the first oestrus of females. The duct system consists of the teat canal, the **lactiferous sinus**, and short epithelial outgrowths, which develop into the **lactiferous ducts**. During puberty, the production of oestrogen by the ovaries in female individuals causes the connective tissue stroma to proliferate and the lactiferous ducts to develop further. They branch out to form smaller ducts. Further development does not occur until first pregnancy.

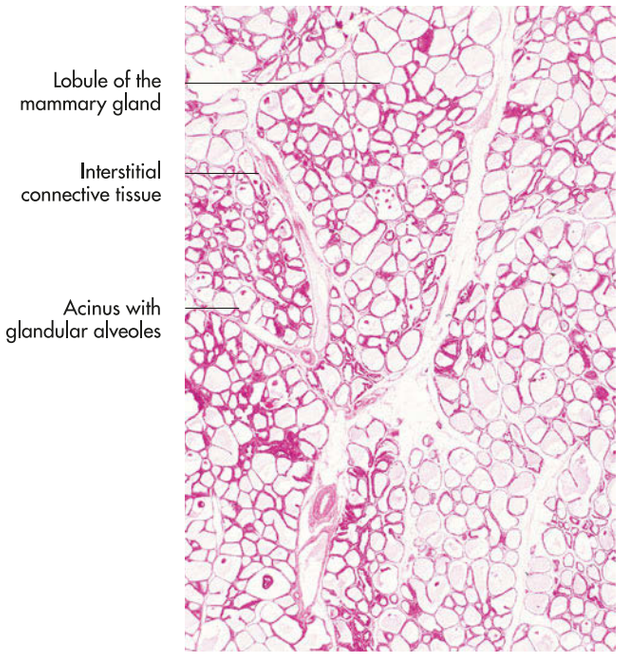


Fig. 19.23 Histological section of the glandular tissue of a bovine udder with alveoles and interstitium separating the lobules.

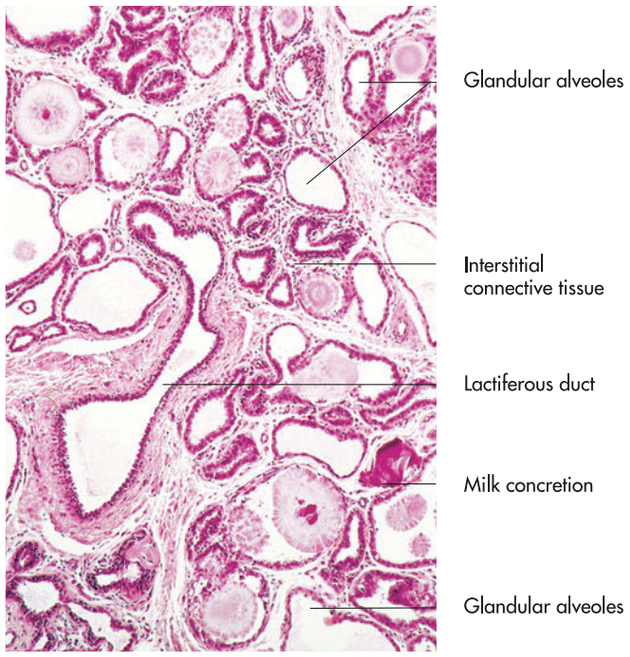


Fig. 19.24 Histological section of the glandular tissue of a bovine udder.

Shortly after conception the development of the duct system restarts and new generations of lactiferous ducts are formed by division and growth of the epithelial outgrowths. In the second half of pregnancy glandular tissue is formed and starts to replace the connective tissue stroma. At this stage parts of the alveoles are still solid, and these canalise later at the end of pregnancy under the influence of progesterone, oestrogen and prolactin. The first milk produced is called **colostrum** and is rich in protein, containing a high number of **immunoglobulins**, which provide the new-born with a **passive immunity**. The colostrum is also thought to have a laxative effect, important for defecation of the meconium shortly after birth.

Mammary buds also form in male embryos and persist to give rise to the rudimentary teats found on the ventral surface of the trunk in carnivores and pigs or on the cranial surface of the scrotum in ruminants, and less commonly beside the prepuce in horses. In some male individuals with an unusually high oestrogen level the mammary glands undergo postnatal changes similar to those in females.

19.5.4 Lactation

Milk secretion may start hours or even days before parturition and is used as an indicator of impending parturition. Postnatal production and secretion of milk are continued only by those mammary complexes which are stimulated by suckling of the newborn. Suckling at the teat and massage of the mammary body with paws or tongue initiate the **neurohormonal reflex arc**, that leads to the letting down of the milk. Mammary complexes that are not stimulated soon undergo involution. Mammary glands are fully developed and fully functional only at the height of lactation. They are then large and show a predominance of glandular tissue over the connective tissue stroma.

When the dam weans her young or stimulation of the mammary glands is stopped, involution commences and the milk-producing tissue regresses. Glandular tissue is then replaced by connective and fatty tissue. However, the gland never reverts to its prelactation size.

19.5.5 Mammary glands (mamma) of carnivores

In the bitch the mammary gland typically comprises **ten mammary complexes**, arranged in two bilaterally symmetrical rows that extend from the ventral thoracic to the inguinal region (▶ Fig. 19.20). However the formation of the mammary gland is not always symmetrical and the number of complexes varies from eight to twelve. The mammary complexes are termed according to their position: **thoracic**, **cranial abdominal**, **caudal abdominal** and **inguinal complexes**.

The cat commonly has **eight mammary complexes**, also arranged in two symmetric rows extending from the ventral thorax to the abdomen.

Each mammary complex consists of between **five** and **twenty mammary units** with a corresponding number of papillary ducts that open on the tip of the teat with a separate **opening** (ostium papillare).

The juvenile, non-lactating mammary complexes are inconspicuous with short teats, while during lactation the single mammary complex increases considerably in size and then has a semi-spherical form. Its size varies among breeds and even among individuals. Shallow grooves indicate the border between the complexes. A distinct **intermammary sulcus** divides the right from the left row.

The changes characteristic for the sexual cycle of the bitch include growth and proliferation of the mammary gland with each cycle, even when the bitch does not conceive. Frequent prolifera-

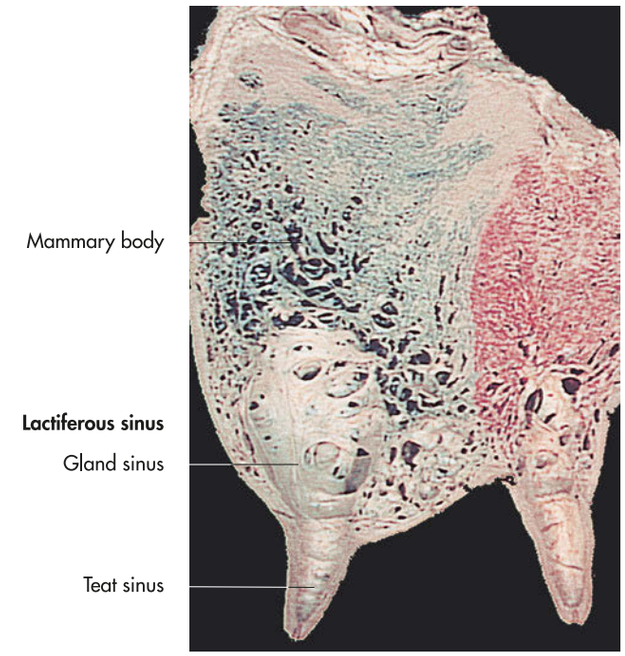


Fig. 19.25 Sagittal section of the glandular tissue of the cranial and caudal quarters of a bovine udder. The different colours indicate the complete separation of the individual quarter.

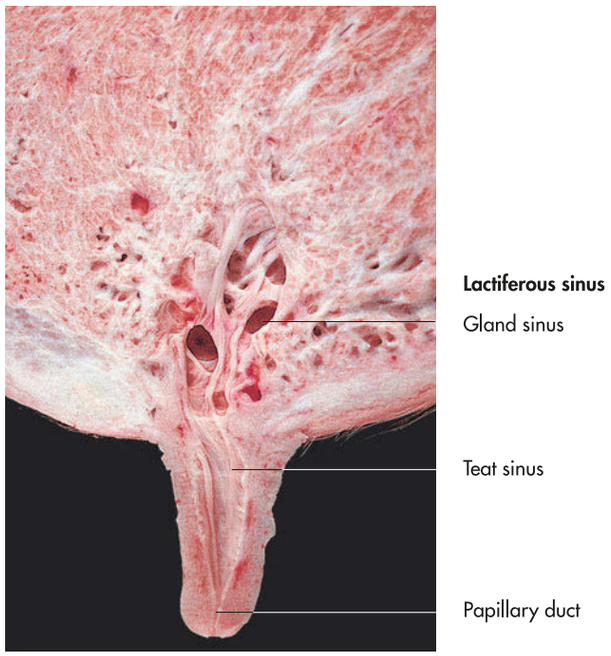


Fig. 19.26 Sagittal section of the teat of a cow.

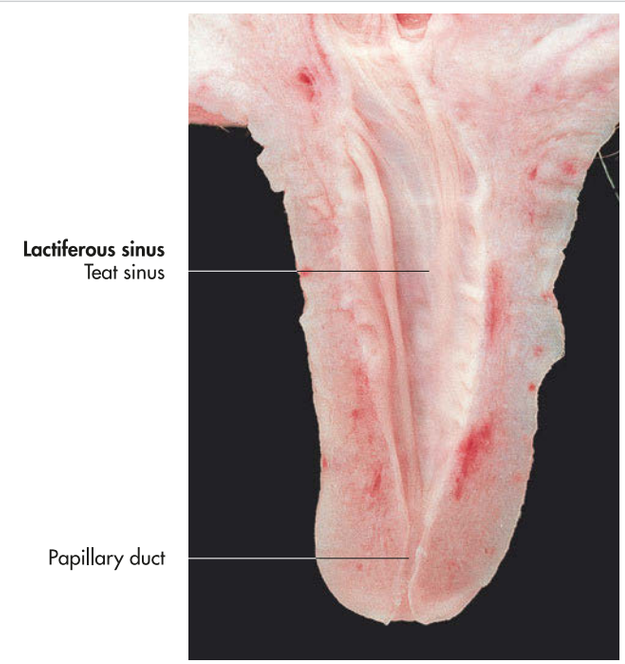


Fig. 19.27 Sagittal section of the teat and papillary duct of a bovine udder.



Fig. 19.28 Sagittal section of the teat of an equine udder with two papillary ducts.

tion and subsequent involution of the mammary gland is thought to be a predisposing factor for the high incidence of mammary tumours in the bitch.

The mammary glands of carnivores receive additional blood supply from the mammary branches of the **lateral thoracic artery**. Lymph from the cranial thoracic mammary complex not only drains to the **axillary lymph node**, but may also drain to the **superficial cervical lymph node**. Lymph from the cranial abdominal mammary complex can either drain to the axillary or the superficial inguinal lymph node, while lymph from the caudal abdominal complex may also drain to the medial iliac lymph nodes. Instances of **interconnection** of the left and right superficial inguinal lymph nodes have been reported. A good understanding of the lymphatic flow is of clinical importance with regard to metastases in the case of mammary tumours.

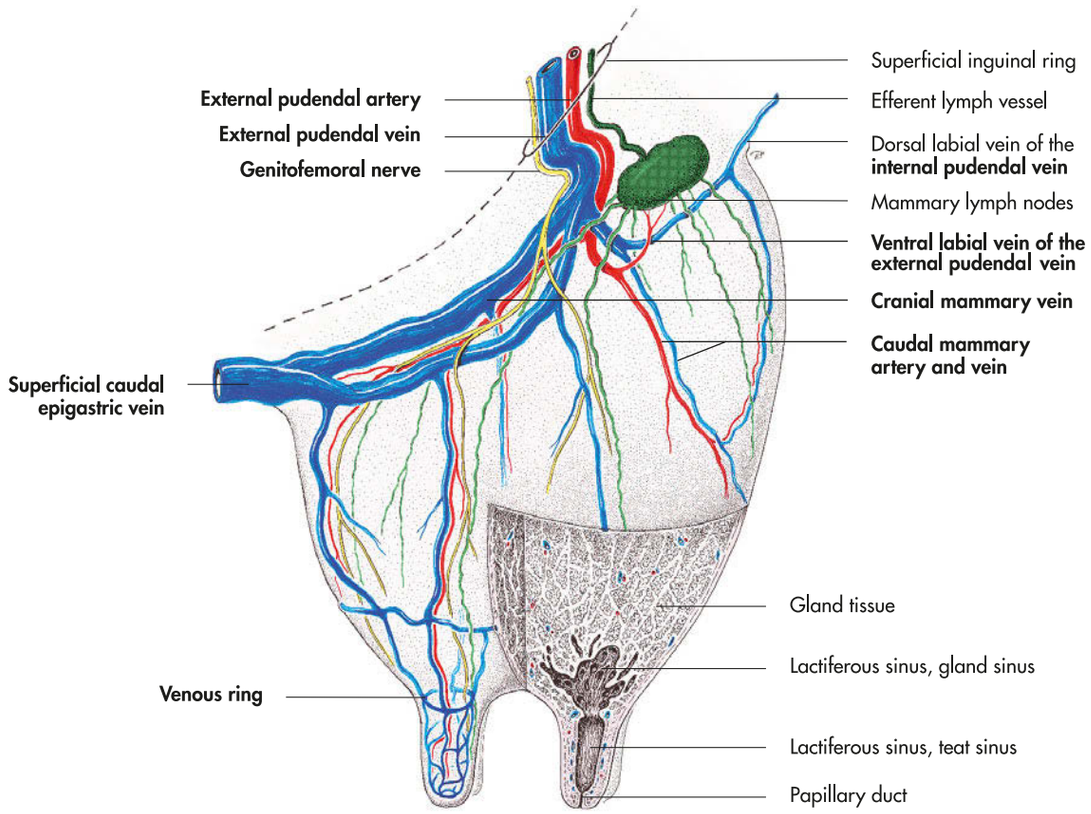


Fig. 19.29 Innervation and blood supply of the bovine udder (schematic); fig. based on data from Ellenberger and Baum, 1943.

19.5.6 Mammary glands (mamma) of the pig

The mammary gland of the pig usually comprises **14 mammary complexes**, arranged in two rows on the ventral side of the thorax and abdomen (▶ Fig. 19.20). In most animals the left and right complexes are not at the same transverse plane, but are arranged in an alternating manner. This arrangement facilitates access of the piglets when the sow is lying on its side. Each complex consists of **two** or **three mammary units**. Each unit opens with a separate orifice at the tip of the teat in a shallow depression. If the depression is too deep, the suckling piglet compresses the opening and interrupts the flow of milk.

At the height of lactation the mammary gland of the sow is quite conspicuous and the single hemi-spherical complex is the size of a fist with relatively short teats. Complexes that are not used by the piglets are much smaller than lactating units giving the mammary gland an irregular appearance.

The thoracic mammary complexes receive additional blood supply from the mammary branches of the **lateral thoracic artery**. Sufficient milk production at the height of lactation is essential for proper weight gain in the piglets in the first few weeks of life, thus posing an important economic factor in the pig industry.

19.5.7 Udder (uber) of small ruminants

In the ewe and she-goat the mammary gland is restricted to the inguinal region and comprises **two mammary complexes**, one on each side of the ventral midline (▶ Fig. 19.20). Each complex consists of a **single mammary unit**, the duct system of which opens in a single orifice on the tip of the teats. In the ewe lymph may drain directly into the iliofemoral and the medial iliac lymph nodes.

19.5.8 Bovine udder (uber)

The mammary gland of the cow comprises **four mammary complexes**, with a single unit each that are consolidated in a single mass, the udder. The udder is suspended from the inguinal region by its suspensory apparatus (▶ Fig. 19.21). It is divided into quarters that correspond to the **four units**, each of which bears one of the principal teats with a **single opening**. Accessory teats, sometimes associated with functional glandular tissue, are very common, but are undesirable, since they may complicate milking when they are fused or too close to the principal teats. Inflammation of superfluous glandular tissue can spread to the main quarters and lead to a decrease in milk production.

A prominent median **intermammary groove** marks the division of the udder into **right** and **left halves**. The boundary between the **fore- and hindquarters** of the one side is not distinct.

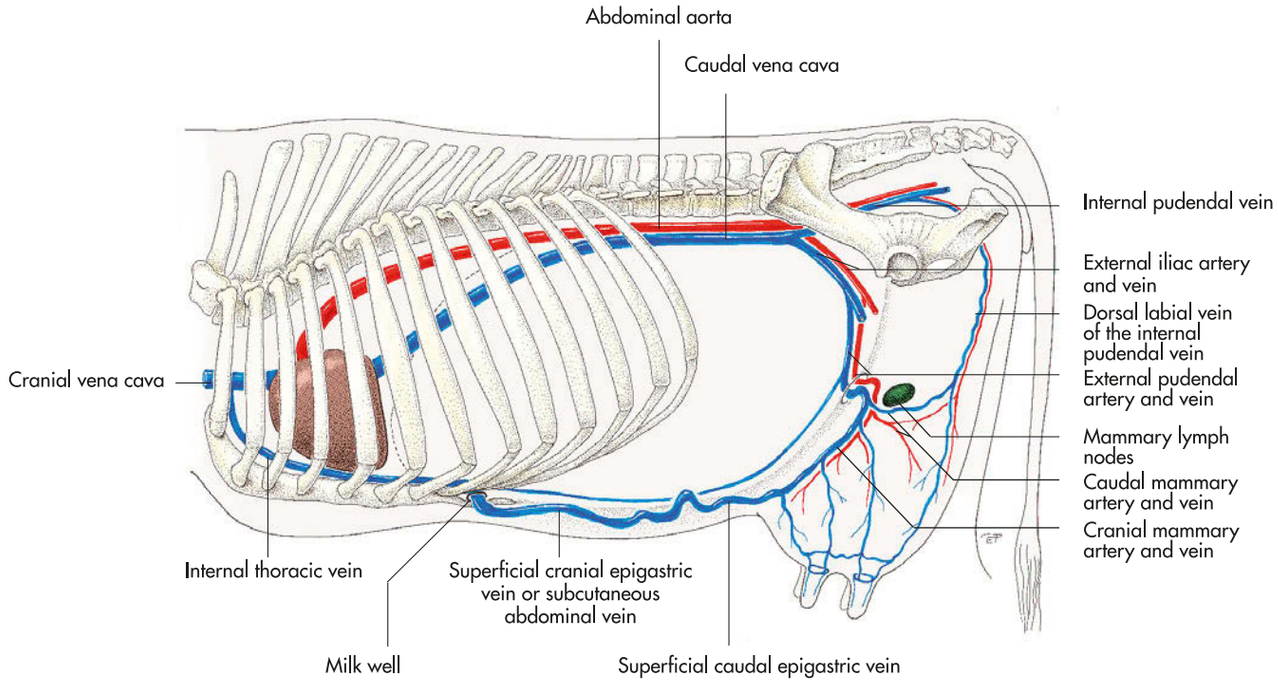


Fig. 19.30 The most important blood vessels supplying the bovine udder (schematic).

Clinical note

It is of clinical importance that the **four mammary glands** are **separate units**. Thus, inflammatory processes can be restricted to one quarter. Local antibiotics must be administered in each teat separately.

The **appearance of the udder** varies greatly, depending on breed, maturity and functional status. In many dairy cows, the udder is extremely large with very long and thick teats (▶ Fig. 19.27). However, size is not a reliable indicator of productivity, but certain features of conformation are of practical importance with regards to milking. Size, shape, position of the teats and the form of the teat extremity are especially important factors. Open teat canals predispose the quarter to ascending infections, while a narrow teat canal may lead to obstructions and an impaired milk flow. The lipid and protein components of the mucosa of the teat canal constitute a natural barrier against bacterial infections.

To match the high productivity of today's dairy cow, the udder receives a very generous blood supply. It is estimated that some 600 litres of blood must flow through the udder for every litre of milk secreted. The main blood vessels are very wide in diameter.

The **main artery** to the udder is the direct continuation of the **external pudendal artery**. It enters the base of the udder on its dorsocaudal aspect after passing through the inguinal canal. It first forms a sigmoid flexure before dividing into a **cranial** and a **caudal mammary artery** (▶ Fig. 19.30). The two mammary arteries anastomose with the **caudal superficial epigastric artery**, which enters the organ on its cranial side and is connected to the **cranial epigastric artery** (▶ Fig. 13.14). The **internal pudendal artery** also detaches a branch to the udder (ramus labialis dorsalis et mammarius), entering the organ caudally (▶ Fig. 19.30).

Drainage of the udder is effected by the external pudendal veins, which lead through the inguinal canal and the **cranial superficial epigastric veins**, which pursue flexuous subcutaneous courses over the ventral abdominal wall. In large animals, the superficial cranial epigastric vein is also called the **subcutaneous abdominal ("milk") vein**, which has a strikingly tortuous course, a varicose structure and **incompetent valves**. The opening of this vein through the body wall (the "milk well") is readily identified on palpation.

Clinical note

The milk vein can be used for intravenous injection or blood sampling.

The anastomosis between the cranial and caudal superficial veins enlarges considerably during the first pregnancy. With the vastly increased flow of blood through them, the veins become congested, their tributaries engorged and their valves progressively broken down.

Additional venous drainage is achieved by the **dorsal labial vein** (also called the caudal mammary vein, in contrast to the caudal superficial epigastric vein, which is also called the cranial mammary vein), which drains into the internal pudendal vein (▶ Fig. 19.29, ▶ Fig. 19.30 and ▶ Fig. 19.31).

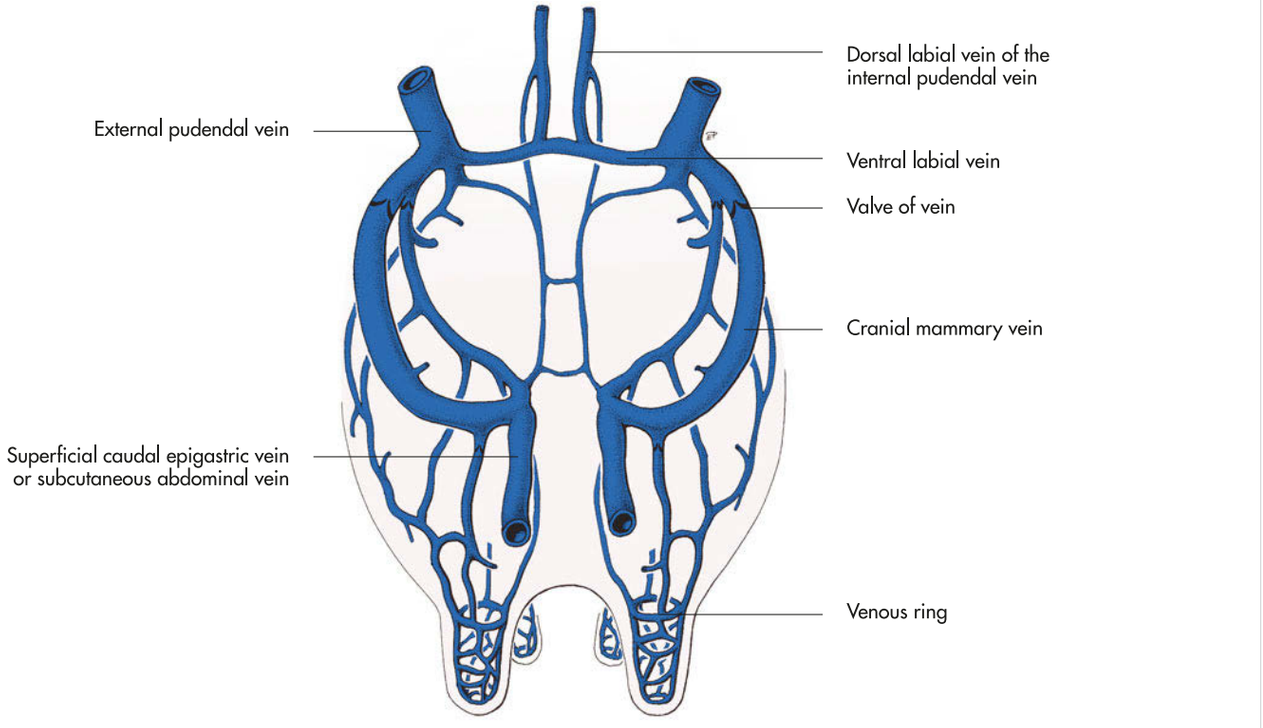


Fig. 19.31 Venous drainage of the bovine udder (schematic).

19.5.9 Equine udder (uber)

The mammary glands of the horse are consolidated in a relatively small udder in the inguinal region. A distinct intermammary groove separates **left** and **right halves**. Each half has the form of a laterally compressed cone and carries a single teat. Each half comprises a **single mammary complex**, which in turn consists of **two mammary units**. The two duct systems open on the tip of the teat with two separate openings (▶ Fig. 19.28). The skin over the udder is thin, deeply pigmented and sparsely haired. The teats are short and resemble a bilaterally compressed cylinder.

The tissues of the individual units of each side interdigitate, but the duct systems are completely separate. Sebaceous secretion, epithelial debris and colostrum that escapes during the last days of pregnancy give the extremity of the teat a waxy appearance and is used as an indicator of impending parturition.

Clinical terminology

Examples of clinical terms derived from anatomical terms: mastitis, mastectomy, mammography, and many more.

19.6 Footpads (tori)

The footpads are formed by strongly modified common integument and are found in the fore- and hindlimbs. They act as shock absorbers during locomotion and protect the skeleton of the manus and pes from mechanical pressure. The base of the foot pads is formed by the **digital cushions**, which are made of subcutaneous adipose tissue that is partitioned by reticular, collagenous and elastic fibres. Retinacular fibres extend from the dermis into the subcutis and anchor the foot pads to the fascia of the manus or pes. Well-developed ligaments fasten the metacarpal and metatarsal pads to the skeleton.

The papillary body of the dermis is especially well developed to withstand the considerable mechanical forces. The epidermis of the foot pads forms an especially thick, soft and elastic horn layer.

There are **three groups** of foot pads:

- **carpal/tarsal pads** (torus carpeus/tarseus) on the mediopalmar/-plantar aspect of the carpus/tarsus,
- **metacarpal/metatarsal pads** (torus metacarpeus/metatarseus) on the palmar/plantar aspect of the metacarpo(tarso)phalangeal joint and
- **digital pads** (torus digitalis) on the palmar/plantar aspect of the third distal phalanx.

The number of the **metacarpal/metatarsal** and **digital pads** corresponds to the number of digits. In ungulates only the digital pads are functional and in contact with the ground and they are incorporated in the hoof, providing the features known as the bulb in ruminants and pigs, the frog and heels in the horse. Digital pads are found on the third and fourth digits in ruminants and on the second to fifth digits in pigs (▶ Fig. 19.35). These structures are described in detail later in this chapter. The horse, unlike the other domestic ungulates, also has rudimentary metacarpal/tarsal pads embedded in a tuft of hair behind the fetlock joint, the ergot and vestigial carpal/tarsal pads, the chestnuts (▶ Fig. 19.33 and ▶ Fig. 19.34).

In the digitigrade dog and cat, only digital and metacarpal/tarsal pads make contact with the ground. There are fully developed carpal pads of no obvious use, but no tarsal pads in the cat and dog. The metacarpal/metatarsal pads of the second to fourth digits of each foot are fused to form a single pad (▶ Fig. 19.32). Digital

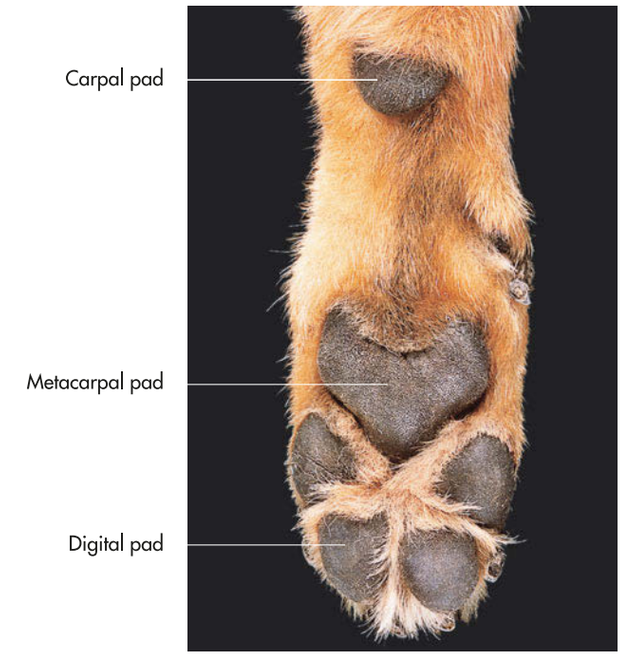


Fig. 19.32 Footpads of a dog.



Fig. 19.33 Chestnut proximomedial to the carpus of a horse as a rudimentary carpal pad.

pads are found on each digit of the dog and cat, however, the pad of the first digit does not make contact with the ground (▶ Fig. 19.32). The foot pads of the cat and dog contains eccrine sweat glands, which causes the animal to leave paw prints when sweating.

19.7 Digit (organum digitale)

The digit comprises the distal phalanx, including musculoskeletal components and the strongly modified part of the common integument that encloses those structures.

In adaptation to the different environments and eating habits, **three basic class-specific modifications of the skin** of the organum digitale developed during evolution:

- claw (unguicula) in carnivores,
- nail (unguis) in primates and
- hoof (ungula) in ungulates.

19.7.1 Function

Nails, claws and hooves serve primarily to protect the tissue they enclose, but secondarily each is also used for other purposes, such as:

- tools: scratching, digging, holding,
- sensory organs and
- weapons.

Their importance during locomotion differs among species. The cat is able to withdraw the claws in a skin fold during locomotion, thus protecting the claw from overuse. In the horse, being perissodactyles, the part of the hoof that contacts the ground corresponds to the rim of the fingernail in humans.

19.7.2 Segmentation

Although the structures enclosing the distal phalanx appear to be quite different at first glance, they share in fact a similar architecture. Each of these appendages presents **five different segments** (▶ Fig. 19.36):

- perioplic segment (limbus),
- coronary segment (corona),
- wall segment (paries),
- sole segment (solea) and
- footpad (torus digitalis/ungulae) corresponding to the digital bulb of primates.

The **segments are distinguished** by their location, structure and horn production. Characteristic features are the presence or absence of a subcutis, the form of the papillary body and the **structure of the stratum corneum** (type of cornification, architecture of the horn). However these characteristics vary strongly between species and are described later in this chapter in detail (▶ Fig. 19.36). Even if the segmentation is not clear from the outside, it is possible to determine the different segments on a longitudinal section or after removal of the horn capsule.

19.7.3 Horny enclosure of the distal phalanx (capsula ungularis)

The distal phalanx of the domestic mammals is enclosed by a horny capsule, which forms the claw of carnivores and the hoof of ungulates. All five segments participate in the formation of the hoof capsule, while the foot pad is not part of the claw in carnivores, but remains separate.

The **horn capsule** can be divided into **two parts** (▶ Fig. 19.37):

- wall (paries corneus, lamina) and
- base surface (facies solearis).

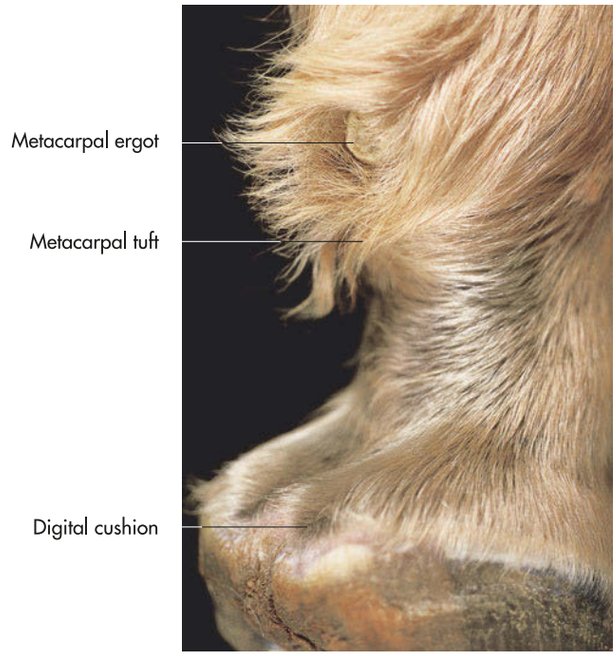


Fig. 19.34 Ergots as rudimentary metacarpal pads and heel bulbs.

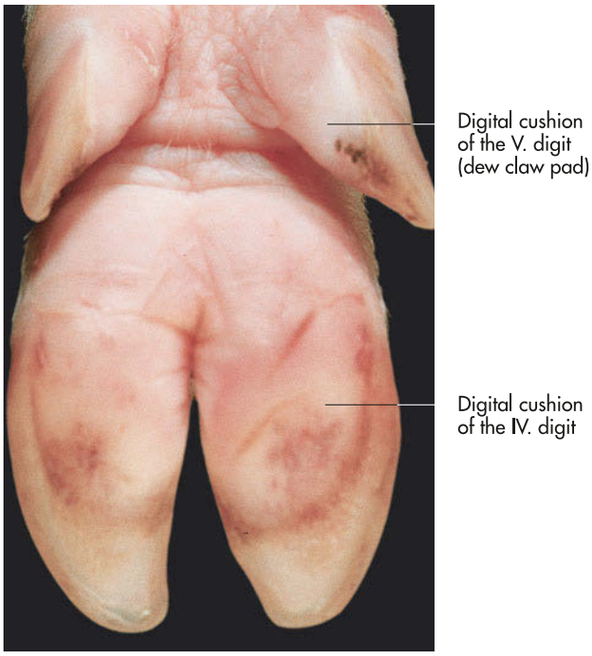


Fig. 19.35 Bulbs of the principal and accessory hooves of a pig.

Wall (paries corneus, lamina)

The wall is formed by the **perioplic segment**, **coronary segment** (corona) and the **wall segment** (paries) and corresponds to the nail of primates. It consists from the outside to the inside of the following layers (▶ Fig. 19.38):

- external layer (stratum externum, eponychium),
- middle layer (stratum medium, mesonychium) and
- internal layer (stratum internum, hyponychium).

Base surface (facies solearis)

The base surface is formed by the **distal part of the wall** that contacts the ground, the **sole segment** and the **footpad** of ungulates. The internal stratum of the wall, that appears on the solar surface is termed the **white line** and forms a **flexible layer** that unites the horn of the wall and the sole.

The sole can be further subdivided into those parts that **contact the ground** (facies contactus) and those parts that **do not contact the ground** (facies fornicis) (▶ Fig. 19.39). The distribution and extension of these two parts varies considerably between species.

19.7.4 Deciduous horn shoe (capsula ungulae decidua)

The hoof of newborn piglets, calves, lambs and foals are covered by a **deciduous horn capsule** which is especially welldeveloped in the sole and foot pad (▶ Fig. 19.40). It is light yellow in colour and consists of incompletely cornified epithelial horn. It has a high water content, an elastic structure and rounded contours. It is formed by the same five segments as the permanent capsule.

The deciduous horn capsule covers the hoof like a cushion, thus protecting the uterus and birth canal from injuries during parturition. During the first few days post partum it rapidly dries out and falls off when the animal starts walking. The permanent horn capsule is already completely formed beneath the deciduous one.

In the new-born puppy or kitten the pointed and sharp claw is also cushioned by an incompletely cornified epidermis. A corresponding structure is found on the nail of newborn babies.

19.7.5 Modification of the different segments

The origin of the different segments of the nail, claw and hoof as local modifications of skin are reflected in their retention of epidermal, dermal and subcutis layers. However, the degree and extent of modification varies greatly between the different segments.

Subcutis (tela subcutanea)

No subcutis is present in the wall and sole segment, where a stable, mechanical union between the dermis and the distal phalanx is essential. Underlying the limbus, coronary segment and foot pad is a thick, **resilient subcutis** (pulvinus), an admixture of collagenous and elastic fibres interspersed with adipose tissue and cartilagenous islets. These structures act as shock absorbers during locomotion.

Dermis (corium)

The dermis of the distal phalanx is also referred to as the **pododerma**. Corresponding to the layers of the skin it can be further subdivided into a **deep papillary** and a **superficial reticular layer**. In those segments where no subcutis is developed the dermis is tightly adherent and continuous with the **periosteum** of the underlying bone.

The surface of the papillary layer is characteristic of each segment. In all segments other than the wall segment, the papillary

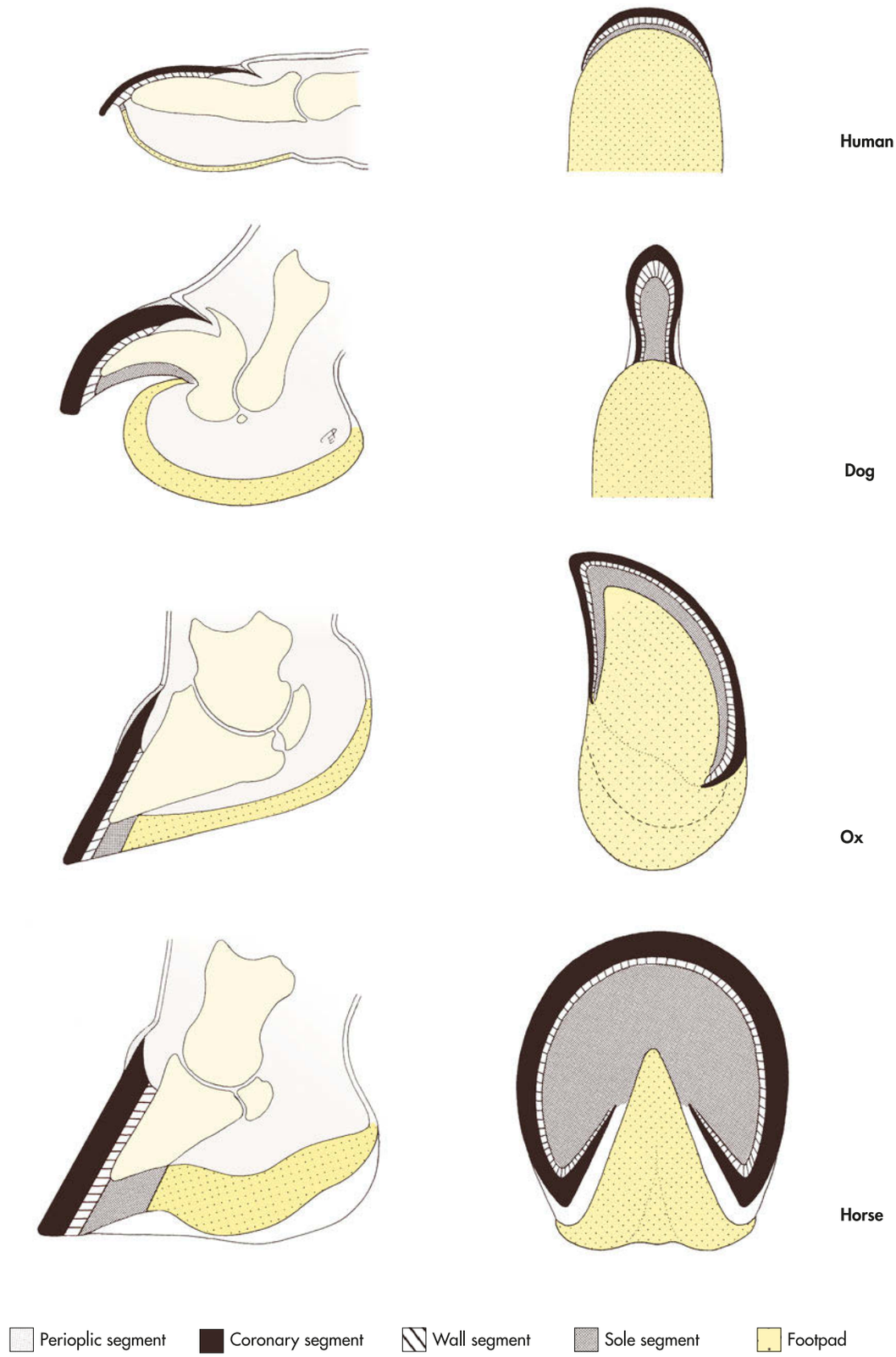


Fig. 19.36 Segmentation of nail, claw, bovine and equine hoof, sagittal section and ground surface (schematic); fig. based on data from Zietzschmann, 1918, and Mülling, 1993.

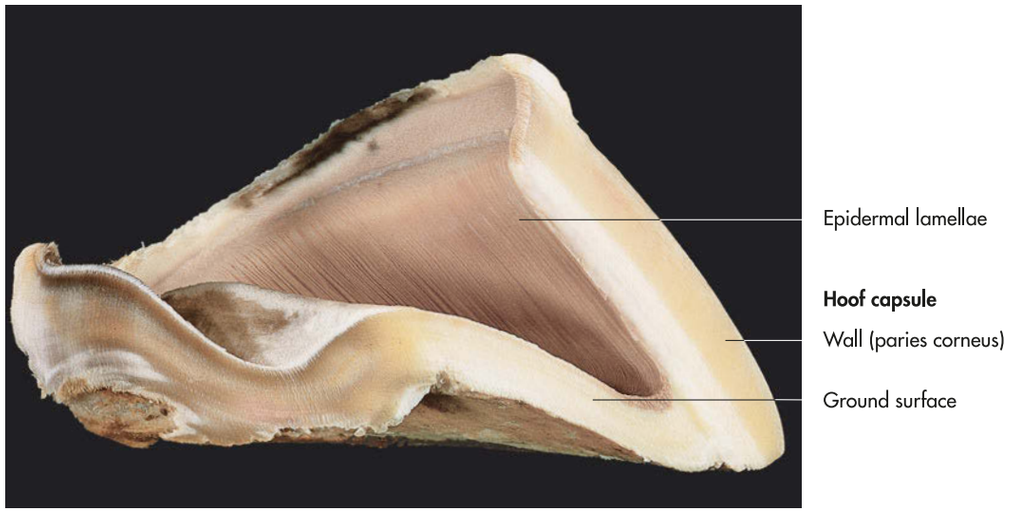


Fig. 19.37 Sagittal section of the horn shoe of a horse.

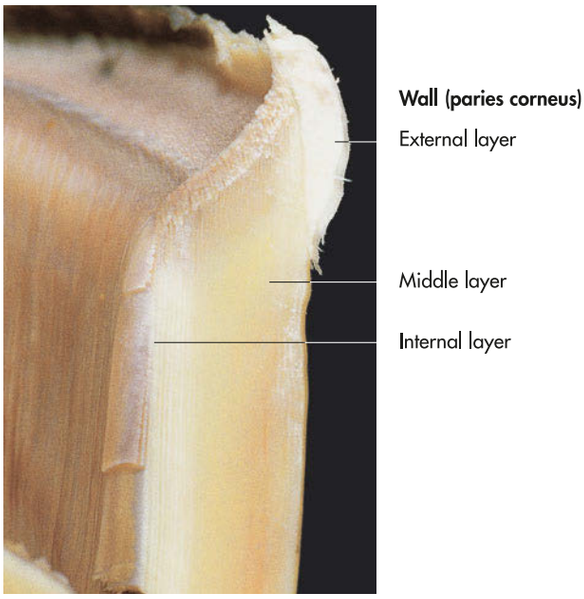


Fig. 19.38 Section of the wall of a horn shoe.

layer forms **dermal papillae** (papillae dermales), which either protrude directly from a plane underlying surface or are elevated on low-profile laminae (▶ Fig. 19.41). The length of the papillae varies in the different segments and among species. In the horse, for example, the papillae of the coronary segments can reach a length of 8 mm. In the wall segment the surface of the papillary layer is marked by **parallel lamellae** (lamellae dermales), extending from proximal to distal in the hoof and arranged in a curve in the claw. Small papillae extend from the tip of the laminae.

Epidermis (epidermis)

The epidermis can be divided into a thin part formed by living, cornified cells and a thicker part of cornified cells. The **vital layers** comprise the **basal layer** (stratum basale), **spinous layer** (stratum spinosum) and **granular layer** (stratum granulosum), while the **horn** consists of the **horny layer** (stratum corneum) only.

Vital layers of the epidermis

The cells in the vital layers of the epidermis undergo the same changes as in the skin, gradually leading to their **keratinisation** and **cornification**. Keratin proteins and membrane coating material are synthesised within all cells, but the composition varies between the different segments. Cornification of the soft type takes place in the perioplic segment, the foot pads and the terminal epidermis of the wall segment, where a granular layer is present. In the remaining segments, there is no granular layer and the cells undergo the hard type of cornification, resulting in a mechanically resilient horn.

Horn (stratum corneum)

The **stratum corneum** consists of densely packed completely **keratinised cells**. During the process of keratinisation and cornification, the epidermal cells undergo a series of internal changes that gradually bring about their death and when reaching the horny layer they are incapable of further division or growth. Horn cells are moved distally by cells from deeper layers moving towards the surface. The horn cells are held together by membrane coating material, so the structure of horn can be compared with a brick wall: the cells being the brick, the membrane coating material the mortar.

Horn quality and **fastness** are characteristic of each segment and depend on the amount and composition of the keratin and the membrane coating material. Desquamation of the horn starts with loss of function of the membrane coating material, followed by the disintegration of the cell aggregates.

Coronary horn is **extremely durable** and is worn down by mechanical loading. If not worn down, it needs to be trimmed away. Sole horn, however, lasts only a short time. This accounts for the fact that the sole horn, which fills the ground surface between wall and frog in the hoof of the horse is concave.

Structure of the horn-cell junction

In all segments the surface structures of the dermis interdigitate with the inner layers of the epidermis. In those segments where the dermis forms **papillae** (papillae dermales), the vital layers of

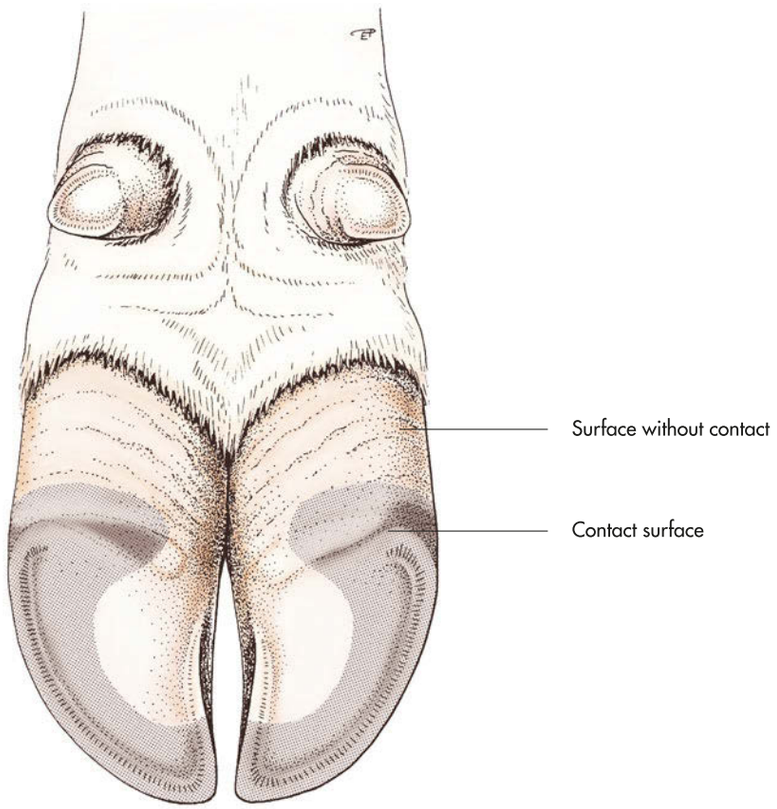


Fig. 19.39 Base surface (facies solearis) of the hoof of the cattle, with weight-bearing and non-weight-bearing parts (schematic); fig. based on data from Clemente, 1979.

the epidermis are arranged in **tubules** (tubuli epidermales), which form the horn tubules embedded in **intertubular horn** (▶ Fig. 19.41). If the dermis is arranged in laminae, the epidermis also forms **horny laminae** which interdigitate with the underlying **laminar dermis**.

Tubular horn

Tubular horn consists of **horn tubules** which are embedded in less structured **intertubular horn**. Horn tubules have a **cortex** and a **medulla**. The cortex is formed by the **peripapillary epidermis** located on the sides of the dermal papillae, while the medulla is formed by the **suprapapillary epidermis** on the end of the dermal papillae. Cortical horn cells keratinise under optimal circumstances, since their peripapillary position gives them good access for nutritional molecules. These cells are very stable and durable. Keratinisation of medullary horn cells is often incomplete and these cells disintegrate after a short time, leaving the lumina of the horn tubules empty. Thus the horn tubules are in fact hollow cylinders fulfilling the mechanical principle of a stable and at the same time lightweight arrangement. **Intertubular horn** is formed between the dermal papillae and consists of **isometric horn cells**.

Due to its design, **tubular horn** is extremely pressure resistant. Horn tubules of hooves keep their form over the whole length, which can be up to 10 cm from the coronary segment to the sole. In the claw, the tubular horn of the coronary segment is deformed distally into laminar horn.

Functions of the horn

The horn encloses the distal phalanx and fulfils a variety of functions. Its mechanical stability allows loading of the limb during locomotion and prevents injuries to the distal phalanx. The horn also controls the **loss** and **absorption of water**. Its quality is largely influenced by the water content. Too much or too little water leads to a deterioration of quality and loss of elasticity. Horn acts as a **thermal isolator**. It constitutes a barrier against ascending **microbes**, the medullary cells of the horn tubules being the weakest link.

Clinical note

Ascending infections can lead to a painful inflammation of the dermis. In animals which stand on damp bedding the integrity of the horn is often disrupted and microbes gain access to deeper structures. Urine and faeces dissolve the membrane coating material and urea is known to selectively destroy the proteins within the horn cells. Some diseases such as **laminitis** or **canker** lead to the development of dyskeratotic horn of minor quality. This horn is characterised by a low keratin content and dysfunctional membrane coating material and is thus prone to bacterial disintegration.

Horn quality differs largely between individuals. It is genetically determined, but is also influenced by **diet**, with zinc and biotin playing an important role. Impairment of vascular supply to the



Fig. 19.40 Deciduous horn shoe on the distal end of the permanent horn shoe in a mature equine foetus.

dermis, as seen in animals that are not worked at all or overworked, may also result in the production of horn of minor quality.

19.7.6 Claw (unguicula)

The digital organs of carnivores comprise the **digital pad** and the **claw**, which extends apically from the pad. While some authors apply the term "claw" to the horny enclosure only, others include the enclosed musculoskeletal structures.

Canine claw

Corresponding to the number of digits, the dog possesses **five claws in the forelimb** and **four claws in the hindlimb**. The first digit in the forelimb is reduced and has no contact to the ground. If not trimmed, the claw may continue to grow in a circular fashion until the point of the claw invades the volar furrow between the base of the claw and the foot pad or the foot pad itself. In the hindlimb, a reduced first digit or **dewclaw** without skeletal components may be present below the tarsus on the medial aspect of the paw. It is often removed routinely from young puppies, but it must be retained in puppies of certain breeds (e.g. St. Bernards) if there is the possibility that they will later be used for showing.

Form of the claw

The claw is curved and follows the shape of the unguicular process of the distal phalanx. It can be compared to a laterally compressed human nail. On gross examination, it presents a sole, two walls and a central dorsal ridge. It is oval to round in diameter, and the sharpness of the tip depends on its wear (▶ Fig. 19.42, ▶ Fig. 19.43 and ▶ Fig. 19.44).

Segments of the claw

The claw of the dog can be divided into four segments from proximal to distal: **perioplic**, **coronary**, **wall** and **sole segments** (▶ Fig. 19.36). The horn produced by these segments forms the wall and sole of the claw (▶ Fig. 19.44 and ▶ Fig. 19.45). The perioplic segment and the coronary segment are not visible on the surface, but fit within the space under the ungual crest of the distal phalanx.

This relationship is hidden by the skin of the claw fold. Dorsally, this fold is a modification of the hairy skin, which is free from hair on one side and fused to the horn of the claw. The perioplic, coronary and wall segments form the walls and the dorsal border of the claw, which are connected to the underlying unguicular process of the distal phalanx. The sole covers the ventral surface of the unguicular process, and the horn appears as a crumbly whitish material between the edges of the wall.

Perioplic segment

The perioplic segment forms the most proximal part of the claw and is adjacent to the inside of the **unguicular crest** (▶ Fig. 19.44). The papillary projections on the surface of the dermis are rather indistinct, and the horny layer of the epidermis consists of non-tubular, soft horn on the outside of the wall of the claw. It forms the external layer (stratum externum) corresponding to the thin glossy layer formed by the periople in the horse and is worn away long before it reaches the distal end of the claw (▶ Fig. 19.44 and ▶ Fig. 19.45).

Coronary segment

The coronary segment occupies the **floor of the claw fold** (▶ Fig. 19.44). The coronary dermis carries distinct papillae, which can reach a length of up to 0.7 mm and may take their origin from the dermal laminae. The horn formed by the coronary dermis is arranged in tubules at its origin, but loses its tubular structure distally. It forms the middle layer (stratum medium) of the claw wall, which is thicker dorsally than laterally.

Wall segment

The wall segment is in direct contact with the **unguicular process of the distal phalanx**. Its dermis is arranged in lamellae, the height of which ranges from 5 µm proximally to 0.3 mm distally. The epidermis of the wall segments interdigitate with the dermal lamellae, but does not cornify centrally. Thus, the horn formed by the wall segment does not have laminar form, but in fact has a tubular structure, produced by the terminal papillae.

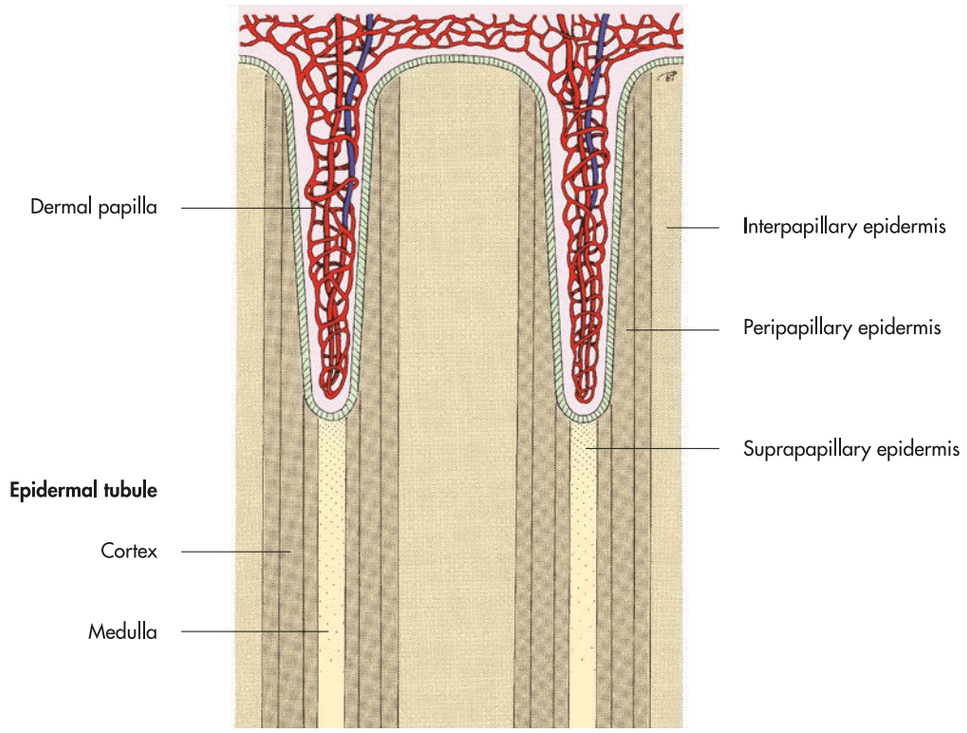


Fig. 19.41 Development of epidermal tubular horn over a papillary dermal matrix (schematic).

Cornification is of the soft type and includes a granular layer. The resulting tubular horn is rubber-like, lighter in colour than the coronary horn and disintegrates distal to the papillae (▶ Fig. 19.43).

Sole segment

The narrow sole segment is adjacent to the palmar/plantar aspect of the ground surface (facies solearis) of the unguicular process extending from the flexor tuberosity to the apex. Its dermal papillae are directed apically and increase in length and number from proximal to distal. Unlike the sole epidermis of the hoof, the sole epidermis of the claw forms a non-tubular, soft, crumbly horn by **soft cornification** (▶ Fig. 19.43). It disintegrates, when the claw is removed and the isolated claw is typically open between the walls.

Digital pad

The digital pad is located proximal to the sole segment of the claw, but is not integrated within the claw itself as it lies in the hoof. It is described in detail earlier in this chapter.

Blood supply

Claw and digital pad receive a **generous blood supply**, which accounts for the fact that wounds in this region tend to bleed heavily (▶ Fig. 19.46 and ▶ Fig. 19.47). Arterial blood supply is provided by four arteries, which run dorsoaxial, dorsoabaxial, palmo (planto)axial and palmo(planto)abaxial on each digit. They are termed according to the same principle on all four digits. For the fourth digit of the thoracic limb their names are:

- axial proper dorsal digital artery IV (a. digitalis dorsalis propria IV axialis),
- abaxial proper dorsal digital artery IV (a. digitalis dorsalis propria IV abaxialis),
- axial proper palmar digital artery IV (a. digitalis palmaris propria IV axialis) and
- abaxial proper palmar digital artery IV (a. digitalis palmaris propria IV abaxialis).

The **palmar (plantar) arteries** detach branches (rami tori digitales) to the digital pad and a coronary branch (a. coronalis) to the coronary segment. These arteries pass to the sole foramen of the distal phalanx and anastomose to form the **terminal arch**. Several arteries extend into the dermis of the claw. The smaller dorsal arteries extend to the unguicular crest.

The **veins** are satellites of the arteries and are named like-wise.

Lymphatics

Lymph from the digits of the thoracic limb drains into the **superficial cervical lymph node**, lymph from the pelvic limb to the **popliteal lymph node**.

Innervation

Thoracic limb

Sensory innervation to the first digit and the dorsal aspect of the second to fifth digit is provided by the **radial nerve**. The palmar aspect of the second to fifth digit is innervated by branches of the **ulnar** and **median nerves**.

Pelvic limb

The first digit and the medial (abaxial) aspect of the second digit are innervated by the **saphenous nerve**. Innervation of the dorsal aspect of the second to fifth digits is provided by the **fibular**



Fig. 19.42 Claw and digital pad of a dog.



Fig. 19.43 Ground surface of the claw of a dog.

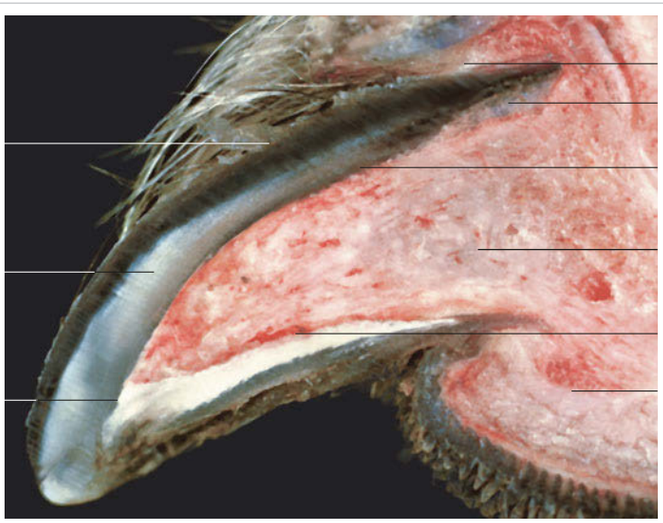


Fig. 19.44 Sagittal section of the claw of a dog.

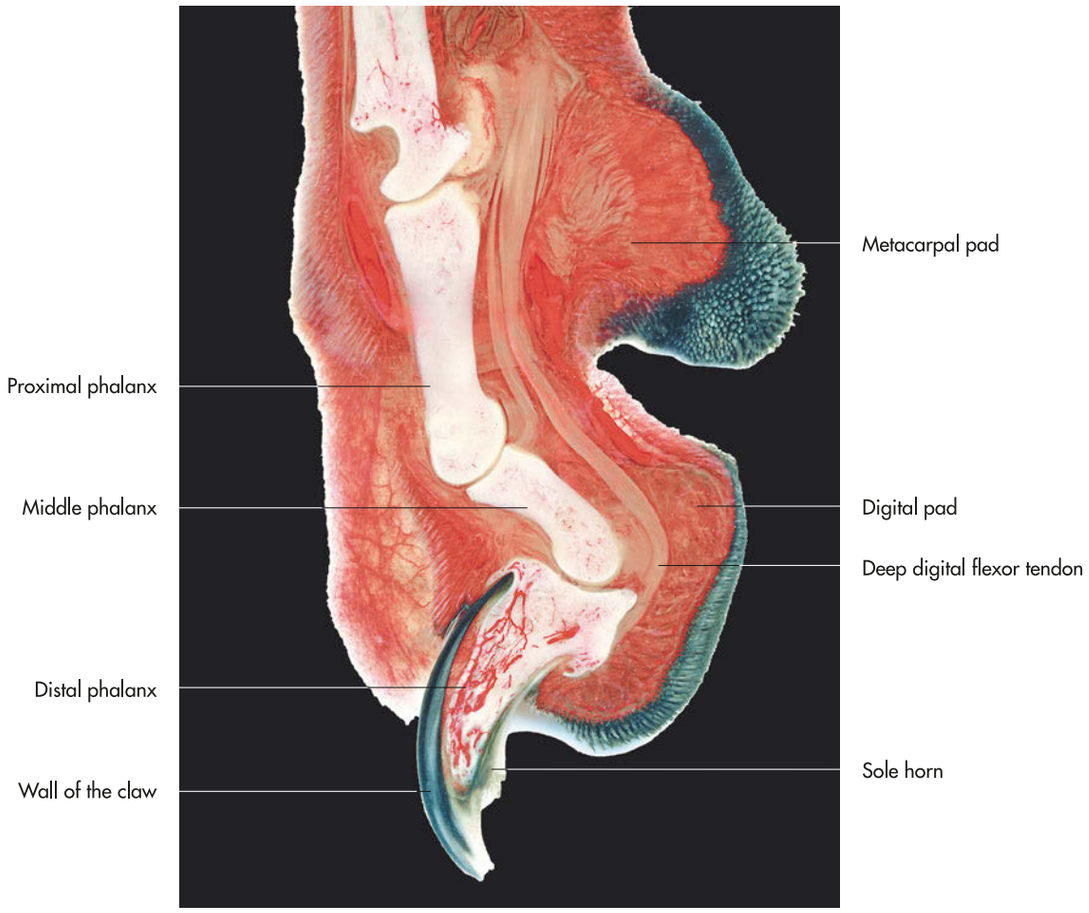


Fig. 19.45 Digit of a dog (transverse section, plastinate, vessels injected) (source: courtesy of H. Obermaier, Munich).

nerve, while innervation of the plantar aspect, including the digital pads, is provided by the **tibial nerve**. Pain receptors are integrated into the periosteum of the unguicular process and can be stimulated with a sharp instrument to test sensation during a neurological examination.

Feline claw

The anatomy of the feline claw follows that of the canine claw with some **species-specific exceptions**. The claw of the cat is laterally compressed, strongly curved and drawn out to a sharp point. It resembles a sickle, with a sharp inside curve and a blunt convex surface (▶ Fig. 19.48). Unlike dogs, cats use their claws as weapons and for initial prey contact. The characteristic clawing on trees, logs, furniture etc. is performed to sharpen the claws and to mark claws territory by sweat from the glands in the digital pads. Unlike the claw of the dog, the claws of the cat can be actively and fully retracted by **elastic ligaments into the claw fold**. This enables the cat to walk silently and without blunting the claws through ground contact.

Blood supply

Blood supply to the claw of the cat is in principle identical to that of the claw of the dog.

Lymphatics

Lymph of the thoracic limb drains to the **axillary lymph node**, lymph of the pelvic limb, to the **popliteal lymph node**.

Innervation

Thoracic limb

As in the dog, sensory innervation of the first digit of the cat is provided by the **radial nerve**, which also supplies the dorsal aspects of the second to fourth digits. Branches of the radial nerve may extend on the palmar aspect of these digits up to the level of the digital pad. The palmar aspect of the second to fourth digits is innervated by the **median nerve**, while the fifth digit is completely innervated by the **ulnar nerve**.

Pelvic limb

Innervation to the digits of the pelvic limb of the cat is in principle identical to that of the dog.

19.7.7 Hooves (ungula) of ruminants and pigs

Ruminants and pigs are classified as artiodactyles, indicating that they possess two weight-bearing digits on each foot. Similar to the claws of carnivores and the hoof in horses the distal phalanx is enclosed in a horny modification of the skin, the **hooves**. While

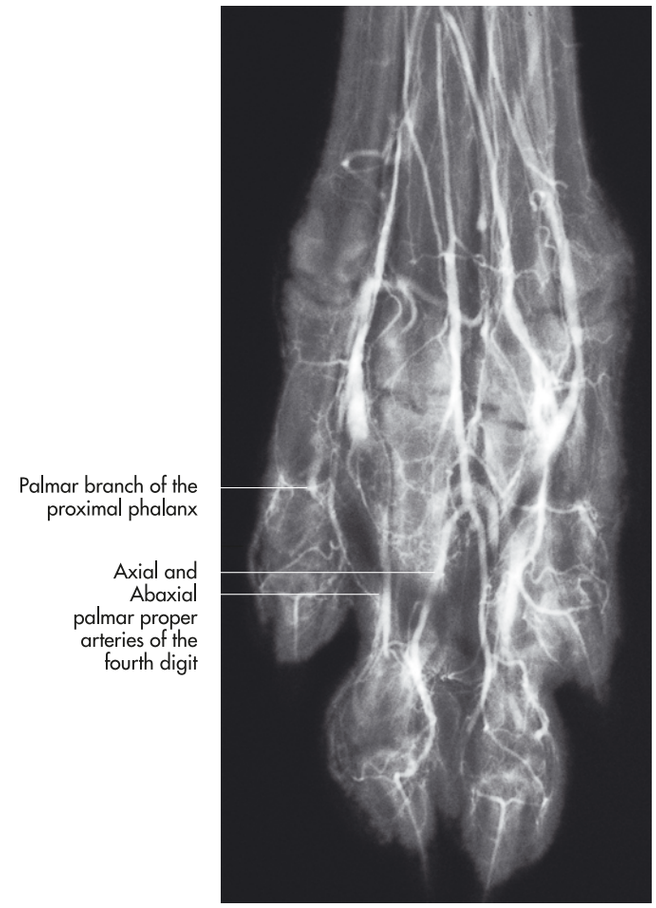


Fig. 19.46 Arteriogram of the paw of a dog (dorsopalmar projection).

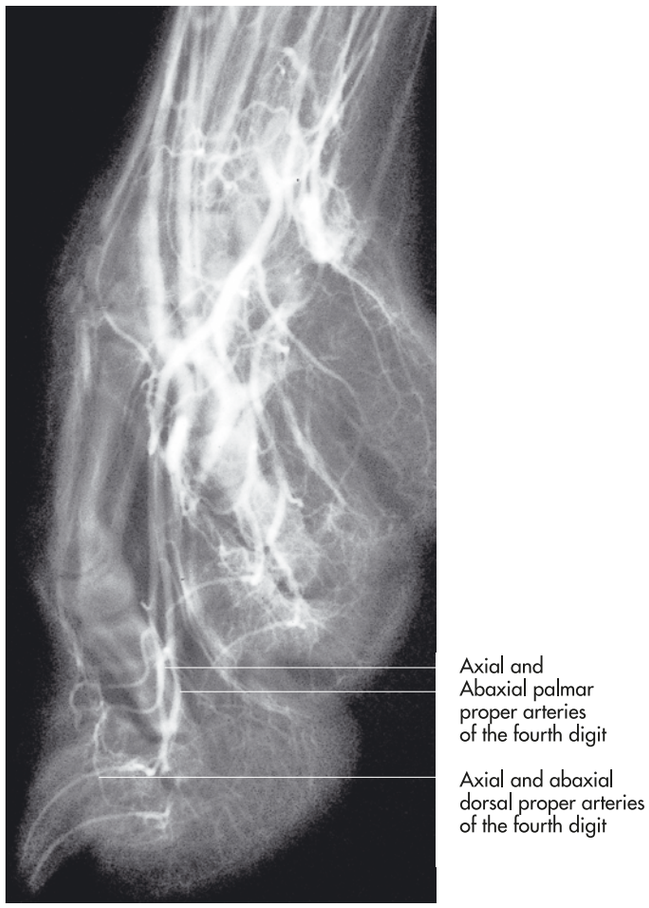


Fig. 19.47 Arteriogram of the paw of a dog (lateromedial projection).

the general anatomy of the hooves of these species follow the same principle, there are several species-specific characteristics. Phylogenetically the hooves of the artiodactyles have to be classified between the claw of carnivores and the hoof of the horse and are regarded as a special form of the hooves of ungulates, but are paired, unlike to the single hoof of the horse.

Clinical note

Diseases of the hooves, e.g. **laminitis**, are common in cattle and play an important role in herd health. Together with **fertility problems** and **diseases of the udder**, they account for considerable financial losses to the dairy and meat industry.

A good understanding of the anatomy and function of the hoof is a necessary prerequisite for successful prophylaxis, e.g. correct trimming, and treatment of hoof disease.

Definition

The term **hoof** is sometimes used for the horny enclosure of the distal phalanx only, while in other contexts it includes the horny appendage as well as the enclosed musculoskeletal structures. The latter definition is more appropriate, since all these structures form a functional unit. It comprises (▶ Fig. 19.50) the:

- distal part of the middle phalanx (os coronale),
- distal interphalangeal joint (articulatio interphalangea distalis) with its ligaments,
- distal phalanx (os ungulare),
- distal sesamoid (navicular) bone (os sesamoideum distale),
- terminal portion of the digital flexor tendons, that insert onto the flexor tubercle and extensor tendon, that insert onto the extensor process of the distal phalanx, and
- navicular bursa (bursa podotrochlearis) between navicular bone and the deep digital flexor tendon.

Bovine hooves (ungula)

Each limb has **two principal hooves** and **two dewclaws**. The principal digits (third and fourth) carry the principal hooves, which are separated from each other by the **interdigital space**. The dewclaws are carried by the rudimentary second and fifth digit, and are considerably smaller than the principal digits and in most cases comprise a middle and distal phalanx only. Dewclaws are attached to the proximal phalanx of the neighbouring principal digit by soft tissue. They do not make ground contact, and thus do not wear off and require regular trimming (▶ Fig. 19.49, ▶ Fig. 19.50 and ▶ Fig. 19.52).

Form of the hooves

The **hooves of the thoracic limb** are more rounded than those of the pelvic limb and have a wider interdigital space. The angle of the dorsal wall is about 50° to 55° in the front and 45° to 50° in

the back. The lateral hoof carries the greater share of the weight and is usually larger than the medial one, although this is not always the case in the hindlimb.

The **wall of the hoof** follows the shape of the distal phalanx and forms a **concave axial part** towards the interdigital space (pars axialis), a **convex abaxial part** (pars abaxialis) and the rounded **dorsal roof** (margo dorsalis) (▶ Fig. 19.49). The **sole** or **ground surface of the hoof** (facies solearis) is relatively flat, with a concave area axially that does not make ground contact. It is bordered by the inflected angle of the wall and blends with the apex of the bulb centrally (▶ Fig. 19.39). The hooves grow continuously and require regular trimming if not worn off.

Functions

The horny enclosure protects the digit from **mechanical**, **chemical** and **biological influences** of the environment. Its resistance against chemical and biological agents is of special importance when many animals are confined to a relatively small area, the flooring is not ideal and aggressive substances are constantly in direct contact with the hoof.

The hoof acts as **shock absorber** during locomotion. The forces to which limb is subjected are cushioned and diverted. The digital pads are incorporated within the hoof, and their thick subcutis form the bulb of the hoof. The pads act as **cushions** on which the animal walks. The hoof is complemented by the elastic epidermis, with which it forms a functional unit. Another shock-absorbing mechanism is the possibility of the hooves of the same limb to **move apart** when the foot contacts the ground.

However, the **distal interdigital ligament** limits this movement to a physiological degree. The attachments of the epidermis of the hoof to the distal phalanx divert the forces onto the skeletal structures. This is similar to the hoof mechanism in horses, but not as effective. In cattle 40 to 60% of the sole and bulb contact the ground, while in the horse only the rim of the sole, the frog and the bulbs contact the ground. In non-domestic animals, hooves are also used for digging and scraping and as weapons.

Segments of the hoof

Corresponding to the claw of carnivores and the hoof of the horse, the hoof of artiodactyles can be divided into several segments. Segmentation is based on the architecture and organisation of the modification of the layers of the common integument. The following **five segments** can be distinguished (▶ Fig. 19.51 and ▶ Fig. 19.52):

- perioplic segment (limbus),
- coronary segment (corona),
- wall segment (paries),
- sole segment (solea) and
- digital pad or bulb (torus ungulae).

Macroscopically the different segments can be separated most easily by looking at the surface of the dermis after removal of the epidermal horny hoof capsule.

Perioplic segment

Abaxially the perioplic is directly adjacent to the hairy skin, while axially it merges with the perioplic of the other principal hoof. It provides a narrow strip (about 1 cm) dorsally that widens palmarly and plantarly.



Fig. 19.48 Claw of a cat (lateral aspect).

The **underlying subcutis** (tela subcutanea limbi) of the perioplic is thickened to form the slightly protruding perioplic cushion (pulvinus limbi) dorsally and axially. This thickening broadens palmarly and plantarly, where it merges with the bulb (▶ Fig. 19.51 and ▶ Fig. 19.52).

The **perioplic dermis** (dermis limbi) is divided abaxially from the hairy skin by a shallow groove, while the border towards the coronary segment is marked by a crest, which is especially distinct abaxially. This crest is characteristic for the bovine hoof. The surface of the perioplic dermis carries 1- to 2-mm-long, narrow papillae that are directed distally.

The **perioplic epidermis** (epidermis limbi) has a tubular structure. The soft, crumbly horn produced by the epidermis slides distally over the coronary segment and is worn off rapidly and covers only the proximal third of the hoof wall (▶ Fig. 19.50). It is thought to have a function in the regulation of the water content of the proximal hoof segments.

Coronary segment

The coronary segment extends from the perioplic segment distally to about the middle of the hoof wall. It is about 2.5 cm wide dorsally and narrows to about 1 to 1.5 cm axially and to about 0.5 cm abaxially (▶ Fig. 19.51). The coronary subcutis is modified to form the slightly protruding **coronary cushion** (pulvinus coronae).

The **coronary dermis** (dermis coronae) carries delicate papillae with conical endings. They are orientated perpendicular to the surface of the dermis at their origin, but have a distal orientation later.

The **coronary epidermis** (epidermis coronae) corresponds to the surface of the coronary dermis by forming delicate horn tubules. They are longest in diameter in the middle part of the coronary segment, smaller to the outside and very small or with no horn tubules in the innermost layer. The extremely hard and resistant coronary horn constitutes the middle layer of the wall of the hoof, thus comprising the largest part of the hoof (▶ Fig. 19.51

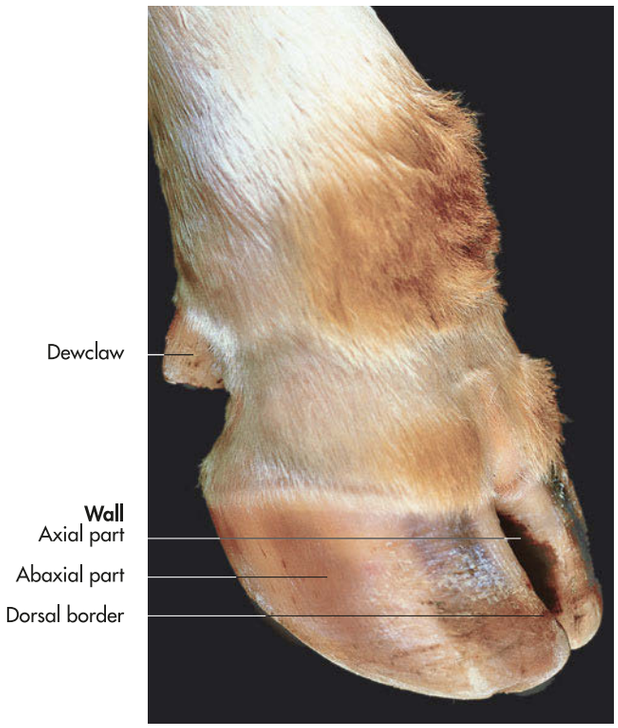


Fig. 19.49 Hooves of the thoracic limb of an ox.

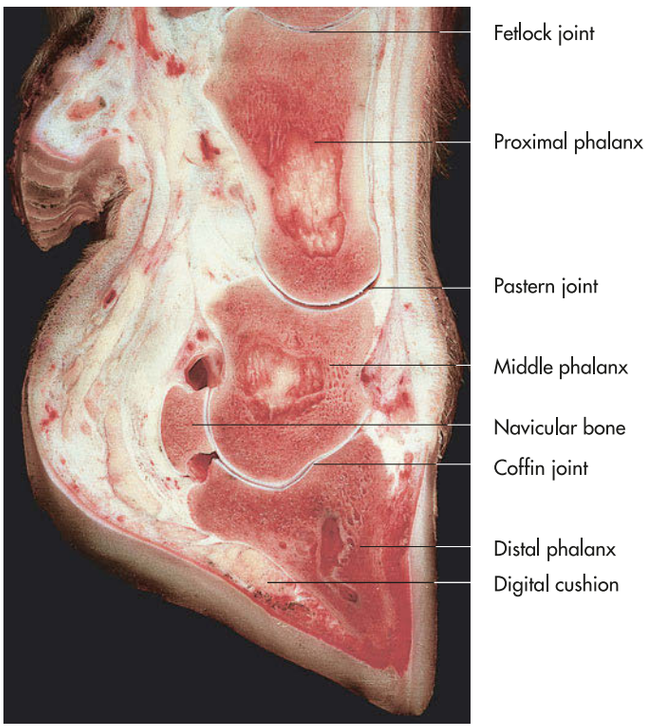


Fig. 19.50 Sagittal section of the lateral principal and dewclaw of the thoracic limb of an ox.

and ▶ Fig. 19.53). The distal part of the coronary horn helps form the outer part of the sole (margo solearis).

The **coronary horn** is marked by prominent ridges that run parallel with the coronary border. On the palmar/plantar aspect of the hoof the coronary horn is covered by the bulb horn (▶ Fig. 19.52). The coronary horn has distinct grooves towards the interdigital space.

The **coronary epidermis** forms the **hardest horn** of the bovine hoof, which is twice as hard as the coronary horn of the equine hoof. The coronary grows about 4 to 8 mm per month, depending on breed, age and nutrition.

Wall segment

The wall segment is covered by the thick coronary horn, which forms distally. It is bordered proximally by the coronary horn and extends distally to the sole, where it forms a sharp lateromedial inflection, which is less distinct on the palmar/plantar aspect than dorsally (▶ Fig. 19.51). The wall segment joins the wall to the sole and is visible on the sole as the **white line** (zona alba) (▶ Fig. 19.52). There is no subcutis developed in the wall segment and the dermis is directly adherent to the periosteum of the underlying bone. The **dermis of the wall segment** (corium parietis) has a laminar structure. Unlike in the hoof of the horse the laminae (lamellae dermales) do not carry secondary lamellae, but carry very delicate, short, hook-shaped papillae on the crest of their distal third. Some papillae are also present in the proximal third of the lamina. The terminal parts of the laminae take a sharp turn towards the sole and merge with the sole dermis. They carry long, distinct terminal papillae on their endings.

The **epidermis** (epidermis parietis) **of the wall segment** forms laminae (lamellae epidermales) that interdigitate with those of the dermis (▶ Fig. 19.53). Only the centre of the epidermal laminae is originally cornified. The interdigitating arrangement of the epidermis and dermis and the lack of a subcutis provide a very resistant junction between the horn of the hoof and the distal phalanx. Since the forces, to which the bovine hoof are submitted are considerably less than those of the equine hoof, no secondary lamellae have developed. Moulded on the crest and terminal papillae of the dermis, the epidermis forms **tubular horn** around these structures. These horn formations are called the crest or terminal horn, respectively, and are part of the **white line** (▶ Fig. 19.51).

Latest research results have shown that the epidermis of the wall segment is characterised by a high growth rate, which is made possible by the increase in surface through the development of papillae. This contradicts the former belief that the epidermis of the wall does not contribute to horn formation.

White line (zona alba)

The horn of the sole is separated from that of the wall by the so-called **white line** (▶ Fig. 19.52). It is part of the wall segment and consists of the **laminar horn** and the **tubular horn** formed by the epidermis over the crest and the terminal papillae. The spaces between the proximal lamina are filled by crest horn in the wall region, while the terminal horn fills the distal space between the laminae towards the sole (▶ Fig. 19.50). The composition of the epidermal horn by **three different horn structures** results in the three-layered appearance of the white line. The outermost, thin

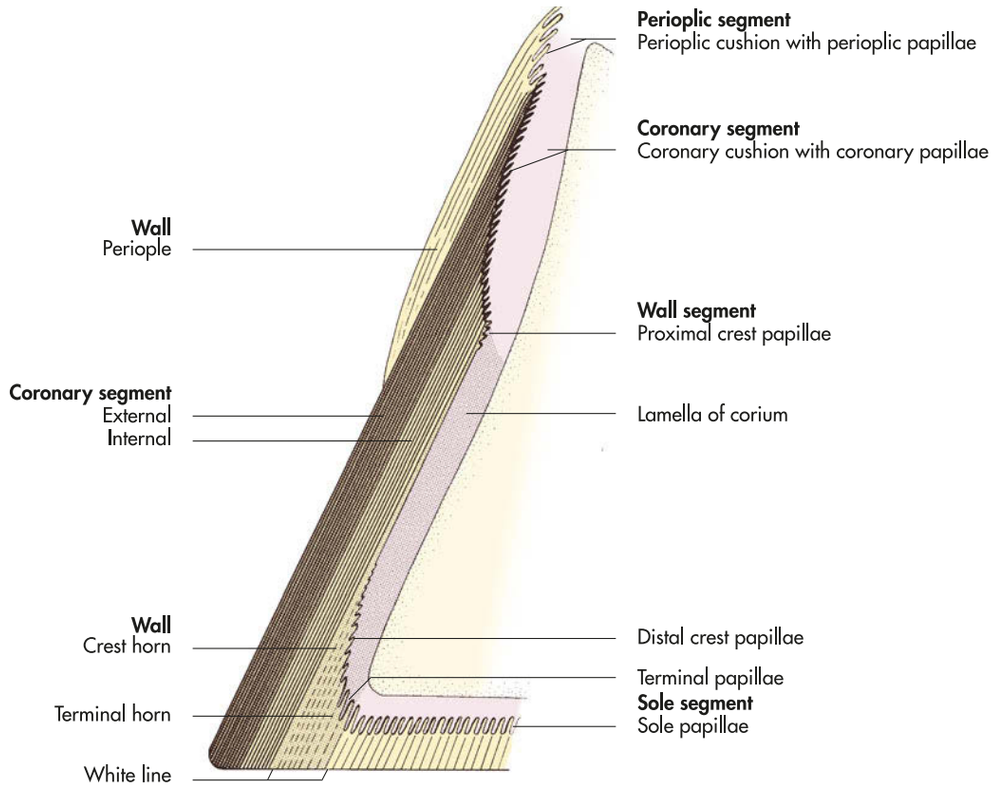


Fig. 19.51 Perioplic, coronary, wall and sole segments of the principal bovine hoof (schematic).

layer is adjacent to the coronary horn and is easily distinguished from the surrounding horn by its lighter colour. The middle part of the white line is formed by the horn laminae and the crest horn filling the spaces between the laminae. The terminal horn fills the spaces between the distal ends of the laminae towards the sole and forms the innermost layer of the white line.

The **width of the white line** is determined by the height of the horn laminae and is about 4 to 5 mm in the tip of the toe. Due to the alternating arrangement of crest and terminal horn the white line appears to have stripes. The crest and terminal horn of the white line tend to crumble away, especially in animals in which hoof care is neglected. The resulting spaces provide an area of weakness that permits access for microbes to the white line and can lead to an in infection of the dermis.

The white line of the hooves of artiodactyles can be divided into an **axial** and an **abaxial part** (▶ Fig. 19.52). The axial part extends from the apex of the hoof palmarly/plantarly following a concave course parallel to the margin of the sole. Its terminal part courses towards the margin and finally arches axially and dorsally in the middle of the sole surface to end at the junction of the coronary, wall and bulb segments. The abaxial part follows a convex course along the margin of the sole to deflect axially for about 5 to 8 mm into the bulb segment.

Sole segment

The sole segment is confined within the white line on the sole surface of the hoof. It consists of a **body** (corpus soleae) and **two narrow crura** (crura soleae axiale et abaxiale), which extend from the body palmarly/plantarly. These crura end shortly before the termination of the axial and abaxial parts of the white line (▶ Fig. 19.36 and ▶ Fig. 19.52).

The sole segment forms a **flat surface** and contributes to the weight-**bearing surface of the hoof** (▶ Fig. 19.39). Centrally the sole blends imperceptibly with the apex of the bulb. On visual and palpatory observation no distinction between the horn of the sole segment and the bulb segment is possible. Microscopically they are easily distinguished by the absence of a subcutis in the sole segment.

The **sole dermis** is characterised by low laminae, which are in direct continuation with the deflected ends of the laminae of the wall segment. The laminae carry long, stout papillae that are arranged in rows and at a 40° inclination towards the toe.

The **epidermis** forms horn tubules corresponding to the dermal papillae of a strikingly large diameter. These large tubules are visible macroscopically in the well-trimmed hoof. The growth rate of the hard sole horn is low, and horn migrates slowly towards the toe, following the orientation of the dermal papillae.

Digital pad

The bulb provides the caudal part of the hoof and complements the sole segment in forming the ground surface of the hoof, where its apex insets into the crura of the sole segment. It is the chief weight-bearing part. Palmarly/plantary it is bordered by haired skin. Based on structure and function, the bulb can be divided into **proximal** (pars proximalis) and **distal parts** (pars distalis). The proximal part is also called **base** (basis tori), the distal part, **apex of the bulb** (apex tori) (▶ Fig. 19.52).

The **base of the bulb** extends from the hairy skin to an imaginary line drawn between the ends of the axial and abaxial parts

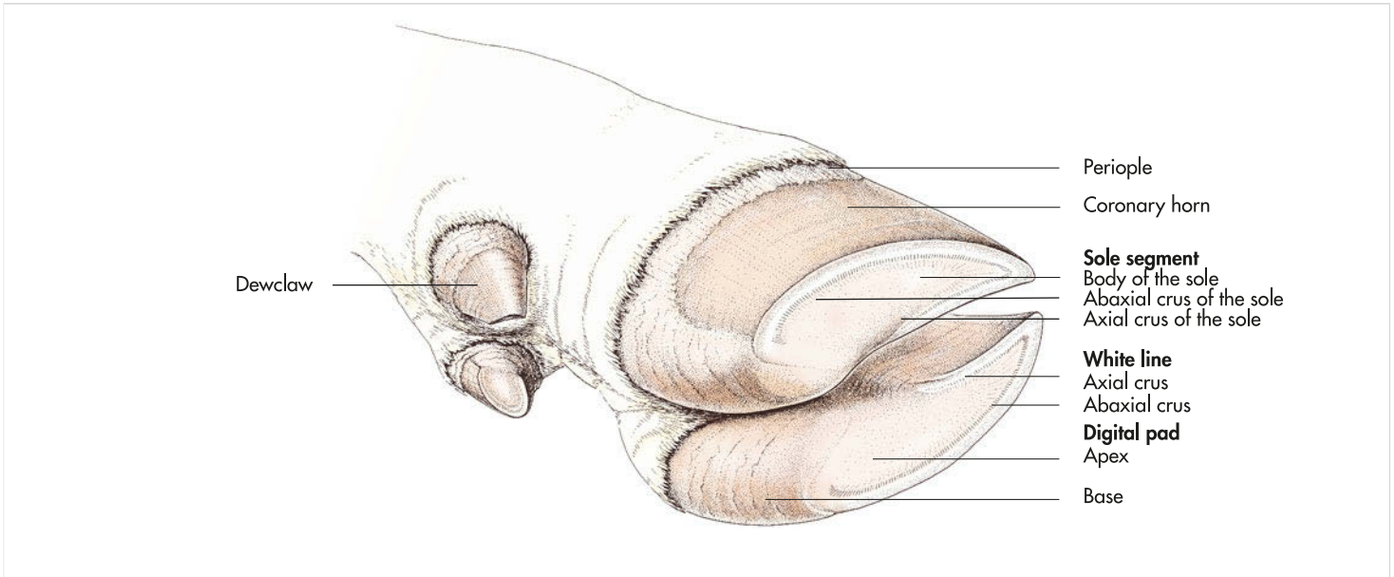


Fig. 19.52 Ground surface of the principal hooves and dewclaws of the ox, showing the white line (schematic).

of the white line. It forms the non-weight-bearing palmar/plantar part of the bulb and the part of the weight-bearing ground surface. Axially it is adjacent to the non-hairy skin of the interdigital cleft and at the end of the axial part of the white line to the perioplic, coronary and wall segments. Abaxially it is bordered from proximal to distal by the perioplic, coronary and wall segments.

The **apex of the bulb** inserts into the crura of the sole and reaches the apically located body of the sole (▶ Fig. 19.52).

The **subcutis** (tela subcutanea tori) is modified to form the **well-developed digital cushion** (pulvinus digitalis). The digital cushion consists of a mixture of collagenous and elastic fibres interspersed with adipose tissue. It is thickest (about 2 cm) beneath the proximal part of the bulb, where it extends over the whole width of the bulb. Its thickness gradually decreases towards the toe, where it measures about 5 mm when it reaches the sole segment (▶ Fig. 19.50). Its multi-chambered structure complements the elastic horn of the bulb in functioning as shock absorber.

The **dermis of the bulb segment** (dermis tori) forms low laminae, which carry small papillae. They are not linear in the proximal part and follow a wave-like course. In the distal part they are higher and show a linear arrangement. Strong, **cone-shaped papillae** (papillae coriales) project perpendicularly from the dermis and are arranged in whorls. In the distal part, they show a more apical inclination. The **epidermis of the bulb** (epidermis tori) forms tubular horn. The horn tubules differ in form, diameter, arrangement and inclination. In the proximal part cornification follows the soft type and the resulting horn has an elastic, rubber-like consistency.

The **surface of the horn** is marked by fissures which are especially distinct in animals in which hoof care is neglected. **Bulbar horn grows** in layers and tends to flake when allowed to build up. The multiple layered structure continues onto the interdigital wall and the coronary horn axially and the perioplic horn abaxially. The proximal part shows a considerable growth rate of up to 12 mm per month. If not worn off as in animals kept on a soft surface, the horn grows over the distal part of the bulb (sole horn overgrowth) and can lead to severe deformities.

The deformed hoof leads to an overload of certain structures such as the flexor tendons and to an increase in the load of the dermis, which is a predisposing factor in the aetiopathogenesis of pododermatitis.

The **cornification of the horn** of the distal part of the bulb follows the hard type and the resulting horn is considerably harder than that of the proximal part. The axial margin of the distal bulb does not contribute to the weight-bearing surface because of its slight concavity. The abaxial part is flat and contacts the ground over its whole length. In this area the parallel arrangement of the horn layers is indistinct.

Clinical note

Predisposed locations for diseases of the bovine hoof even in the well tended hoof, there are certain locations, which are predisposed to diseases. Before deeper structures become affected, infectious agents must penetrate the horn layers. One of these predisposed sites is the border between the proximal and the distal parts of the bulb, where horn of different resistance merge. Due to the different characteristics of the material, loading causes the formation of minute tears, which may act as starting points for larger fissures that provide access to infection which may then destroy the dermis and deeper structures.

The white line is another point of weakness in the bovine hoof. The heterogeneity of the horn components and the wide tubular medulla predispose the white line to ascending infections (e.g. **white line disease**).

Blood supply

Arteries

The **main supply** to the hooves is provided by the **palmar/plantar digital arteries of the two principal digits** (aa. digitales palmares/plantares propriae axiales et abaxiales III et IV (▶ Fig. 19.54 and ▶ Fig. 19.55). They are complemented by the **dorsal digital**



Fig. 19.53 Horn shoe of an ox (part of the abaxial wall removed).

arteries (aa. digitales dorsales propriae axiales et abaxiales III et IV). The palmar digital arteries of the thoracic limb arise from the palmar common digital artery III (a. digitalis palmaris communis III), the continuation of the median artery. In the pelvic limb, the plantar digital arteries arise from the plantar common digital artery III and receive blood from a branch (ramus perforans distalis III) of the dorsal metatarsal artery III (a. metatarsea dorsalis III) (▶ Fig. 19.56).

The dorsal and plantar arteries are interconnected by interdigital arteries (aa. interdigitales).

The **smaller abaxial artery** passes to the bulbar region, where it extends 3 to 4 branches to the bulb (rami tori). These branch out and form an arterial network within the dermis of the bulb and the digital cushion. A larger palmar/plantar branch passes over the bulb distally to arborise in the sole segment. A coronary branch extends on the abaxial aspect of the bulb to the coronary segment, where it anastomoses with the coronary arteries. Another branch passes apically and supplies the dermis of the abaxial parts of the wall and sole segments. It anastomoses with branches of the terminal arch.

The **axial digital artery** is considerably larger than its abaxial counterpart. It follows the axial and dorsal contours of the hoof. Shortly after its origin, it detaches a branch to the **bulb** (ramus tori digitalis), which joins the branches of the abaxial artery in the formation of the bulbar arterial network. Further distal, the axial digital artery sends a larger branch to the **sole segment** (ramus palmaris/plantaris). At the level of the distal border of the middle phalanx arises the **coronary artery** (a. coronalis), which divides into deep and superficial branches to provide the blood supply to the coronary segment.

The **axial digital artery** continues as the artery of the distal phalanx, which enters the distal phalanx on its axial surface. It extends almost to the apex of the distal phalanx, where it changes direction and turns back to the palmar/plantar end of the distal phalanx, and exits from the bone through the sole foramen. Within the bone the palmar/plantar abaxial and axial arteries anastomose to form the **terminal arch** (arcus terminalis), from which numerous branches are released. These branches form multiple anastomoses and leave the bone to provide the dermis of the wall and sole as well as parts of the coronary and bulbar dermis. From the terminal arch extends a stronger dorsal branch which anastomoses with the coronary artery. Several arteries pass to the apex of the hoof and the margin of the sole, where they form arc-like **anastomoses** (a. marginis solearis).

This extensive arterial network guarantees an optimal supply to the dermis of the hoof, from which the avascular dermis is supplied by diffusion.

Veins

Blood drains from the capillary beds into the **venous network** of the wall and sole dermis or into a separate superficial network. These networks are drained by a multitude of smaller veins that open in the **dorsal digital vein** (v. digitalis dorsalis propria axialis) or in the **axial or abaxial palmar/plantar digital veins** (v. digitalis palmaris/plantaris propria III et IV axiales et abaxiales). The venous networks within the wall and sole dermis are drained via the abaxial and axial veins (▶ Fig. 19.56 and ▶ Fig. 19.57).

The blood of the **superficial** and **deep networks** of the coronary region is drained by all three digital veins. The blood from the well-developed bulbar network is drained by numerous veins, which open into the abaxial digital palmar/plantar vein. One of the venous branches of the bulbar segment anastomoses with the corresponding branch of the other hoof in the interdigital space. The rather indistinct venous network of the distal phalanx drains into the axial digital palmar/plantar vein. The veins of these networks are equipped with numerous valves.

The **complex venous system** of the hooves is of functional importance to maintain a well-balanced perfusion through the entire hoof. Venous valves and changing pressure promote backflow of the blood. Another important factor is the large number of anastomoses between the arterial and the venous sides of the blood flow. **Venous drainage of the coronary border** is brought about by the axial and abaxial superficial coronary veins, which drain into the dorsal branch of the middle phalanx. This branch

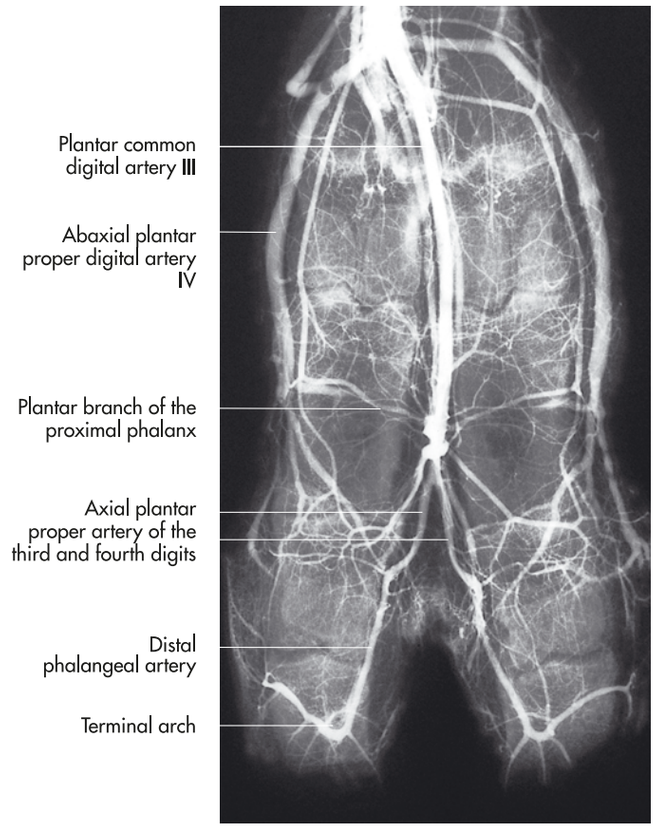


Fig. 19.54 Arteriogram of the pelvic digits of an ox (dorsoplantar projection).

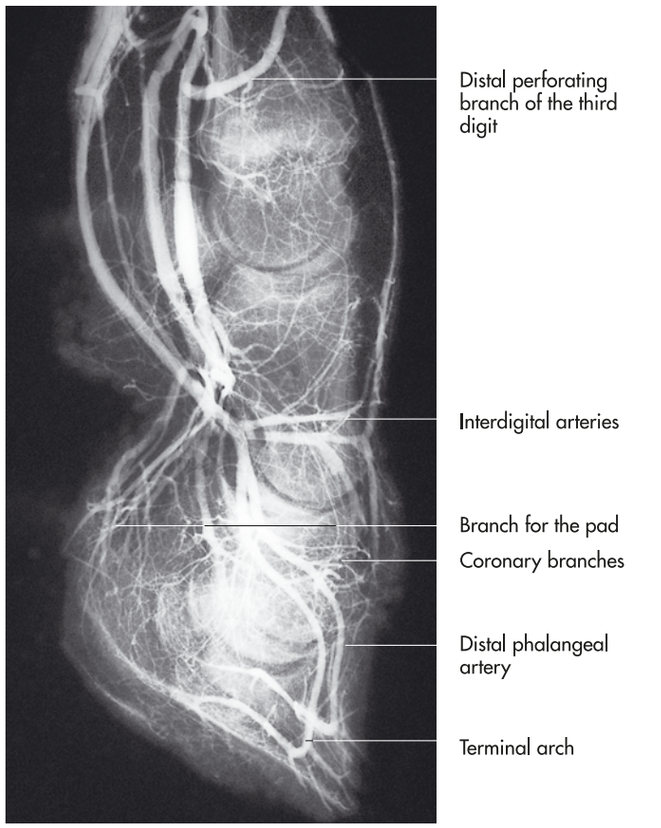


Fig. 19.55 Arteriogram of the pelvic digits of an ox (lateromedial projection).

opens into the dorsal axial digital vein, which in turn drains into the common dorsal digital vein III.

The palmar digital axial veins III and IV open into the interdigital vein, an anastomosis between the common dorsal and palmar/plantar digital veins III.

Lymphatics

Lymph from the hooves of the thoracic limb drains to the **superficial cervical lymph node**, while the lymph from the pelvic limb drains to the **deep popliteal lymph node**.

Innervation

Thoracic limb

The palmar nerves of the foot are provided by the **median nerve** and by the palmar branch of the **ulnar nerve**. The dorsal nerves arise from the superficial branch of the **radial nerve** and the dorsal branch of the **ulnar nerve** (▶ Fig. 19.57).

On the palmar aspect are **three palmar common nerves**, which all bifurcate at the level of the fetlock (metacarpophalangeal) joint. The palmar common digital branch III is often duplicated, but both branches unite on entering the interdigital space.

There are **three dorsal common digital nerves**. The common dorsal digital nerve IV bifurcates at the dorsolateral aspect of the fetlock joint, the common dorsal digital nerve II on the dorsomedial aspect of the fetlock joint, and the common dorsal digital nerve III on entering the interdigital space.

The **bovine hooves of the thoracic limb** are supplied by the following **nerves** and their **branches**:

- **palmar nerves** with:
  - palmar common digital nerve II (n. digitalis palmaris communis II),
  - axial palmar proper digital nerve II (n. digitalis palmaris proprius II axialis) for the dewclaw,
  - abaxial palmar proper digital nerve III (n. digitalis palmaris proprius III abaxialis) for the medial claw and the bulb,
  - palmar common digital nerve III (n. digitalis palmaris communis III),
  - axial palmar proper digital nerve III (n. digitalis palmaris proprius III axialis),
  - axial palmar proper digital nerve IV (n. digitalis palmaris proprius IV axialis),
  - palmar common digital nerve IV (n. digitalis palmaris communis IV),
  - abaxial palmar proper digital nerve IV (n. digitalis palmaris proprius IV abaxialis) and
  - axial palmar proper digital nerve V (n. digitalis palmaris proprius V axialis) for the lateral dewclaw;
- **dorsal nerves** with:
  - dorsal common digital nerve II (n. digitalis dorsalis communis II),
  - axial dorsal proper digital nerve II (n. digitalis dorsalis proprius II axialis),
  - abaxial dorsal proper digital nerve II (n. digitalis dorsalis proprius II abaxialis),
  - dorsal common digital nerve III (n. digitalis dorsalis communis III),

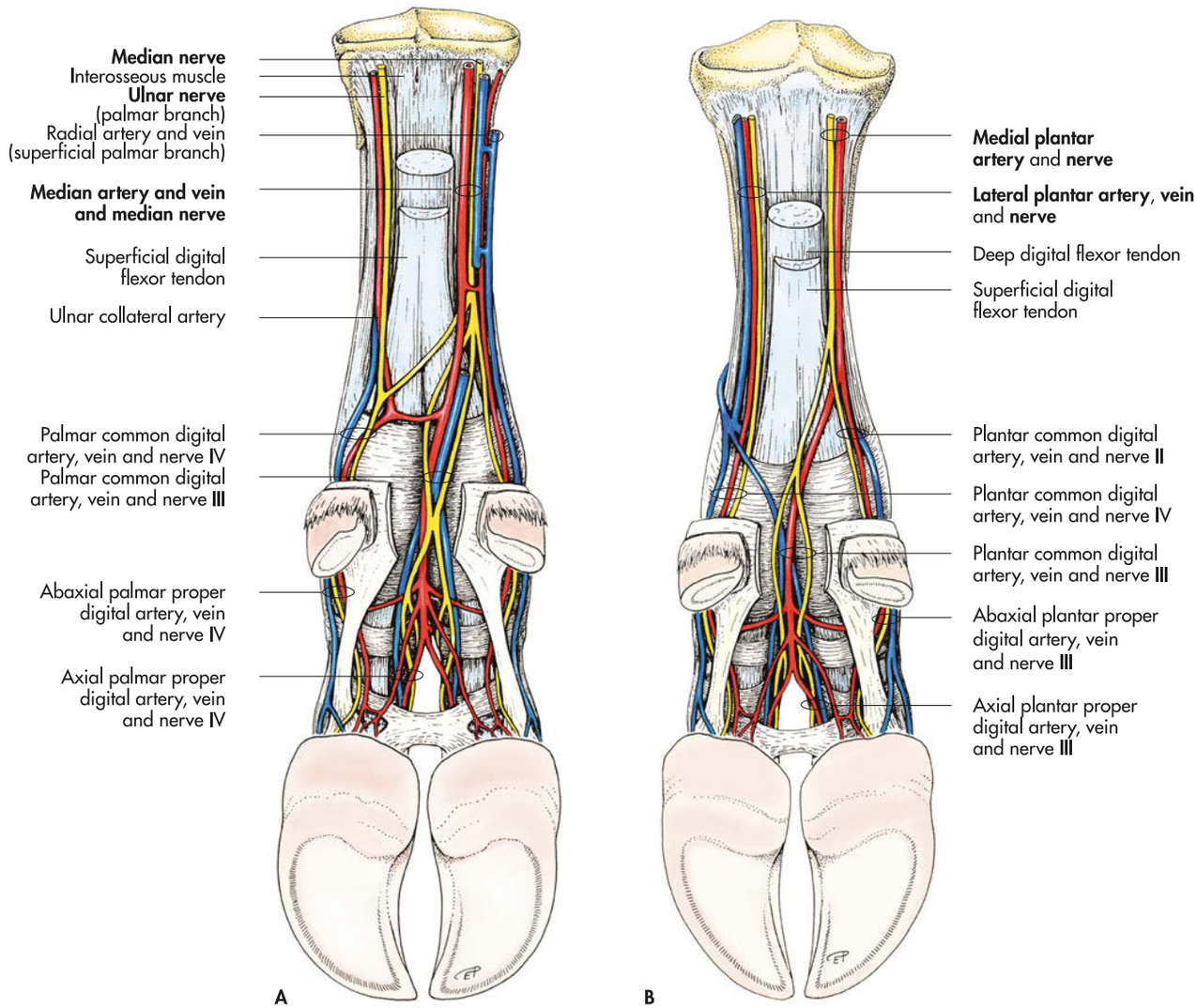


Fig. 19.56 Blood vessels and nerves of the fore- and hindlimbs of the ox: **(A)** palmar and **(B)** plantar aspect (source: Fiedler A, Maierl J, Nuss K. Erkrankungen der Klauen und Zehen des Rindes. Stuttgart: Schattauer; 2004).

- axial dorsal proper digital nerve III (n. digitalis dorsalis proprius III axialis),
- axial dorsal proper digital nerve IV (n. digitalis dorsalis proprius IV axialis),
- dorsal common digital nerve IV (n. digitalis dorsalis communis IV),
- abaxial dorsal proper digital nerve IV (n. digitalis dorsalis proprius IV abaxialis) for the coronary and bulb segments of the lateral principal digit, and
- axial dorsal proper digital nerve V (n. digitalis dorsalis proprius V axialis) for the lateral dewclaw.

Pelvic limb

The plantar nerves of the hind feet are branches of the **tibial nerve**; the dorsal nerves are provided by the **superficial** and **deep fibular nerves** (▶ Fig. 19.57). Corresponding to the bovine thoracic limb there are **three dorsal and three plantar common digital nerves**, which bifurcate proximal to the fetlock joint:

- **plantar nerves** with:
  - plantar common digital nerve II (n. digitalis plantaris communis II),
  - axial plantar proper digital nerve II (n. digitalis plantaris proprius II axialis) for the medial dewclaw,
  - abaxial plantar proper digital nerve III (n. digitalis plantaris proprius III abaxialis) for the medial hoof and bulb of the third digit,
  - plantar common digital nerve III (n. digitalis plantaris communis III),
  - axial plantar proper digital nerve III (n. digitalis plantaris proprius III axialis) for the interdigital space and the bulb of the third digit,

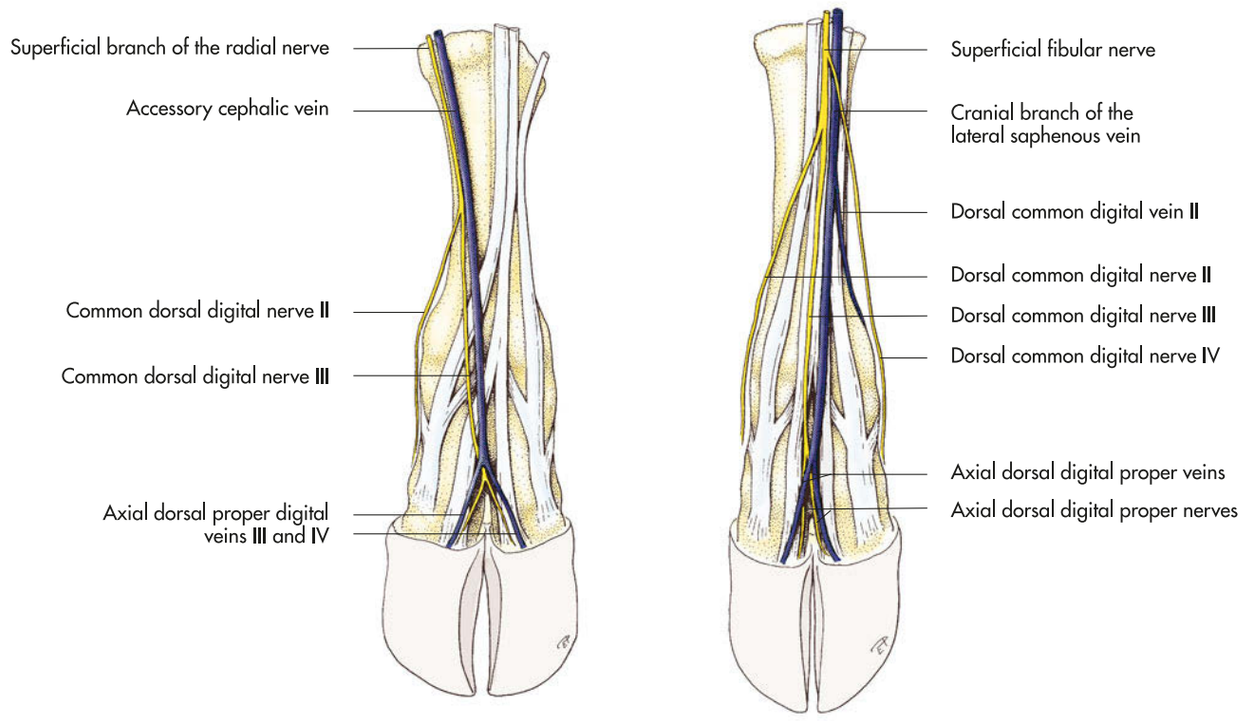


Fig. 19.57 Dorsal digital veins and nerves of the left thoracic and pelvic foot of an ox (schematic).

- plantar common digital nerve III (n. digitalis plantaris communis III),
- axial plantar proper digital nerve III (n. digitalis plantaris proprius III axialis) for the interdigital space and the bulb of the third digit,
- axial plantar proper digital nerve IV (n. digitalis plantaris proprius IV axialis) for the interdigital space and the bulb of the fourth digit,
- plantar common digital nerve IV (n. digitalis plantaris communis IV),
- abaxial plantar proper digital nerve IV (n. digitalis plantaris proprius IV abaxialis) and
- axial plantar proper digital nerve V (n. digitalis plantaris proprius V axialis);

• **dorsal nerves** with:

- dorsal common digital nerve II (n. digitalis dorsalis communis II),
- axial dorsal proper digital nerve II (n. digitalis dorsalis proprius II axialis),
- abaxial plantar proper digital nerve II (n. digitalis dorsalis proprius II abaxialis),
- dorsal common digital nerve III (n. digitalis dorsalis communis III),
- axial dorsal proper digital nerve III (n. digitalis dorsalis proprius III axialis),
- axial dorsal proper digital nerve IV (n. digitalis dorsalis proprius IV axialis),
- dorsal common digital nerve IV (n. digitalis dorsalis communis IV),
- axial dorsal proper digital nerve V (n. digitalis dorsalis proprius V axialis) and
- abaxial dorsal proper digital nerve IV (n. digitalis dorsalis proprius IV abaxialis) for the dorsolateral part of coronary and bulb segments of the fourth digit.

Hoof (ungula) of small ruminants

The **basic anatomy of the hooves** of small ruminants is similar to that of the bovine hoof and features the same segments. There are some **species-specific differences** with regard to the shape and structure of the hoof (▶ Fig. 19.58).

The **angle of the wall** is steeper in small ruminants compared to cattle and measures about 50 to 70° in sheep and 60 to 70° in goats, depending on the breed. In relation to the length of the wall, the whole hoof is narrower. The wall is very thin, laterally compressed and sharply flexed upon itself, forming a very narrow dorsal back of the hoof. The tip of the toe is bent inward towards the interdigital space, creating a concave axial and a convex abaxial surface. In animals in which hoof care is neglected, the horn of the wall overgrows the sole distally and turns back to grow over the ground surface.

The **horn of the wall**, especially in some goat breeds, is of a harder consistency than that of cattle, resulting in very resistant hooves. The **subcutis of the perioplic** and **coronary segments** is modified to form a distinct pad on the abaxial side, especially in the goat.

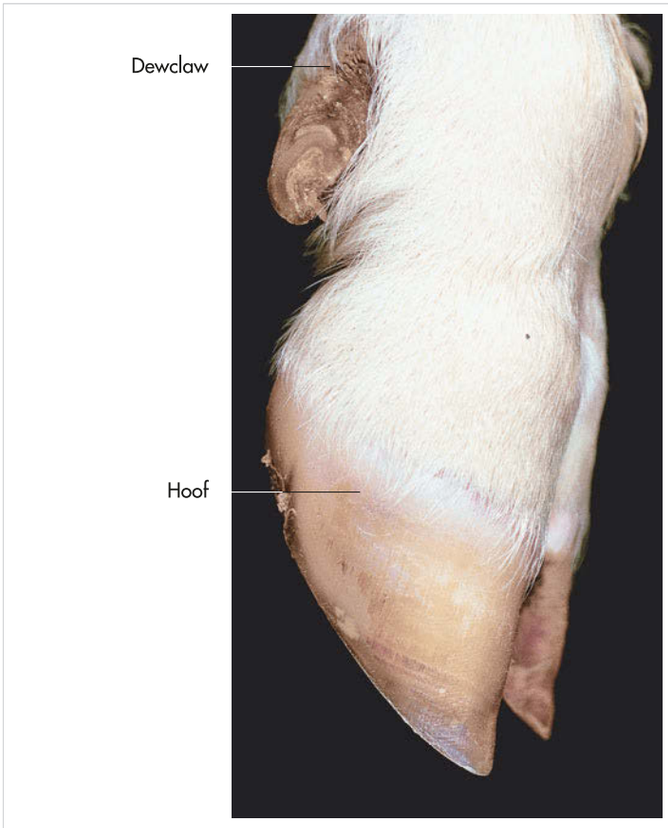


Fig. 19.58 Thoracic foot of a sheep.

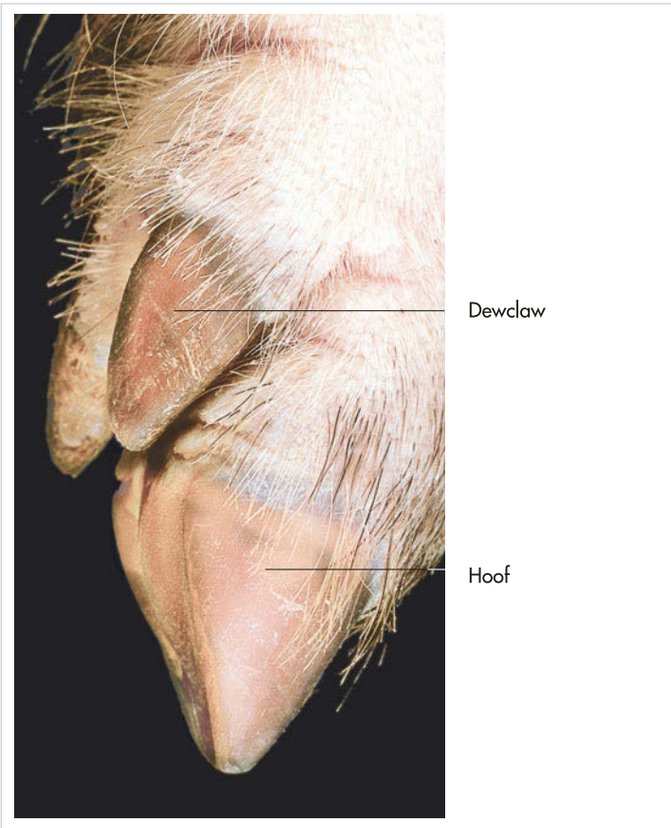


Fig. 19.59 Thoracic foot of a pig.

The major part of the ground surface is formed by the soft, elastic horn of the proximal part of the bulb and thus predominates over the harder horn of the distal bulb and the sole segment. The **dewclaws** of the small ruminants do not have skeletal components and are connected to the main digits only by soft tissue.

Blood supply and innervation

Blood supply and innervation of the hooves of small ruminants is similar to that of the bovine hoof with some minor species-specific variations with regard to the exact course and branches of the vessels and nerves.

Hoof (ungula) of the pig

The **anatomy of the hooves** of the pig is similar to that of ruminants (▶ Fig. 19.59). However, the phylogenetic reduction of the digits is not quite as advanced in the pig as in ruminants. The accessory digits are caudal to the principal ones and have a full complement of bones, unlike the rudimentary dewclaws of ruminants. The **skeleton of the dewclaws** is joined to the principal hooves by formation of a real joint. The lateral dewclaw is usually longer than the medial one and the dewclaws in the hind limb are located more proximally than those of the fore limb. Due to their reduction in length, the dewclaws do not have contact to the ground while the animal is standing on a hard surface, but bear weight on soft ground.

The **hooves** are straight and have a bulb that is set apart from the wall and sole. The bulb protrudes distally, so that the soft horn of its palmar/plantar part takes over the palmar/plantar half of the ground surface. The dorsal half of the ground surface is formed by the distal part of the bulb segment and the sole segment. The junction between the soft horn of the palmar/plantar part and the hard horn of the distal part of the bulb is predisposed to fissures within the horn. This problem usually occurs in animals kept on concrete and can lead to severe hoof problems.

Blood supply and innervation

Blood supply and innervation of the hooves of the pig is similar to that of the bovine hoof with some minor species-specific variations with regard to the exact course and branches of the vessels and nerves.

19.7.8 Equine hoof (ungula)

The **digital skeleton** of the horse is reduced to one ray, the **third digit**, which carries the hoof. Some individuals may be born with an additional second or fourth digit (**polydactylism**), which is usually shorter then the principal digit and does not contact the ground. Reduction of the skeleton to one weight-bearing structure puts the third digit under considerable mechanical force. The integrity and condition of the hoof is essential to the horse.

Definition

The **term hoof** is sometimes used for the horny enclosure of the distal phalanx only, while in other contexts it includes the horny appendage as well as the following enclosed musculoskeletal structures (▶ Fig. 19.61):

- distal part of the middle phalanx (os coronale),



Fig. 19.60 Foot of a horse (lateral aspect).

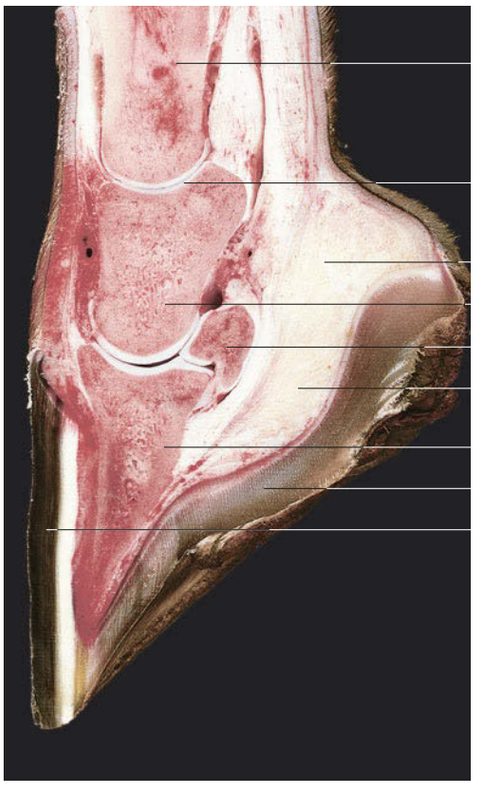


Fig. 19.61 Sagittal section of the foot of a horse.

- the distal interphalangeal joint (articulatio interphalangea distalis),
- distal phalanx (os ungulare),
- lateral and medial hoof cartilage (cartilago ungularis medialis et lateralis),
- distal sesamoid (navicular) bone (os sesamoideum distale) with the terminal portion of the deep digital flexor tendon and
- navicular bursa (bursa podotrochlearis).

Shape of the hoof

In the **newborn foal** the hooves are **bilaterally symmetrical** and have the same shape in all four feet. The typical differences in hoof form present in the **adult horse**, are the result of the forces exerted on the hoof during locomotion. This process starts immediately after birth, and after a few months it is possible to distinguish left from right and front from hind feet in the isolated specimen. Confinement of young horses usually results in the development of hoof deformities.

The **angle** the toe makes with the ground is about 45 to 50° in the forelimb and slightly more (about 50 to 55°) in the hind. Correspondingly the ratio between the length of the wall to the height of the heels is about 3:1 in the front and 2:1 in the back. The **quarters** (lateral and medial walls of the hoof) descend toward the ground more steeply on the **medial side**, which can be used to identify left and right hoof specimens. The shape of the ground surface differs between the front and hind feet: the **sole of front hooves** is more **circular**, while the ground surface of the **hind hooves** is oval with the apex at the toe (▶ Fig. 19.65).

Wall (paries corneus, lamina)

The wall can be divided into **several parts** (▶ Fig. 19.60 and ▶ Fig. 19.66):

- dorsal part or toe (pars dorsalis),
- sides or quarters (pars lateralis et medialis),
- heels (pars mobilis lateralis et medialis) and
- bars (pars inflexa lateralis et medialis).

The toe is the most dorsal point of the hoof and its limit is described by two imaginary lines drawn from the apex of the frog at a 45° angle to the sole margin (▶ Fig. 19.66). The quarters are the part of wall following the toe palmarly/plantarly to the widest part of the hoof. The rounded back of the hoof is termed the heels, which reflect upon themselves to continue forward for a short distance at the side of the frog as the bars. The bars provide stabilisation to the relatively thin and mobile horn of the heels.

Base surface (facies solearis)

The **ground surface** of the hoof (▶ Fig. 19.65) consists of the:

- solear margin (margo solearis),
- sole (solea cornea),
- frog (cuneus corneus) and
- bulb of the heels (torus corneus).

The **sole** fills the space between the wall and the frog and forms most of the undersurface of the hoof. However, it is slightly concave so only the sole margin and the frog make contact on firm ground. Most of the body's weight is therefore carried by the sole margin. The sole consists of an apical **body** (corpus soleae) and **lateral** and **medial crura** (crus soleae lateralis et medialis) ex-

tending from the body palmarly/plantarly to the **angle of the sole** (angulus parietis palmaris/plantaris lateralis et medialis) between the bars and quarters.

The **wedge-shaped frog** (cuneus ungulae) projects from rear between the two crura of the sole, from which it is separated by the **two paracuneal grooves** (sulcus paracunealis lateralis et medialis). It consists of **two crura** (crus cunei lateralis et medialis) that meet in the **apex of the frog** (apex cunei), which points towards the toe. The **base of the frog** (basis cunei) completes the space between the heels, where it forms the palmar/plantar part of the hoof. The ground surface of the frog is marked by a **central groove** (sulcus cunealis centralis) and a corresponding **internal spine** (spina cunei), the frog stay (▶ Fig. 19.62).

Depending on the ground and the way the horse is shod, the frog contributes to the weight-bearing surface of the hoof. The base of the frog is continuous proximally with the **bulbs of the heels** (torus corneus). Corresponding to the anatomy of the frog, the bulbs of the heel can be divided into **lateral** and **medial parts** (pars lateralis et medialis tori) separated by a **groove** (fossa intratorica), the continuation of the central groove of the frog.

Segments of the hoof

After isolation of the hoof capsule the **three proximal hoof segments** can be easily distinguished on the inside of the horn capsule and on the surface of the dermis (▶ Fig. 19.63):

- perioplic segment (limbus),
- coronary segment (corona) and
- wall segment (paries).

The **limbic groove** (sulcus limbi) is located near to the coronary segment, between the perioplic and the coronary segments. The **ground surface** can be divided into the following segments (▶ Fig. 19.64):

- sole segment (solea) with its concave undersurface and
- footpad (torus digitalis), which is divided into:
  - a distal part, the frog (cuneus ungulae), and
  - a proximal part, the heel bulbs (tori ungulae).

Perioplic segment

The perioplic segment forms a band a few millimetres thick just distal to the hairy skin and extends onto the heel bulbs palmarly/plantarly.

The **subcutis of the periople** (tela subcutanea limbi) is modified to form the bulging perioplic cushion, which joins the heel bulbs on the back.

The **dermis of the perioplic segment** (dermis limbi) is studded with slender papillae (papillae dermales) a few millimetre long (▶ Fig. 19.67).

The **epidermis of the perioplic segment** comprise the external layer (stratum externum) of the wall. It forms a band of soft, rubbery horn a few millimetres thick near the coronet, but dries to a glossy thin layer distally (▶ Fig. 19.68). The periople consists of an admixture of tubular and intertubular horn, which loses its tubular structure more distally. The perioplic horn is usually worn off when it reaches the middle of the hoof wall.

The **horn cells** and the **membrane binding material** are able to bind water, so that the perioplic horn acts as a fluid reservoir to keep the underlying coronary horn moist and thus elastic. The lipid component of the membrane binding material prevents the horn from both soaking up and losing too much water.

Coronary segment

The coronary segment constitutes a band up to 15 mm in width distal to the perioplic segment (▶ Fig. 19.67). The underlying **subcutis** (tela subcutanea coronae) is thickened to form the **coronary cushion** (pulvinus coronae) that bulges outward at the coronet.

The **coronary dermis** (dermis coronae) forms numerous papillae up to 8 mm in length and arranged in rows and directed distally.

The **coronary epidermis** (epidermis coronae) produces horn of a distinct **tubular structure** (▶ Fig. 19.68). It reaches a thickness of 1.2 cm and runs distally toward the weight-bearing margin parallel to the parietal surface of the distal phalanx. It is very resistant to stress and strain and forms the **middle layer** (stratum medium) of the hoof wall. The coronary horn can be further subdivided into **outer**, **middle** and **inner layers** characterised by different types of horn tubules (▶ Fig. 19.67). The **outer layer** is predominantly composed of horn tubules oval in cross section. In the outer and middle layer the horn cells forming the tubules are arranged in several layers, similar to the architecture of an onion. This form of construction provides the maximum resistance against radiate forces directed from the outside to the inside. The **inner layer** of the coronary horn consists of round horn tubules, which contain spindle-shaped horn cells in its cortex. This arrangement provides resistance against proximodistal forces, thus acting as shock absorbers. The boundary between the inner and middle layer, where the two different horn types come together, is predisposed for fissures which can lead to cracks in the hoof wall.

Wall segment

The wall segment forms the **internal segment** (segmentum internum), which lies beneath the coronary horn (▶ Fig. 19.67). It becomes visible only on the surface of the sole as the **white line** (zona alba), the junction between the sole and the wall.

There is **no subcutis** underlying the wall segment. The reticular **layer of the wall dermis** (dermis parietis) is directly adjacent to the parietal surface of the distal phalanx.

The dermis of the wall segment consists of about 600 **primary laminae** (lamellae dermales) that run in a proximodistal direction and are on average 3.5 mm long in the warmblood horse. The primary laminae bear about 110 secondary laminae each, which are also orientated proximodistally (▶ Fig. 19.69). They also carry some papillae on the crest at their proximal origin and at their distal ending. The distal crest papillae are continuous with the finger-shaped terminal papillae, which form the end of each lamina (▶ Fig. 19.67).

Corresponding to the structure of the dermis, the epidermis of the wall segment also forms **primary** and **secondary lamellae** (lamellae epidermales) that interdigitate with the dermal laminae. Only the primary laminae possess a horny layer. They slide gradually toward the ground, pushed by continuous proliferation, and appear on the ground surface as the white line. The epidermis over the crest papillae forms horn tubules, which usually have lost their tubular structure before they reach the ground surface (▶ Fig. 19.69). The cornification process for the **lamellar**

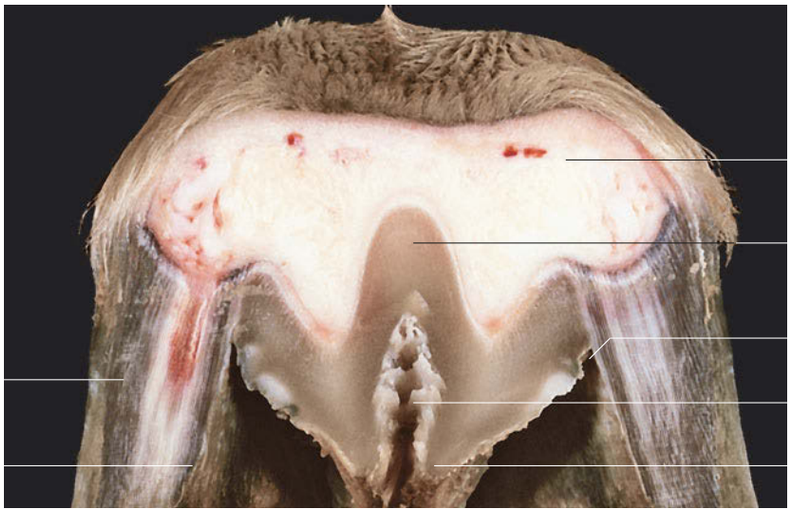


Fig. 19.62 Transcribe section of the hoof of a horse at the level of the angles of the sole.



Fig. 19.63 Dermis of the hoof after removal of the hoof shoe (lateral aspect).



Fig. 19.64 Dermis of the hoof after removal of the hoof shoe (ground surface).



Fig. 19.65 Round ground surface of a front foot (left) and oval gound surface of a hind foot (right).

horn is of the **hard type**, while cornification over the **papillae** is of the **soft type**. The terminal horn formed by the epidermis over the terminal papillae at the distal end of the laminae consists of horn tubules with a wider diameter and large medullary spaces. In the white line, it becomes visible as yellowish-brown horn, filling the gaps between the lamellar horn.

The horn of the wall constitutes the junction between the coronary horn and the wall segment, which is firmly attached to the underlying bone. The long horn cells of the epidermal laminae are characterised by multiple fluid-filled chambers, which provide the elasticity of a multichambered waterbed.

The **white line** (zona alba) forms a flexible junction between the hard coronary and the softer sole horn (▶ Fig. 19.70). Its width corresponds to the length of the epidermal laminae. The heterogeneous composition of the white line, where hard laminar horn is mixed with soft tubular horn, causes the white line to be a **point of weakness** with regard to mechanical, chemical and biological damage. The **medulla of the horn tubules** undergoes early destruction and allows fluids and thus infectious agents to become established, resulting in an ascending infection.

In its function as a barrier against environmental influences the horn of the hoof is more effective in the non-domesticated Przewalsky horse than in the modern breeds of horses.

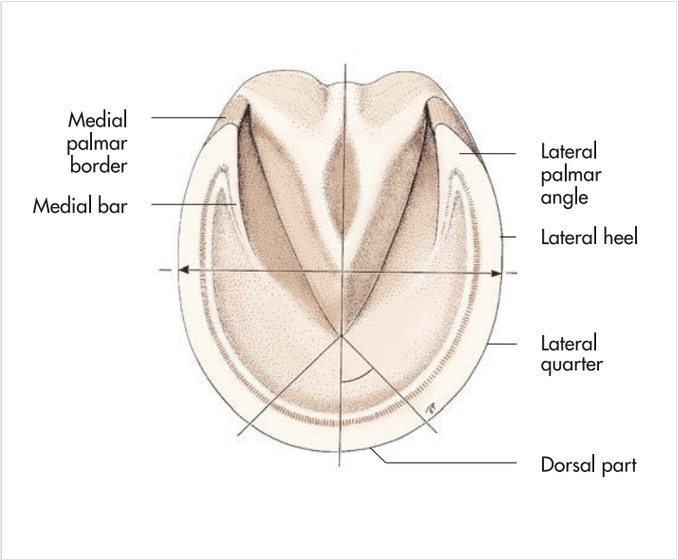


Fig. 19.66 Division of the hoof wall (schematic).

Sole segment

The sole segment fills the space between the wall and the frog and forms most of the **undersurface of the hoof** (▶ Fig. 19.75). It is slightly concave, so that only the sole margin and the frog have firm contact to the ground. There is **no subcutis** underlying the sole segment. The dermis of the **sole segment** (dermis soleae) is in direct contact with the sole surface of the coffin bone. Its surface is studded with long papillae, which have a slightly apical orientation (▶ Fig. 19.67).

The **sole epidermis** (epidermis soleae) has a tubular structure (▶ Fig. 19.68). The horny layer, the sole horn, is on average 1 cm thick with considerable regional and individual variations. It is thickest towards the white line, thus providing some support to the latter. The **deeper layers** of the sole horn consist of a combination of tubules and intertubular horn which form a firm unit similar to, but softer than the coronary horn. The **superficial layers** are of a crumbly consistency and whish grey in colour; they flake easily, this maintaining the natural concavity of the sole.

Footpad (torus digitalis)

Like in ruminants the footpad of the horse can be divided into a **distal** (apical) and a **proximal part**. The apical part constitutes the frog (cuneus ungulae), the distal part, the heel bulbs (torus ungulae). The bulbs are continuous proximally with the hairy skin and the perioplic segment (▶ Fig. 19.64 and ▶ Fig. 19.65).

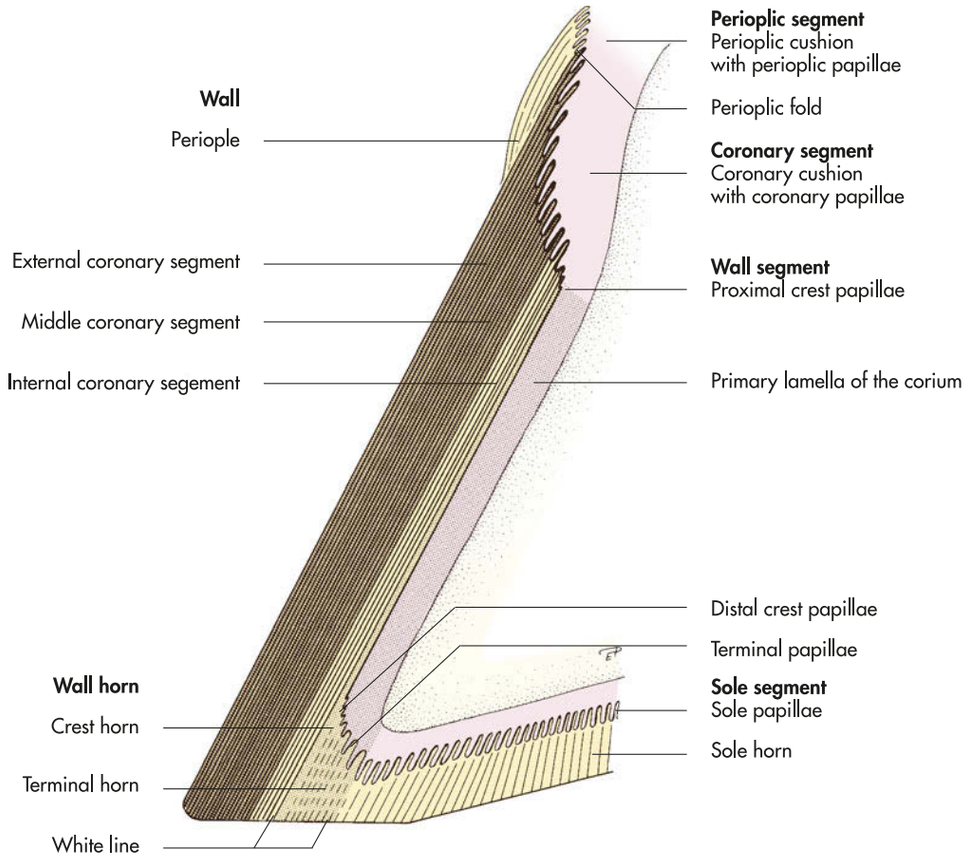


Fig. 19.67 Perioplic, coronary, wall and sole segments of the hoof wall of the horse (schematic).

Frog

The frog is the most important shock absorbing structure of the hoof (▶ Fig. 19.60). Its W-shaped cross section and its elastic horn allows to the frog to yield pressure forces when contacting the ground and so to dissipate much of the resulting impact. When the foot loses contact to the ground, the pressure is released and the frog regains its original form. The **digital cushion deep to the frog** (pars cunealis pulvini digitalis) complements this shock absorbing function (▶ Fig. 19.62).

The **dermis of the frog** (dermis cunei) is densely covered with plump papillae, which are shorter than those of the sole dermis and have a spiral orientation. The **epidermis of the frog** (epidermis cunei) does not have a granular layer and the produced horn is fairly soft and elastic. The horn tubules spiral to the surface following the dermal matrix. The frog is a predisposed location for foreign bodies, e.g. nails, which may penetrate underlying vital structures such as the navicular bursa. These injuries require immediate veterinary attention.

Heel bulbs

The **digital cushion** underlying the frog continues under the **heel bulbs** (pars torica pulvini digitalis). The dermis of the heel bulbs (dermis tori) is also continuous with that of the frog (▶ Fig. 19.64). Its surface carries slender papillae similar to those of the perioplic segment. The **epidermis of the bulbs** (epidermis tori) includes a granular layer and cornification is of the **soft type**. The horn layer is relatively thin and consists predominantly of intertubular horn. The epidermis of the heel bulbs and at the base of the frog contains modified sweat glands (glandulae tori).

Suspension of the distal phalanx

The distal phalanx is suspended within the horn capsule by the **dermis** and **epidermis** of the **proximal segments** that form the hoof wall and are firmly united with the **periosteum** of the bone (▶ Fig. 19.69).

This **anatomical arrangement** protects the distal phalanx against overload. Compressive stress on the bone is transformed into tensile forces by the suspension of the distal phalanx on the hoof wall and then transformed into compressive stress on the sole margin. The dermis is bonded to the parietal surface of the distal phalanx by linear, proximo-distally directed insertion zones consisting of non-mineralised fibrous cartilage at the surface and overlying mineralised fibrous cartilage. In addition to providing attachment to the dermis, these insertion zones also constitute the cartilagenous growth plates that are responsible for the growth of the distal phalanx. Periosteum fills the spaces between those cartilagenous zones and is the site of intramembranous ossification.

The **collagenous fibres** of the dermis extend through the **reticular layer** (stratum reticulare) to form the **primary dermal laminae** (▶ Fig. 19.71) which carry **secondary laminae** that interdigitate with the epidermal laminae. The tensile force is transmitted

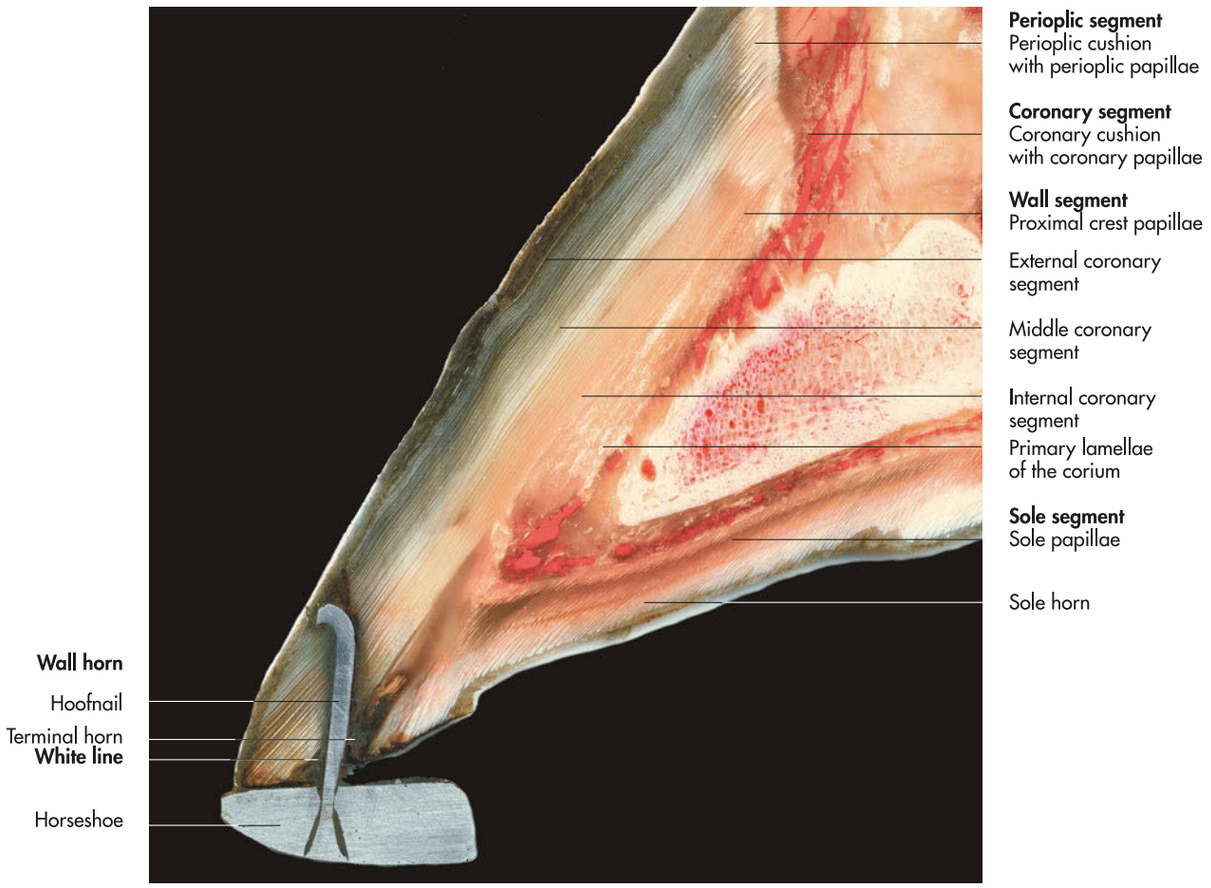


Fig. 19.68 Paramedian section of the dorsal part of the hoof of a horse, showing horn tubules and the horseshoe with a hoofnail (plastinate) (source: courtesy of H. Obermaier, Munich).

onto the secondary epidermal laminae consisting of epidermal, vital matrix cells and then onto the primary epidermal laminae, which are joined to the coronary horn tubules. Starting at the distal phalanx, the oblique proximodistal orientation of the collagenous fibres is continuous throughout the primary and secondary laminae. The horn cells and the keratin filaments are orientated in the same direction. The **development of secondary laminae** provides a larger surface area and thus a firmer junction, which can withstand the considerable forces to which the hoof of the horse is subjected.

Clinical note

In horses with **laminitis**, the suspension of the coffin bone is destroyed and the bone starts to sink or rotate. If all segments are affected as in very severe cases, the hoof shoe completely separates from the dermis.

In the hoof, the epidermis is connected to the dermis by a system of fibres arranged along lines of mechanical load. This complex system is composed of various structural proteins arranged in series. Cytoskeletal elements within the keratinocytes are bound to adapter proteins associated with the intracellular attachment plaque of hemidesmosomes. These, in turn, are attached by components of the cell membrane to the lamina densa of the underlying basement membrane. Anchoring fibrils and proteoglycans connect the basal lamina to collagen fibres in the dermis.

Blood supply

Arteries

Blood supply to the hoof is provided by two arteries, the **lateral and medial palmar/plantar digital arteries** (a. digitalis palmaris/plantaris lateralis et medialis), which are branches of the palmar common digital artery, and the **dorsal metatarsal artery III** (a. digitalis palmaris communis/a. metatarsea dorsalis III), respectively. In the pelvic limb, the **small plantar common digital arteries II and III** also contribute to the formation of the digital arteries. Branches to the **heel bulbs** (rami tori digitalis) and medial and lateral coronary arteries are given off at the level of the middle phalanx (▶ Fig. 19.72).

After sending branches to the frog and the different parts of the hoof wall, these arteris enter the distal phalanx from medial and lateral and anastomose within the bone to form a **terminal arch** (arcus terminalis). From the terminal arch, 8 to 10 vessels extend distally, and leave the bone at the sole margin to form the artery of the sole margin (a. marginis solearis) (▶ Fig. 19.73 and ▶ Fig. 19.74).

Veins

The dermis of the hoof includes a dense venous network that forms the **vein of the sole margin** (v. marginalis solearis) distally and is connected to the **venous terminal arch**. An additional venous network is found on the inside of the hoof cartilages. Large

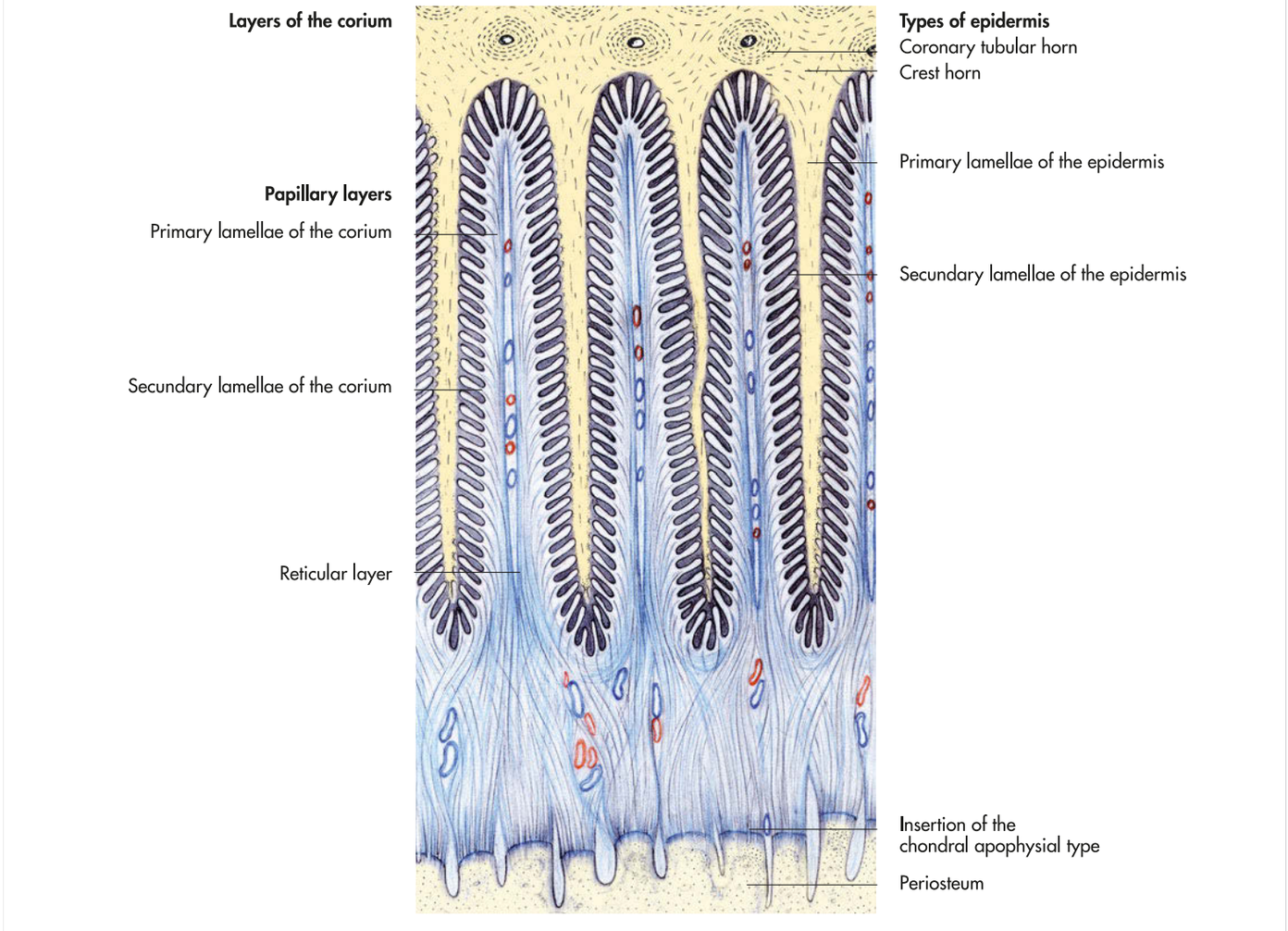


Fig. 19.69 Suspension of the distal phalanx, horizontal section (schematic).

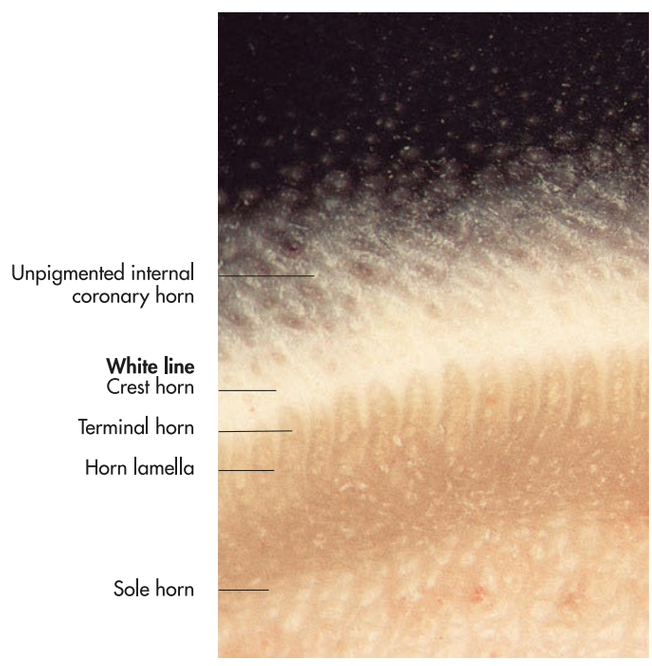


Fig. 19.70 White line of an equine hoof.

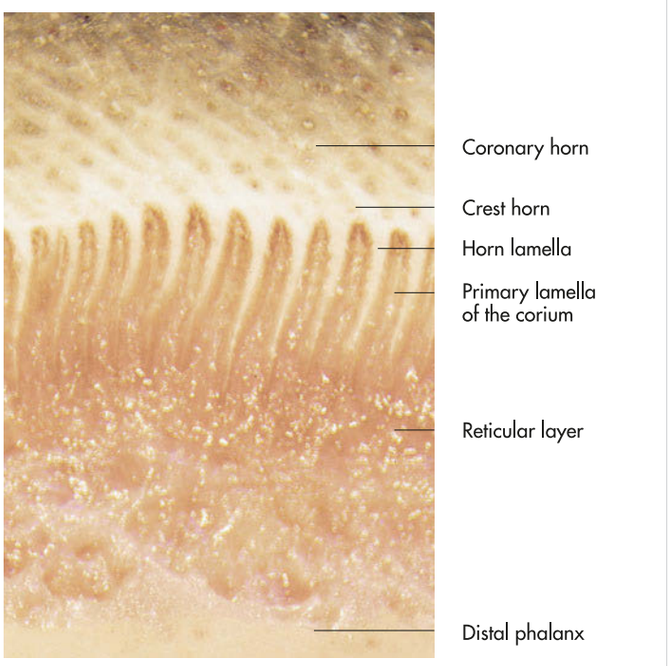


Fig. 19.71 Suspension of the distal phalanx of an equine hoof (horizontal section).

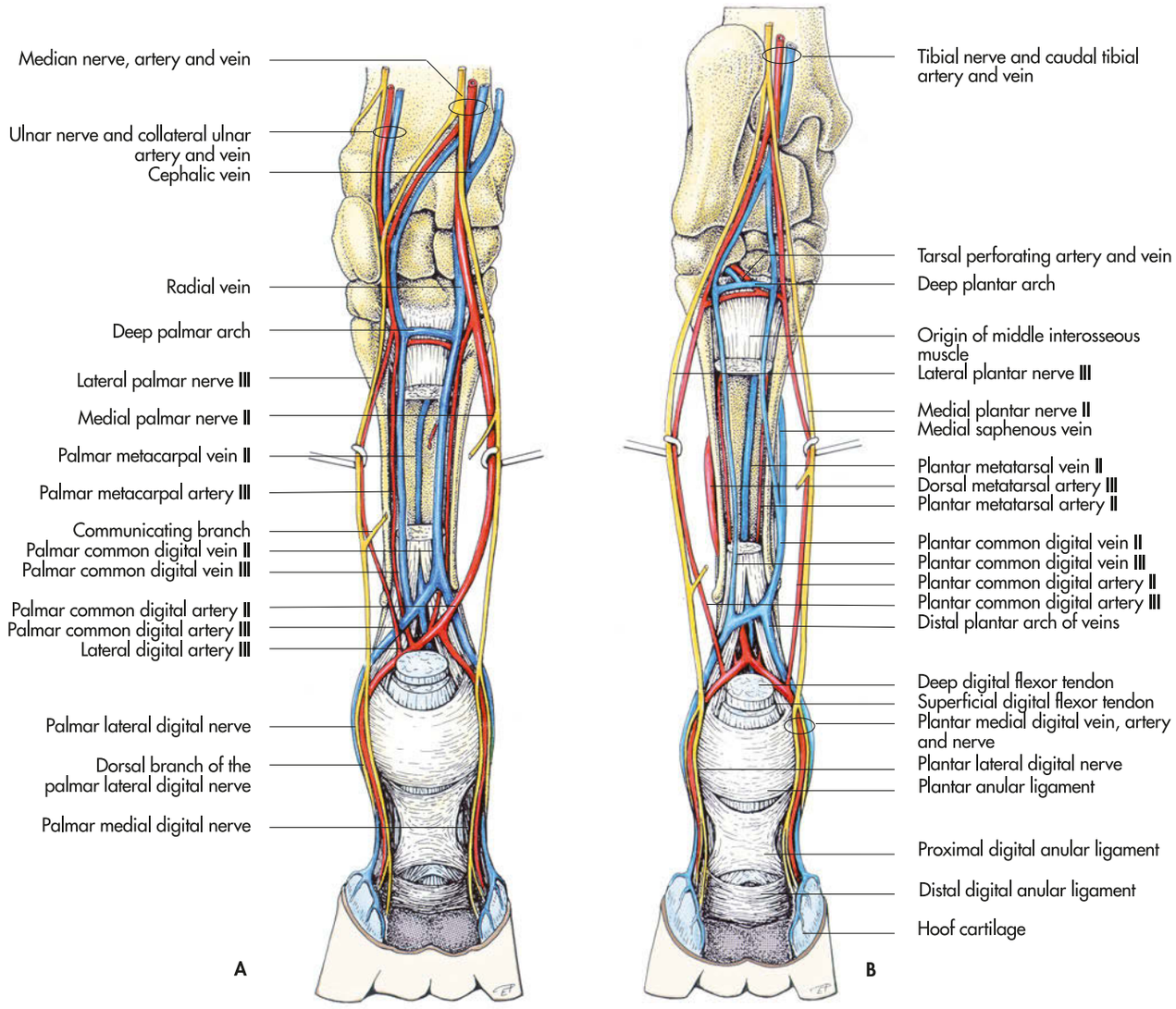


Fig. 19.72 Blood vessels and nerves of the autopodium of the fore- and hindlimbs of the horse: **(A)** palmar and **(B)** plantar aspect.

veins pass through the hoof cartilage and connect the venous plexus of the sole and parietal dermis. Venous drainage is achieved by numerous coronary veins, branches of the **veins of the digital cushion** (v. tori digitalis) and the **vein of the sole margin**. These ultimately drain into the **lateral and medial palmar/plantar digital veins** or into the **terminal arch**, formed by these veins within the distal phalanx.

Lymphatics

Lymph from the hoof of the thoracic limb drains to the **cubital lymph nodes** (lymphonodi cubitales) that from the pelvic limb, to the **deep popliteal lymph node** (lymphonodi poplitei).

Innervation

Thoracic limb

Unlike in other species, sensory innervation of the front hoof in the horse is provided exclusively by branches of the **median nerve**. The **common palmar digital nerves II and III** continue as **lateral and medial palmar digital nerves** after detaching a dorsal branch to the perioplic, coronary and wall segment. The **palmar digital nerves** send branches (rami tori) to the heel bulbs, coffin joint and the navicular complex and innervate the palmar part of the hoof cartilages, the wall, sole, frog and heel bulbs.

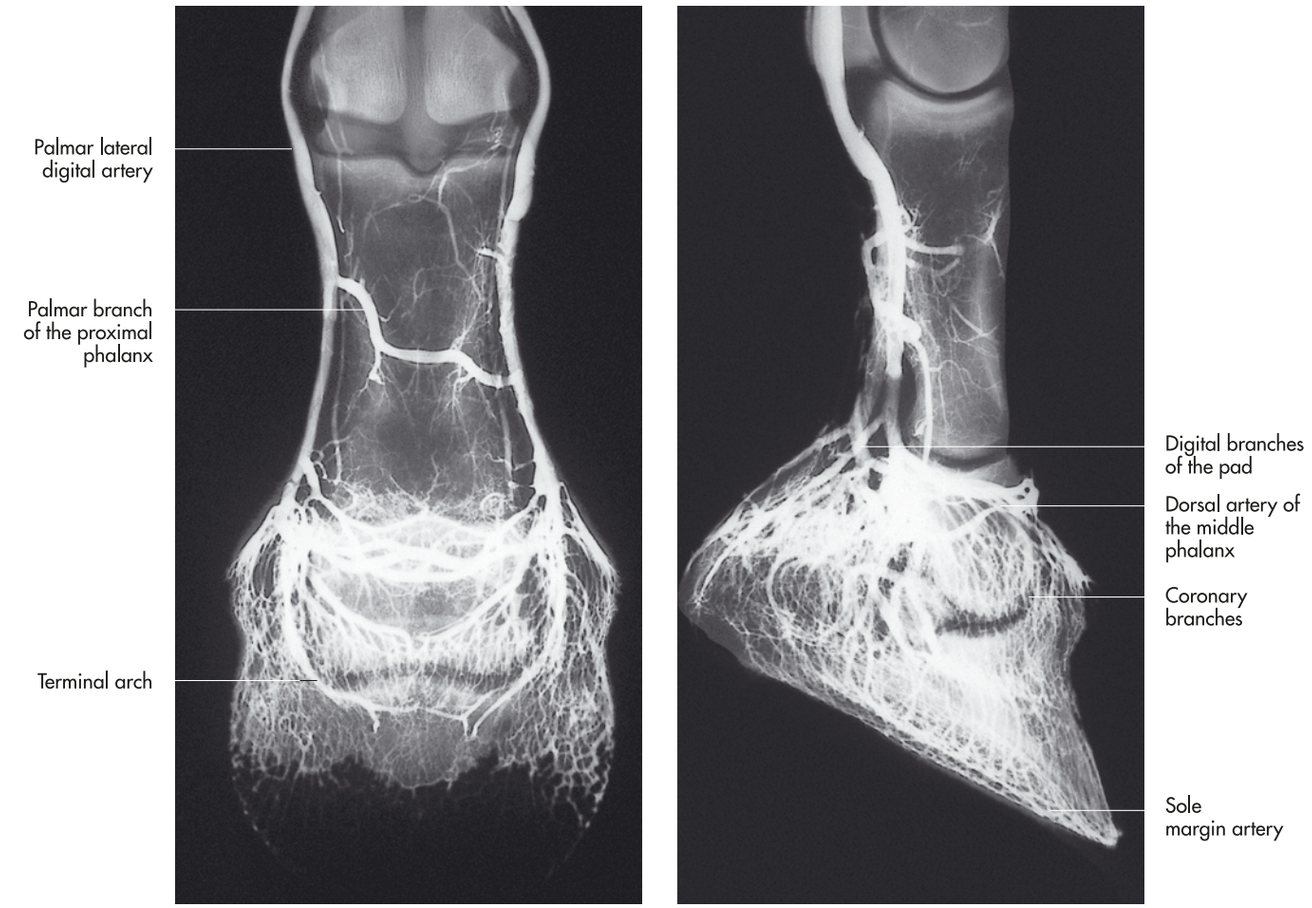


Fig. 19.73 Arteriogram of the foot of a horse, dorsopalmar (left) and lateromedial (right) projection.

Clinical note

Perivascular sympathectomy (adventitiectomy) has been used to good effect in the **management of chronic degenerative diseases of the foot** (e.g. navicular disease and sesamoiditis). This procedure, in which sympathetic nerve fibres travelling within the adventitia of blood vessels are removed, prevents peripheral vasoconstriction and improves perfusion of the foot. The likelihood of a successful outcome is increased when adventitiectomy is performed close to the site of the lesion. The sympathetic fibres are post-ganglionic axons that originate from the stellate ganglion (ganglion stellatum) or the cranial cervical ganglion (ganglion cervicale craniale). As they course through the tissues, together with branches of the brachial plexus, these nerve fibres periodically enter the adventitia of the blood vessels. This is exemplified by the discrete nerve fibre bundle that diverges from the median nerve (n. medianus) to accompany the median artery (a. medianus). In the distal limb, many such branches are given off from the digital nerves to the blood vessels. The sympathetic fibres pass to both arteries and veins. For management of diseases of the foot, the adventitia must therefore be removed from the lateral and medial digital artery (a. digitalis) and digital vein (v. digitalis). It has been established that, as well as travelling in the adventitia, sympathetic fibres accompany the smallest sensory nerve branches, in some cases reaching the diseased structures via the ligaments of the foot. Thus, complete elimination of sympathetic innervation is impossible.

Pelvic limb

The **common digital nerves II and III** are branches of the **tibial nerve**.

Their branching pattern is similar to that of the corresponding nerves of the thoracic limb. The toe of the hoof receives additional innervation by the lateral and medial dorsal metatarsal nerves, branches of the **deep fibular nerve**.

Clinical note

All these nerves are blocked at various levels in the **diagnosis of lameness**. The principle behind this procedure is that a lame horse will go temporarily sound when the painful area is desensitised. A sequence of injections, in which increasingly larger territories are desensitised is therefore required to locate the site of the lesion.

Hoof biomechanics

The forces acting on the distal phalanx are transmitted to the wall of the hoof and trigger the hoof mechanism. The proximal part of the wall is retracted inward, while the heels are spread. The sole flattens and the frog broadens. When the foot is off the ground, the hoof regains its original form, which is possible due to the elastic nature of the hoof horn. Evidence of this movement of the heels is found in the polished proximal surface of horseshoes in

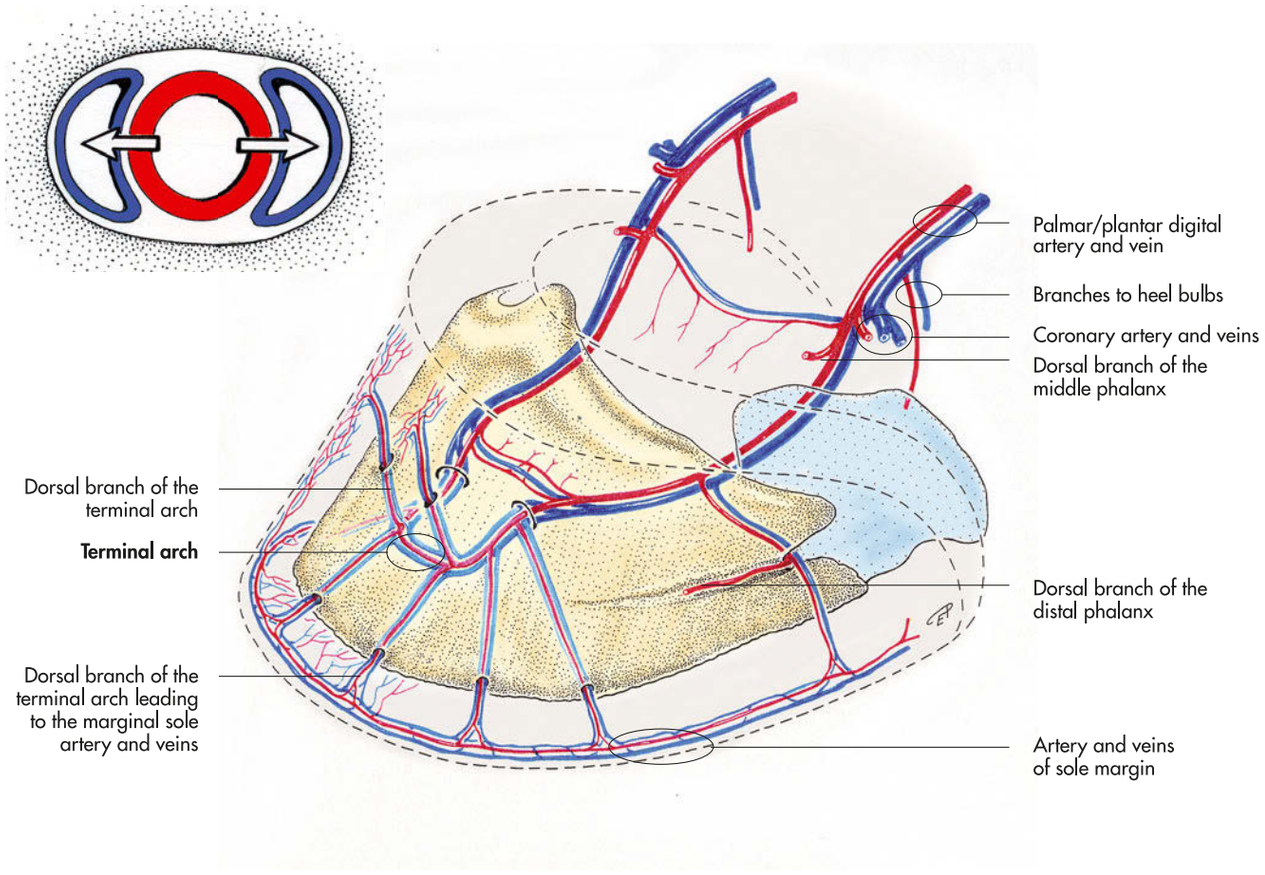


Fig. 19.74 Blood vessels of the distal phalanx of the horse (insert: artery and veins of the terminal arch, schematic).

this area. It is vital that horseshoes are not nailed to the wall in this region, otherwise this mechanism would be impeded. Thus, the shoe is nailed to the wall at the toe and the quarters only.

Evaluation of the loads acting on the equine foot when the body is in static equilibrium with its environment (statics) and when the horse is in motion (dynamics) is essential for implementation of **appropriate hoof trimming and shoeing**. Statics are evaluated when the horse is at rest, ideally in a neutral standing position. The hoof pastern axis (an imaginary line passing through middle of the phalanges) should be straight, when viewed from the dorsal (front) and lateral aspect. Furthermore, the coronet and the bearing edge of the wall should be parallel to each other and perpendicular to the hoof pastern axis. Dynamic evaluation of hoof balance and landing pattern is performed with the aid of kinetic motion analysis techniques.

Horn production

The **rate of horn production** varies in the **different segments**. It also differs considerably between individuals and is generally most rapid in horses under five years of age. Coronary horn is produced at a rate of about 8 to 10 cm per year. Thus, it is renewed completely every year, and any improvements in horn quality achieved by dietary supplementation will take a full year to become apparent.

Sole and **frog horn** grows about 6 mm a year. Non-domesticated Prezwalsky horses show a seasonal cycle with higher growth rates in summer and slower in winter.

19.8 Horn (cornu)

The horn of the domestic ruminants consists of a bony core enclosed in a modification of the common integument, the horn sheath. The skeletal component of the horn is provided by the **cornual process** (processus cornualis), which is firmly joined to the frontal bone. A hairless and glandless modification of the common integument covers the ridged and porous surface of the cornual process. The epidermis of the horn is heavily cornified and forms the horn sheath, which can be described as the horn in its narrowest sense.

The horn can be divided into:
- base (basis cornus),
- body (corpus cornus) and
- apex (apex cornus).

In wild ruminants, the **horns** (cornua) are used as weapons during breeding season or to establish and maintain hierarchies. This explains their extremely stable anatomy. Unless the animal belongs to a naturally polled breed, in the domestic ruminants horns are found in both sexes, although those of males are usually more massive.

Unlike antlers, a characteristic anatomic feature of the male in the deer family which are shed and replaced yearly under hormonal influence, the horns of the domestic ruminants are permanent and grow continuously following their first appearance after

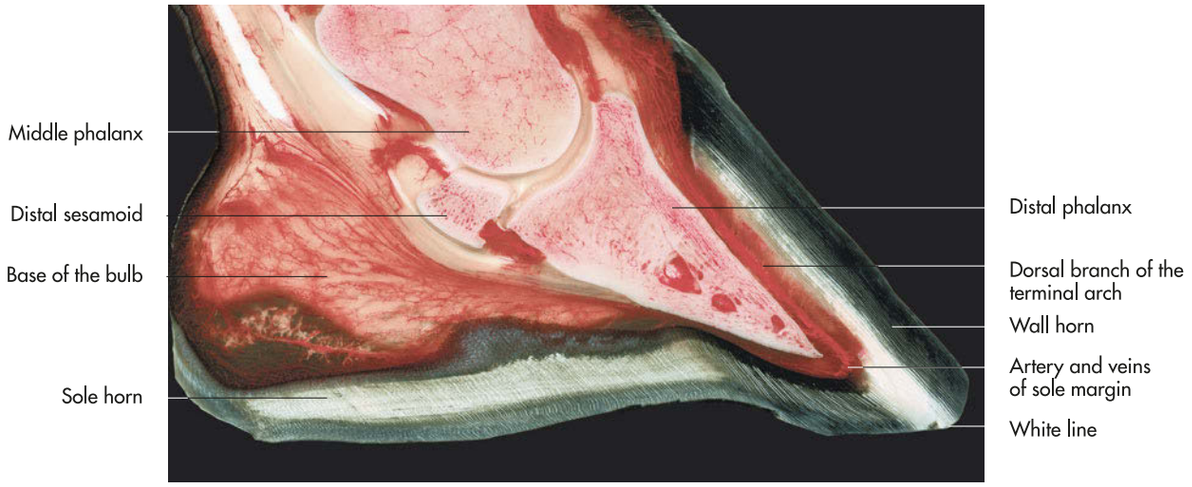


Fig. 19.75 Distal digit of a horse (sagittal section) (source: courtesy of H. Obermaier, Munich).

birth. Size and shape are strongly characteristic for the breed and depend upon age and gender.

19.8.1 Bovine horn (cornu)

Development of the horn

As early as in the third month of gestation, there is a small epidermal hillock visible, where the horn will later grow. In the newborn animal a hair whorl indicates the location of the later horn, and the small hillocks beneath are hairless on top. Beginning at the centre the whole horn gradually becomes hairless.

Cornual process (processus cornualis)

The cornual process of the ox develops as an exophysis of the frontal bone. Its formation from the frontal bone is induced by the epidermal hillock. The development of the bony component of the horn begins relatively late in gestation. Only shortly before parturition is a small bony enlargement detectable beneath the epidermal hillock. This enlargement keeps growing up to five months post partum to form the solid cornual process. Development of the horns is often prevented by cauterisation of the germinal epidermis at an early age.

Pneumatisation of the cornual process

From the sixth month post partum onwards the cornual process starts to pneumatise by invasion of the mucosal lining of the frontal sinus into the cornual process (▶ Fig. 19.76). This process continues until the whole bone is hollow, with the exception of the solid apex. Due to the wide communication, the frontal sinus is exposed when an adult animal is dehorned or the horn fractures. Protection against dirt and prophylaxis against infection is therefore strongly recommended in these cases.

Horn sheath

Cornual subcutis (tela subcutanea)

There is **no subcutis**: present in the horn. The dermis is directly adherent to the bone, thus providing a very stable junction between the horny enclosure and the cornual process.

Cornual dermis (dermis cornus)

The dermis carries distinct papillae (papillae dermales seu coriales). In the base and body of the horn the papillae are arranged parallel to the dermal surface, while in the apex they are more erect. The papillae of the body are very long (5 to 6 mm) and are arranged in groups in such a way that they appear to form laminae.

Cornual epidermis (epidermis cornus)

Vital epidermal cells cover the whole dermal surface. Using the dermal papillae as the matrix, the epidermis forms **tubular horn** (tubuli epidermales). Growth of the horn takes place predominantly at the base, and the new horn pushes old layers apically. Horn growth follows the direction of the dermal papillae. Thus the horn gains predominantly in length and only very little in diameter.

The rate of horn growth is largely dependent on the nutrition that the epidermal cells receive. When nutrition is impaired (seasonally in wild ruminants), during pregnancy or lactation, horn production slows down. It is usual to find the horns marked by alternating rings of greater and lesser thickness. The latter represent periods when production was less active. In cows these rings usually correspond to pregnancies. Since the first calf is generally born when the cow is about two years of age and subsequent calves are born at yearly intervals, the age of the cow equals the number of horn rings plus two (▶ Fig. 19.77).

The softer outer layer of the horn sheath (epiceras) is produced by an epidermal strip at the base of the horn that is transitional to the ordinary epidermis and corresponds to the perioplе of the hoof.



Fig. 19.76 Longitudinal section of the horn of a 1.5-year-old bull with beginning pneumatisation of the cornual process.

Blood supply

Blood supply of the horn is provided by the **cornual arteries and veins** (aa./vv. cornuales), which are terminal branches of the **superficial temporal artery and vein** (a./v. temporalis superficialis).

The **cornual artery** runs parallel to the temporal line to reach the base of the horn, where it ramifies into a smaller dorsal branch and a larger ventral branch. The **dorsal branch** passes over the dorsal aspect of the base of the horn and supplies the dermis and the cornual process. The **ventral branch** runs on the ventral aspect of the horn base, where it detaches branches to the dermis and the bone. It curves medially to anastomose with the corresponding artery of the contralateral horn.

Clinical note

The smaller branches of these arteries run in grooves and canals of the cornual process and retract when severed, so it is impossible to grasp them with haemostats to prevent excessive bleeding. Because of this anatomical arrangement it is essential to perform an amputation of the horn **as close as possible to the frontal bone**, before the vessels enter the bone. The dermis of the horn is exceptionally well vascularised. Horn injuries or separation of the horn sheath from the bone are usually accompanied by severe and extensive bleeding. Most of these cases require amputation of the horn at the horn base, where haemostasis can be achieved before the supplying vessels enter the bone.

Lymphatics

Lymph from the horn drains to the **parotid lymph node** (lymphonodus parotideus).

Innervation

The horn is supplied mainly by the **cornual branch** (rami cornualis) of the **zygomaticotemporal nerve**, a division of the **trigeminal nerve**. Due to its proximity to both the upper jaw and the eye it is difficult to decide whether it is a branch of the maxillary or the ophthalmic division of the trigeminal nerve. Additional innervation is provided by the **supraorbital and the infratrochlear nerves**, on its passage through the frontal sinus.

The cornual branch arises within the orbit and leaves the orbit caudal to the zygomatic process of the frontal bone. It passes caudally, protected by the prominent ridge of the temporal line, to reach the base of the horn. Close to the orbit it is embedded in fat, while further caudal it is covered by skin and the frontal muscle only.

Clinical note

The **cornual branch** is commonly anaesthetised for **dehorning**. The injection site is found caudal to the midway between the temporal angle of the eye and the horn, just ventral to the temporal line. Anaesthesia is not always successful. Failure can be due to variations in the course of the cornual branch or to the presence of unusual, substantial contributions to innervation from the supraorbital or infratrochlear nerves.

19.8.2 Horn (cornu) of small ruminants

The horns of the small ruminants differ in form, but not in the basic anatomy from those of cattle. They arise close behind the orbits in a parietal position quite unlike the temporal position of cattle. The horns of sheep pursue a **helical course** (▶ Fig. 19.78), while those of goats grow **caudally over the skull** (▶ Fig. 19.79), the exact form and size depending on breed, sex and age.



Fig. 19.77 Horn of an eight-year-old cow with distinct horn rings.



Fig. 19.78 Skull of a sheep with helical horns.



Fig. 19.79 Skull of a goat with caudally growing horns.

Cornual process (processus cornualis)

Each cornual process originates from a separate **ossification centre** (os cornuale), which makes a secondary fusion to the frontal bone (os frontale). The cornual processes of goats generally have an oval section, while those of sheep are triangular in section.

Horn sheath

Growth of the horn is intermittent and results in a very corrugated external surface of the horn. Several ridges (usually 8 to 14) are formed during each year.

Blood supply and innervation

The horns of sheep and the goat are located so close to the orbit that the supplying **superficial temporal artery and vein** and the **cornual nerve** ascend directly dorsal to the zygomatic process. In contrast to the ox, the supplying structures run on the surface of the frontoscutular muscle. The cornual nerve appears between the blood vessels and the zygomatic process close to the temporal canthus of the eye.

Clinical note

Local anaesthesia of this nerve can be performed at the caudal origin of the zygomatic process about 1 cm below the skin. The horn of the goat receives additional supply from branches of the infratrochlear nerve. These can be reached by a second injection at the dorsomedial margin of the orbit.

20 Topographical-clinical anatomy

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20.1 Head (caput)

20.1.1 Stratigraphy

The external covering of the head comprises the following layers:
- cutis,
- subcutis,
- superficial fascia of the head and
- deep fascia of the head.

The facial cutaneous muscle, the frontal muscle (in the ox), and the zygomatic muscle are found in the **superficial fascia of the head**. The **deep fascia of the head** is connected to the muscles, vessels, nerves and glands. It is anchored at the **facial crest** or the **facial tuber**, and is also partly connected to the superficial fascia. The following muscles are located in the deep fascia: the nasolabial levator muscle, the canine muscle, the levator muscle of the upper lip (in the ox also the depressor muscle of the upper lip), the buccinator muscle, the depressor muscle of the lower lip and the masseter muscle.

Most of the large blood vessels and nerves of the head lie protected beneath the muscles and within the deep fascia. The facial nerve is the one exception; it crosses the surface of the masseter muscle. In carnivores, the large blood vessels of the head are located beneath the deep fascia.

20.1.2 Regions

The most important regions of the head include the (▶ Fig. 20.1 and ▶ Fig. 20.2):
- nasal region,
- oral region,
- chin region,
- buccal region,
- infraorbital region,
- masseteric region,
- orbital region,
- intermandibular region and
- temporal region.

The structure of the head and the structures within the cavities of the head (skull, orbital cavity, nasal cavity, oral cavity and pharyngeal cavity) are discussed in detail in the systematic anatomy chapters. For more information, see Chapter 2 “Axial skeleton” (p. 73), Chapter 8 “Digestive system” (p. 327), Chapter 9 “Respiratory system” (p. 397), Chapter 13 “Organs of the cardiovascular system” (p. 471), Chapter 15 “Nervous system” (p. 515), Chapter 18 “Vestibulocochlear organ” (p. 619), and Chapter 19 “Common integument” (p. 776).

Nasal region

The nasal region contains the nostrils and the surrounding area, including the nasolabial plane of the ox, the muzzle of carnivores, the snout of pigs, and the wide rostrum of the horse.

The **nostrils** of the **horse** are wide due to two alar cartilages. The ventral nasal commissure is curved and much wider than the dorsal commissure. The nostrils lead to the nasal vestibule, in which the **nasal diverticulum** – also called the false nostril – is dorsally situated. To reach the true nasal cavity with a naso-oesophageal tube, the tube must be inserted ventrally to the alar fold; otherwise one enters the blind ending false nostril.

At the border between the skin and the mucosa in the nasal vestibule is the **orifice** of the **nasolacrimal duct**. In the horse, the slit-like opening of the vomeronasal organ is found on the floor of the ventral nasal meatus in the mucosa and next to the nasal septum.

Structures within the nasal region include:
- **musculature**: the nasolabial levator muscle, the levator muscle of the upper lip (common aponeurosis, in the horse) and the nasal muscles,
- **arteries**: the superior labial artery, the lateral nasal artery, the dorsal nasal artery, the palatine artery, which reaches the surface through the interincisive canal, and
- **innervation**: the infraorbital nerve (sensory) and the facial nerve (motor).

Oral region and chin region

These regions include the upper and lower lips. The skin covering the lips is extremely thin and cannot be separated from the underlying **musculature**, the orbicular muscle of the mouth. The cutaneous muscle of the face merges with the oral orbicular muscle at the commissure of the lips. The levator muscle of the upper lip and the depressor muscle of the lower lip combine with the upper and lower lip, respectively.

Other **structures found in this region** include:
- **arteries**: the upper and lower labial arteries, and
- **innervation**: the infraorbital nerve, the mental nerve and the facial nerve.

Towards the labial vestibule, the skin of the lips becomes mucosa. Beneath the mucosa are the labial glands. The mental foramen is situated in the horse in the middle of the body of the mandible at the level of the lip commissure.

Clinical note

The **mental foramen** can be palpated 20–30 mm dorsal to a cross-sectional line through the angle of the chin (angulus mentalis). Palpation of the foramen is possible only after the depressor muscle of the lower lip has been displaced dorsally. It should be noted that the mental foramen may also be found rostral to the above-mentioned level.

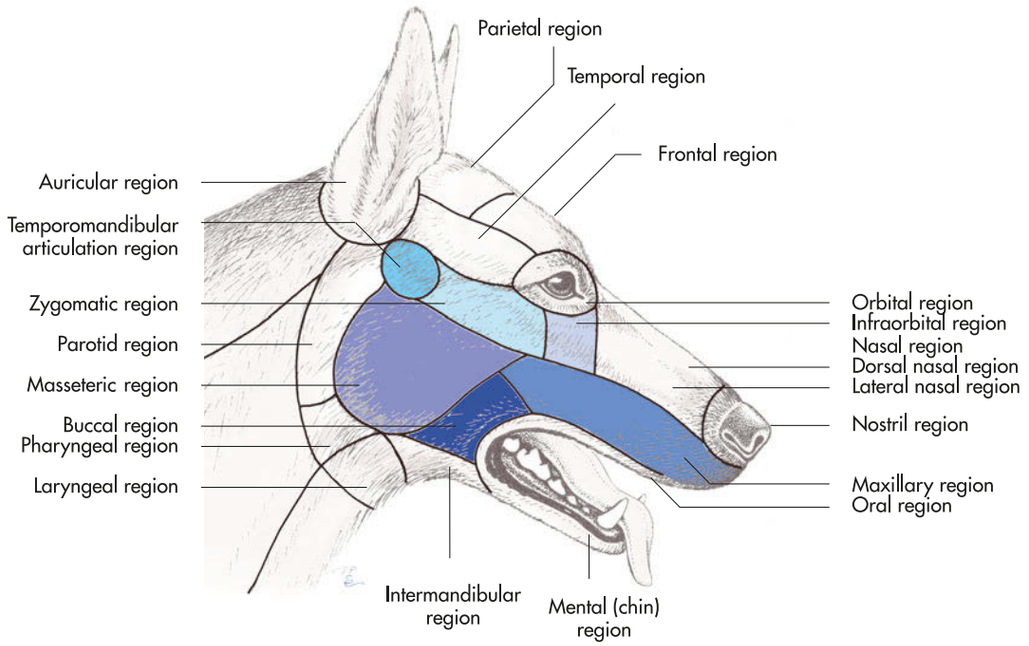


Fig. 20.1 The head regions in the dog (schematic).

Buccal region

The buccal region is situated between the lip commissure and the rostral edge of the masseter muscle. The cutaneous muscle of the face lies subcutaneously and is attached to the lip commissure. In the caudal part of this region, this muscle covers the **facial notch**. In horses, three structures run through this notch, listed here from a rostral to caudal direction: the facial artery, where the **pulse** can be feeled, the facial vein, and the parotid duct (▶ Fig. 20.8).

The cheek mucosa is innervated by the buccal nerve. Within the cheek mucosa are the dorsal and ventral buccal glands (carnivores: zygomatic gland = dorsal buccal gland, see ▶ Fig. 8.15) and the parotid papilla.

Also located **in the buccal region** are the following structures:

- **musculature**: the depressor muscle of the lower lip, situated along the ventral edge of the buccinator muscle, on its dorsal edge is the zygomatic muscle,
- **arteries**: the superior labial artery, the inferior labial artery and buccal artery, and
- **innervation**: dorsal and ventral buccal branches of the facial nerve (motor).

Infraorbital region

This region lies ventrally and rostrally near the eye sockets. Directly beneath the skin of this region is the nasolabial levator muscle, which in the horse splits into two branches through which the canine muscle passes. The facial artery and vein are located beneath this muscle. First, the nasolabial artery branches from the facial artery, which in turn divides into the lateral nasal artery, the dorsal nasal artery and the angular artery of the eye.

Clinical note

To locate the **infraorbital foramen** in the horse, an imaginary line is drawn from the rostral end of the facial crest to the nasoincisive notch. One to two finger widths caudal from the middle of this line is the infraorbital foramen.

Through this opening, the **infraorbital artery and vein** as well as the **infraorbital nerve** leave the skull. The **maxillary sinus** and the **infraorbital canal** are located in this region within the skull. In horses, a bony septum divides the maxillary sinus into two compartments: the **rostral** and the **caudal maxillary sinus**.

Clinical note

In a case of **sinusitis**, both sinuses must be flushed out through a lateral skull trepanation. This is achieved with a trepanation at the level of the bony septum, the maxillary sinus septum. The best way to locate the septum is to imagine a line connecting the rostral end of the facial crest to the medial canthus. The level of the septum is at the halfway point on this line.

Masseteric region

This name is derived from the **mastication muscle**, the **masseter muscle**, which defines this region. Neighbouring this region rostrally and dorsally are the buccal region and the infraorbital region, respectively. The edge of the mandible forms the caudal and ventral borders (intermandibular region), whereas the facial crest and the zygomatic arch form the dorsal border.

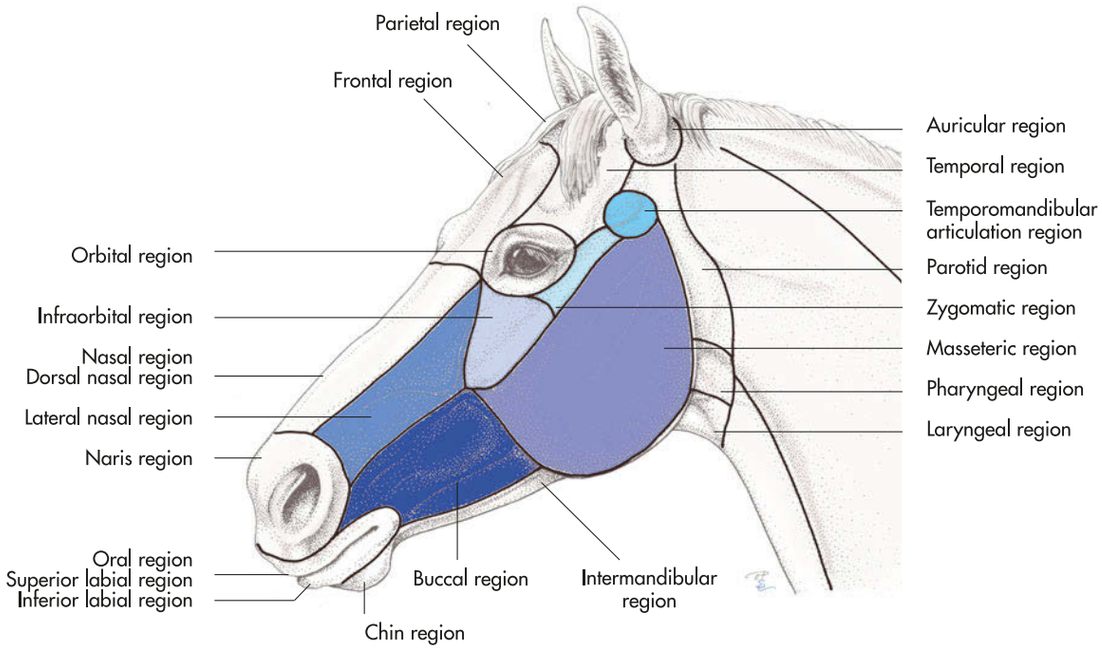


Fig. 20.2 The head regions in the horse (schematic).

The facial artery (pulse feeling in the horse), the transverse facial vein (sinus) and the transverse facial branch of the auriculotemporal nerve pass through this region. The facial nerve crosses the masseter muscle and divides at this point into the dorsal buccal branch and the ventral buccal branch (**plexus buccalis**).

The parotid duct passes over the masseter muscle in carnivores (▶ Fig. 20.6), but also in small ruminants. The deep facial vein (sinus) is situated beneath the masseter muscle on the maxilla just ventral of the facial crest. Further ventral towards the cheek are the buccal artery, buccal vein (sinus), and buccal nerve.

Other **structures in this region**:

- **arteries**: the masseteric branch originating from the external carotid artery and the masseteric branch originating from the transverse facial and the facial arteries, and
- **innervation of the masseter muscle**: the masseteric nerve branching from the masticator nerve (V_3), this nerve travels through the mandibular notch and enters the masseter muscle along a path approximating a line connecting the jaw joint with the facial notch.

Orbital region

The orbital region lies between the supraorbital margin of the frontal bone and the infraorbital margin formed by the lacrimal and zygomatic bone respectively. The eyeball and its organs are found here. The upper and lower eyelids are covered on the outside with skin and on the inside with conjunctiva. A connective tissue plate, the tarsus, provides support and shape for the eyelids. The free edge of the eyelids containing the lashes is kept moist by the tarsal gland (Meibomian gland) located in the tarsus.

Musculature and innervation in the orbital region: The muscle that lifts the upper eyelid is the **levator muscle of the upper eyelid** and is innervated by the **oculomotor nerve (III)**. Paralysis of the facial nerve does not affect this nerve. The **remaining muscles of the eyelids** – the orbicular muscle, the malar muscle and the levator of the medial angle of the eye – are all innervated by the **facial nerve (VII)**. The sensory innervation of the skin and cornea is provided by branches of the **ophthalmic nerve** (V_1) and the **zygomatic nerve** (V_2).

The **frontal nerve** innervates the middle part of the upper eyelid, the **lacrimal nerve** innervates the temporal corner of the eyelids, the **infratrochlear nerve** innervates the area of the medial canthus, and the **zygomatic nerve** innervates the lower eyelid.

The **lacrimal caruncle** and **both lacrimal duct openings** are located in the medial corner of the eye. Also located here is the **third eyelid**, or palpebra tertia, see membrana nictitans (p. 612). The cartilage (cartilago palpebrae tertiae) extends in the orbita deeply, surrounded by the glands of the third eyelid. Tears drain from the eye through the lacrimal duct openings to the lacrimal canaliculus, continue into the ventral conjunctival sac and then the nasolacrimal duct, and are finally secreted into the **nasal vestibule**.

The **eyeball**, its **muscles** and the **optic nerve** lie in the **bony orbita** and in the sac-like **periorbita**, the latter consisting of collagenous connective tissue. Embedded in the outer and inner walls of the periorbita is a layer of fatty tissue. Within the periorbita, the eyeball itself is sheathed in the delicate bulbar fascia. This thin layer of connective tissue originates close to the optic nerve and stretches over the eye as far as the scleral sulcus groove, thus suspending the eyeball.

Arteries in the orbital region: The medial canthus is supplied by the **malar artery**, a branch of the maxillary artery or the infraorbital artery. The vascularisation of the remaining regions around the eye and the globe itself is provided by the **external ophthalmic artery**, which arises from the maxillary artery. Origi-

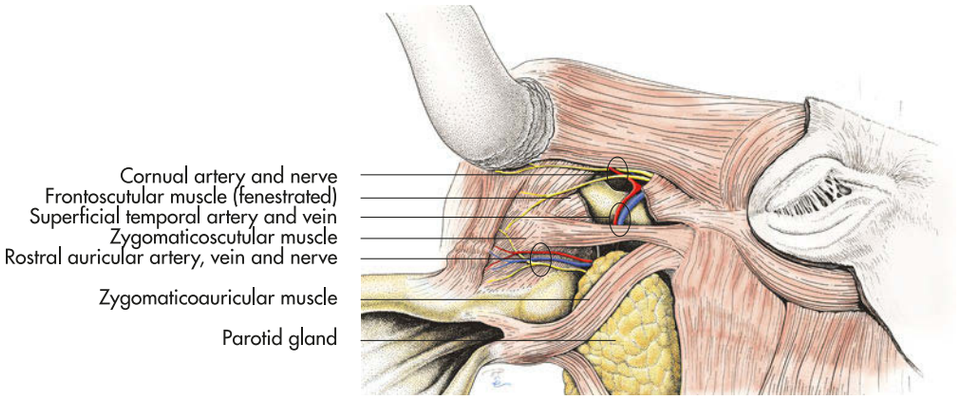


Fig. 20.3 Superficial structures of the temporal region in the ox (schematic).

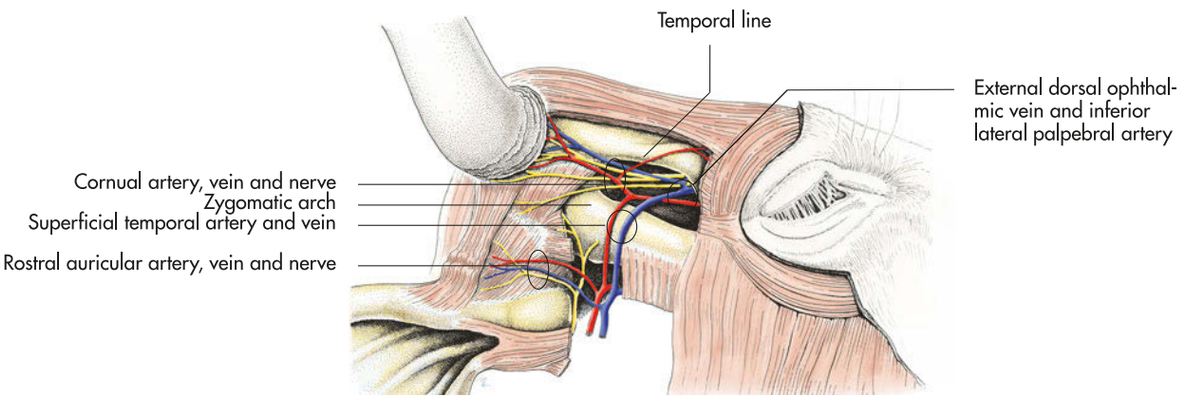


Fig. 20.4 Deeper structures of the temporal region in the ox (schematic).

nating from this blood vessel are the supraorbital artery and the lacrimal artery, both of which supply the upper eyelid.

Three types of arteries branch from the external ophthalmic artery and supply the eyeball:
- ciliary arteries,
- retinal arteries and
- conjunctival arteries.

The **ciliary arteries** are the **short**, **posterior ciliary arteries** that enter the uveal tract close to the cribriform area of the sclera, and the **long**, **posterior ciliary arteries** that appear further distally in the sclera. These arteries supply the uvea on their way to the iris. At the transition from sclera to cornea, these arteries build the limbal capillaries.

The **retinal arteries** also branch from the **short**, **posterior ciliary arteries**. Arterial branches lead from here in all domestic species except the horse to the interior of the optic nerve and combine to form the **blood vessels of the retina**. This central artery divides at the optic nerve disc and branches into the retina in species-dependent patterns (▶ Fig. 20.13). The retinal arteries and their accompanying veins can be examined at the fundus of the eye. In horses, the central artery does not exist. Instead, the ciliary arteries form a circular artery around the optic nerve disc.

The conjunctival arteries arise from the rostral ciliary arteries and the nasal and temporal eyelid arteries.

The four **vorticose veins** – one dorsal, one ventral, one nasal and one temporal – break through the sclera at the level of the equator of the eyeball. These vessels drain either into the **ophthalmic plexus** or into the **external ophthalmic vein**.

Intermandibular region

The intermandibular region is situated between the two mandibles and reaches from the tip of the chin to the transition between the head and neck (▶ Fig. 20.7). After removal of the skin, the facial cutaneous muscle appears. Beneath this muscle are the mandibular lymph nodes. The linguofacial trunk and the parotid duct (except in carnivores and small ruminants) run lateral to these lymph nodes. The tendon of the sternomandibular muscle can be found in the caudal area of this region in the ox and the horse. The mylohyoid muscle (with the mylohyoid nerve, V_3), the digastric muscle (rostral part of the belly), the omohyoid muscle, and the sternohyoid muscle are found in the deeper parts of this section. The geniohyoid muscle, the sublingual artery and vein, the mandibular duct, and the lingual nerve (V_3) run through the even deeper layers of this region. In addition, the major sublin-

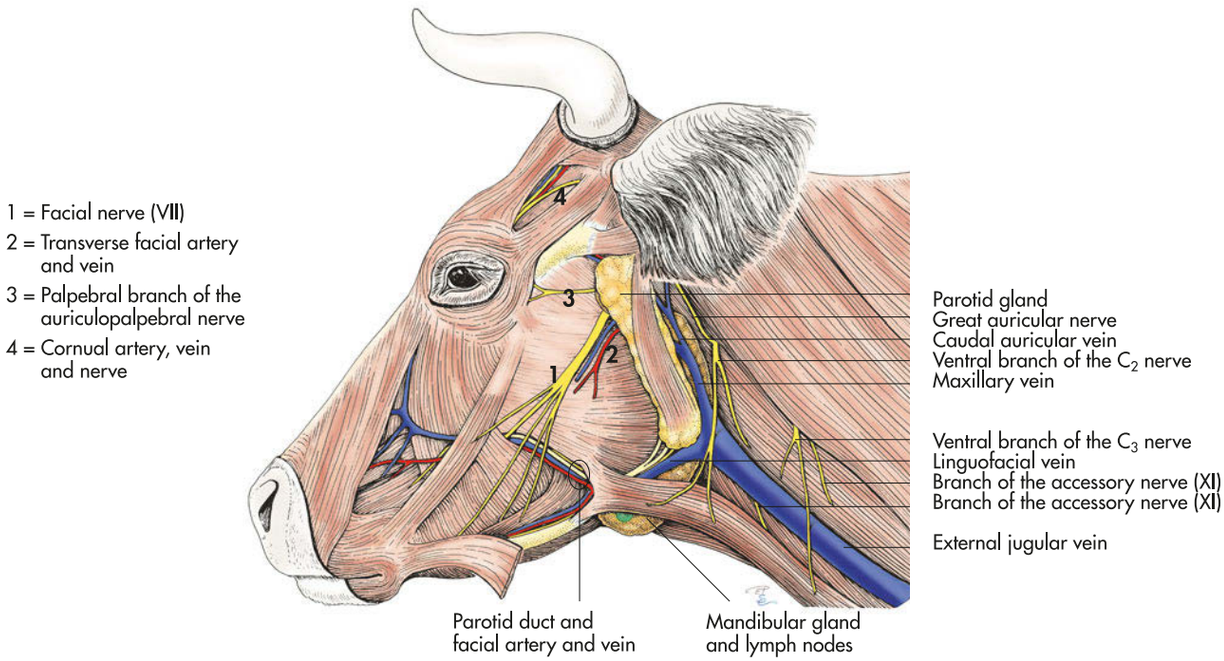


Fig. 20.5 Topography of the superficial organs and structures of the head in the ox (schematic).

gual salivary gland (not in the horse, however), the minor sublingual salivary gland, and the medial pterygoid muscle are situated here. The tongue musculature (the genioglossus, the hyoglossus and the styloglossus muscles) and the hypoglossal nerve, as well as the mucosa of the rostral oral cavity floor or the lateral sublingual recess, are found dorsal to the geniohyoid muscle.

Temporal region

The temporal region in combination with the cornual region of horned ruminants is clinically important. The temporal region lies between the dorsal temporal line and the ventral zygomatic arch. The region of the horns, the cornual region, is located caudodorsal of these structures (▶ Fig. 20.3, ▶ Fig. 20.4 and ▶ Fig. 20.5).

The powerful **frontal muscle**, embedded in the superficial fascia of the head, is the first structure to appear after removal of the skin. Beneath this muscle and running parallel to the temporal line is the **cornual branch** (a branch of the zygomaticotemporal branch of the zygomatic nerve, V_2). This nerve is laterally accompanied by the cornual artery and vein (branches of the superficial temporal artery and vein). The **temporal muscle** forms the deeper layer of this region. In the goat, the horn cores are additionally innervated by the cornual branch of the infratrochlear nerve (V_1). The infratrochlear nerve crosses the frontal region at the level of the supraorbital foramen and reaches the medial and dorsal side of the horn cores; see also Chapter 19 "Common integument" (p. 776).

20.1.3 Clinical applications

The regions of the head play a large role in clinical daily practice, mainly because many important structures and organs are found here. The brain, the sensory organs and the cranial nerve pairs respond to diseases with an array of symptoms, whose consequences not only affect the head itself, but the whole animal, even leading to behavioural problems.

Clinical note

The structures of the head belonging to the digestive and respiratory tracts represent the most important entry portals for pathogens and thus require not only thorough examination, but often curative treatment by a clinician.

In the following section, the organs, vessel and nerve tracts as well as the sensory organs are discussed in respect to their clinical relevance.

Digestive organs of the head

Oral cavity

The **mucosa** of the oral cavity does **not contain glands**. The **mechanical papillae** of the tongue are keratinised in the cat and the ox. In the ox, the conical papillae are angled caudally, in the area of the hard palate, the cheeks and the lateral sublingual recess. These papillae channel cud or a bolus in the caudal direction, allowing it to be swallowed. Once a foreign body is taken up, it is transported in the same way. An ox has no upper incisors or canines but instead a **dental plate** covered with keratinised mucosa. On the dorsal side of an ox's tongue is the dorsal prominence

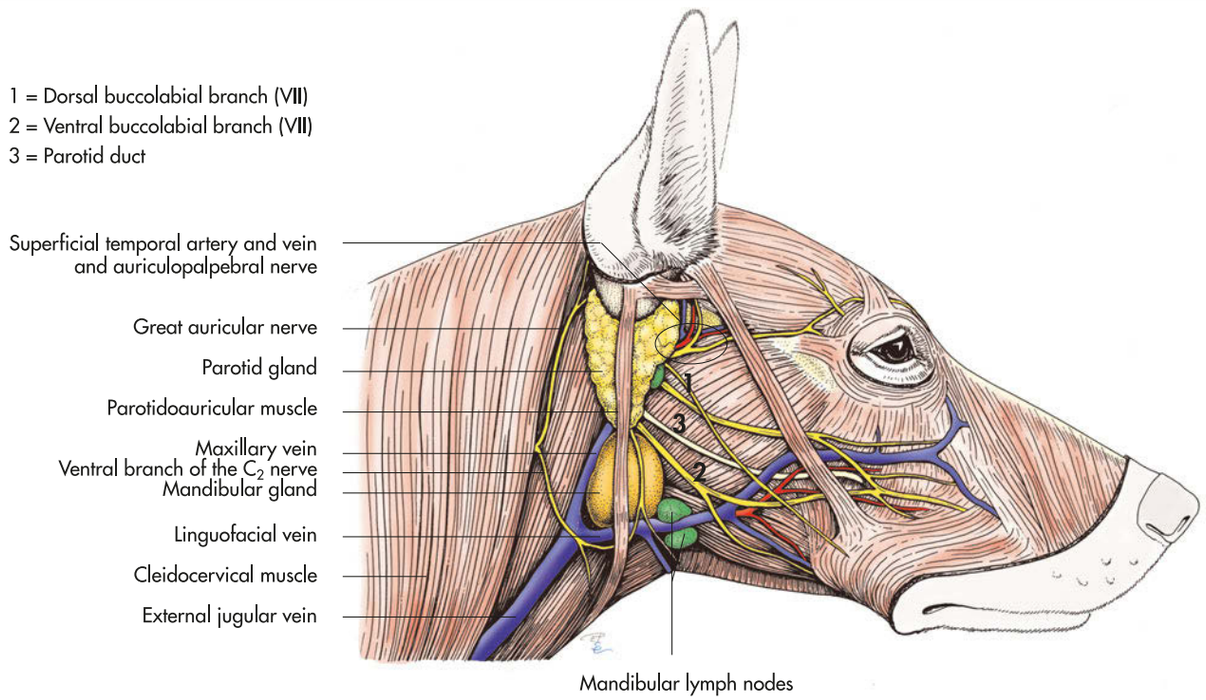


Fig. 20.6 Topography of the superficial organs and structures of the head in the dog (schematic).

of the tongue, a raised pad with a groove (fossa linguae), which may also serve as an entry portal for microorganisms.

In the dog, the **pulse** from the deep artery of the tongue can be felt on the **underside of the tongue's tip**. This presents an alternative side to feel pulse, for example, during surgery when the inside of the rear leg is not accessible. When an intravenous injection in a dog or cat is not possible due to collapsed veins, the drug can be injected into the highly vascularised tongue. With this method, the effective concentration of the drug in the blood is achieved more quickly than by any other application route.

The **mandibular salivary gland** and the **major sublingual salivary gland** ducts are located on the floor of the cranial half of the oral cavity at the sublingual caruncle (except in the horse). In dogs, the ducts of these glands may obliterate, causing a cystic growth either in the oral cavity (**ranula**) or in the neck region (**meliceris**). In such a case, it is necessary to surgically remove both salivary glands. The mandibular salivary gland is located at the angle formed by the confluence of the maxillary vein with the linguofacial vein, in the **retromandibular fossa**. The major sublingual salivary gland lies immediately rostral to the mandibular salivary gland. Located nearby are the mandibular lymph nodes.

Teeth

An **animal's age** can often be estimated by **examining the teeth**. At a relatively young age, the deciduous teeth are lost and replaced by the permanent teeth. Because wear on the teeth continues permanently, tooth height and form are proportional to age. The lower incisors are routinely used to estimate age in horses. In the ox, the loss of the deciduous teeth and the presence of the adult teeth are used to estimate age; for further information see Chapter 8 "Digestive system" (p. 327).

In the horse and the ox, the **interdental space** (diastema) is a toothless area between the incisors and the premolars. Through this space, it is possible to reach into the oral cavity to grasp the tongue. This forces the animal to open its mouth, thus making possible examination of the oral cavity.

The removal of a diseased upper molar is possible only through the trepanation of the maxilla over the molar. Access to the tooth in question is achieved through the trepanation hole, the tooth then topped out from above, and finally extracted through the oral cavity.

Both the upper and lower canine teeth in dogs have extensive roots that reach far caudal, beneath the roots of the first two premolars. A radiograph of the canines in the dog can serve to estimate the dog's age. Dentin is continuously added to the inner walls of the pulp cavity throughout life of the individual. The pulp cavity progressively narrows with advancing age, and the width of this canal can be measured in a radiograph.

The upper carnassial tooth (P4) is of special clinical relevance in that it has three roots. This fact must be taken into account when extracting this particular tooth. Also, it can easily become damaged, for example, through the grinding of strong bones. Fissures may occur in the tooth, leading to inflammation, which in turn can cause the formation of root granulomas. The granuloma can form a fistula, draining into the infraorbital region.

Nasal cavity and paranasal sinuses

The nasolacrimal canal (canalis nasolacrimalis) opens onto the **floor of the nasal vestibule** (vestibulum nasi). The opening is visible, especially in the horse, at the transition of the skin to the mucosa. The conjunctiva is reached by flushing this canal; see also Chapter 17 "Eye" (p. 772). The nasal vestibule continues dorsally to form the nasal diverticulum in the horse. When inserting

a nasopharyngeal tube, it is important to avoid entering the diverticulum. A nasopharyngeal tube is inserted through the **ventral nasal passage** (meatus nasi ventralis) and is slowly advanced in caudal direction. The laryngoscope is also inserted through the ventral nasal passage to allow visualisation of the pharynx and the guttural pouch. The external distance measured from the nostril to the lateral canthus is approximately equal to the distance from the nostril opening to the point in the nasopharynx (pars nasalis pharyngis) where the **pharyngeal opening of the auditory tube** is located. The pharyngeal opening of the auditory tube is covered on the medial side by a cartilage plate overlaid with a layer of mucosa. This plate conceals the cranial end of the auditory tube, which opens ventrally.

The dorsal nasal passage is narrow and ends at the olfactory mucosa and is referred to as the dorsal nasal meatus. The olfactory mucosa, as well as the respiratory mucosa lining the remaining nasal cavity, are highly vascularised. Surgical procedures in this region are accompanied by excessive haemorrhaging.

The paranasal sinuses open up into the **middle nasal passage**, which is also referred to as the **sinus passage**. These openings cannot be taken advantage of clinically in veterinary medicine as in human medicine. In animals, the openings to the paranasal sinuses are not accessible from the sinus passage. Access to the paranasal sinuses is achieved through **trepanation**. The maxillary sinus in the horse is separated into two compartments by a bony septum. Both compartments are accessible when the opening of the trepanation is located directly above this wall. The location of the septum can be found approximately at the midpoint of a line connecting the medial canthus with the rostral end of the facial crest in the infraorbital region.

The **premolars** and **molars** of the horse cannot be extracted from within the oral cavity, except when they are quite loose. These teeth must be tapped out from the roots, which can only be reached through the **maxillary sinus**.

The **frontal sinus** in the ox plays an important role clinically because this sinus continues into the horn core. This fact should not be forgotten when dehorning an ox (▶ Fig. 20.3 and ▶ Fig. 20.4). The frontal sinus in the horse is connected to the sinus of the dorsal turbinate, forming the **conchofrontal sinus**. A line from the lateral canthus to the median line of the head reveals the location of this sinus. Trepanation should occur at the midpoint of this line. The middle of a similar line, but beginning at the medial canthus, reveals the point of trepanation to open the **dorsal conchal sinus**.

Drugs to treat disease of the nasal sinuses are best applied locally since the mucosa of the nasal sinuses, unlike the respiratory and olfactory mucosa, is poorly vascularised. Intramuscular or intravenous application of drugs is ineffective because a high concentration of the active substance cannot be achieved at the diseased location by means of the blood supply. In the horse, squamous-cell carcinoma can occur in the mandibular sinuses, in the nasal sinuses, in the pharynx and in the guttural pouch. Such tumours can be diagnosed by cross-sectional images from a CT or MRI, as well as by endoscopic examination. Haemangioendotheliomas, although seldom, can also occur in the maxillar sinuses.

Radiographically, there are limitations to the examination of the head. Summation effects or superimposition of radiodense anatomical structures complicate the identification of the nasal cavity and paranasal sinuses. In conventional radiographs, differentiation of the various structures is difficult to achieve due to the summation effects. Use of new tomographic imaging techniques like CT and MRI make possible a detailed examination and diagnostic assessment of the structures of the head. Tomographic images permit accurate identification of the localisation, extent and size of the nasal cavity, paranasal sinuses and its associated openings.

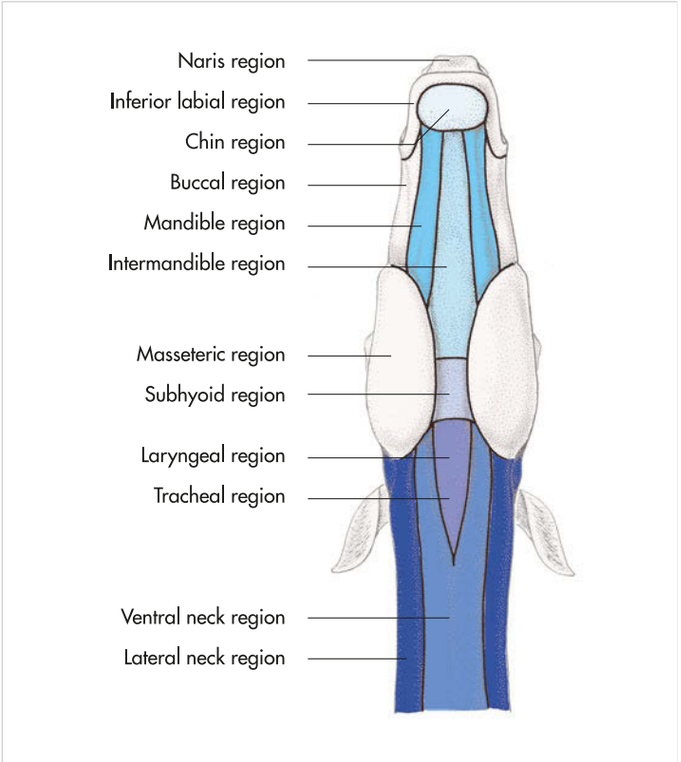


Fig. 20.7 The head and neck regions in the horse (ventral view, schematic).

Pharynx

In horses, the **openings of the left and right auditory tubes** (ostium pharyngeum tubae auditivae) are located in the nasal part of the pharynx. These openings are clinically important in that they allow access to the guttural pouch (diverticulum tubae auditivae). The endoscope is inserted through the ventral nasal meatus (meatus nasi ventralis) until the pharynx is reached. In the pharynx wall, the openings to the left and right guttural pouches are diagonal, caudoventral slits. The endoscope can be inserted through these openings and the guttural pouch examined and subsequently flushed.

The **palatine tonsil** (tonsilla palatina) in dogs is located in the palatoglossal arch within the oropharynx. It is found within a mucosal niche located in the pharynx wall between the root of the tongue and the soft palate. The medial side of the palatine tonsil is concealed by a fold of mucous membrane (plica semilunaris). The floor of this mucosal niche contains lymphoreticular tissue. Chronic disease of the tonsils is an indication for a tonsillectomy. The tonsils are supplied by two small arteries, the caudal and rostral tonsillar arteries, both of which originate from the lingual artery.

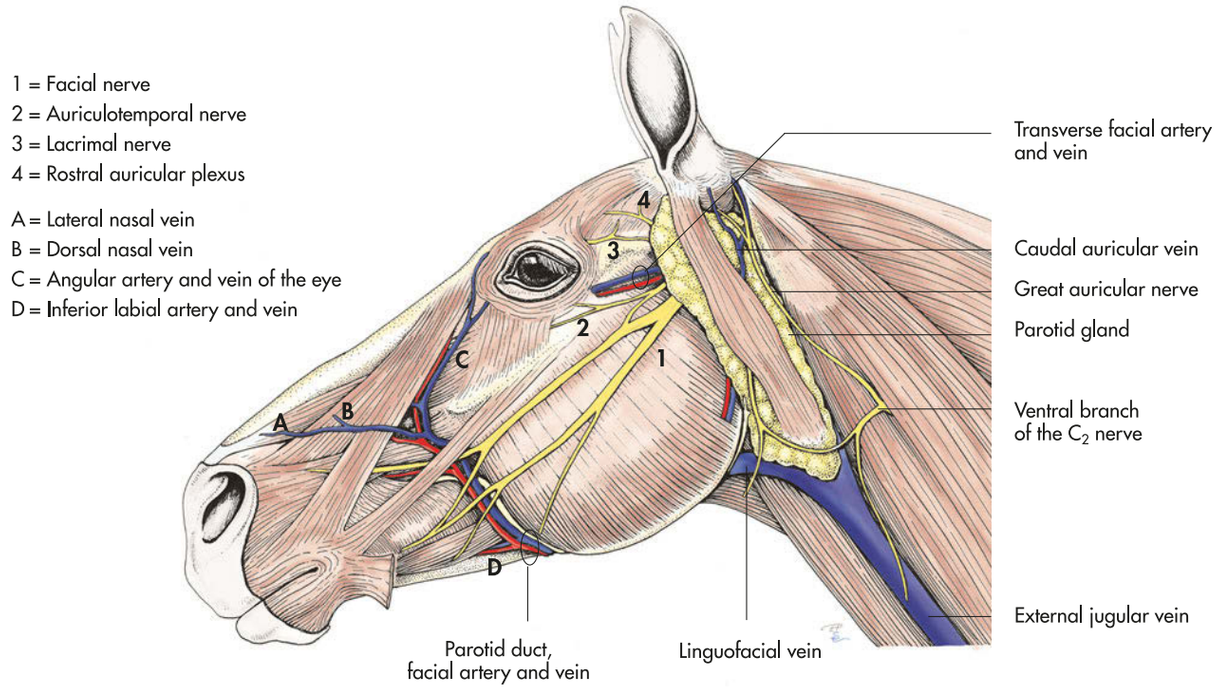


Fig. 20.8 Topography of the superficial organs and structures of the head in the horse (schematic).

Larynx

Knowledge of the horse larynx is clinically important, especially in the case of a suspected **laryngeal hemiplegia or roaring** (hemiplegia laryngis). The two laryngeal saccules (ventriculus laryngis lateralis) are situated on both sides of the glottal cleft (rima glottidis). This pocket on the affected side is removed during the standard surgery for laryngeal hemiplegia. Laryngoscopic examination of a horse with roaring reveals a deficiency in the laryngeal movement during inspiration, when the glottal cleft normally widens.

In the case of laryngeal hemiplegia, a paralysis of the left side is observed, most often caused by the functional loss of the left recurrent or caudal laryngeal nerve. This nerve represents the longest axon of the body in horses and other animals with long necks. In a middle-sized horse, it measures approximately 230 cm on the left side, while the right recurrent or caudal laryngeal nerve measures only approximately 160 cm.

The left nerve curves around the aortic arch and returns to the larynx first cranially through the middle mediastinum, then through the cranial mediastinum, and finally along the trachea within the tunica adventitia. The right recurrent or caudal laryngeal nerve curves around the arterial costocervical trunk, which is situated cranially next to the aortic arch.

The difficulty in determining the cause of a left hemiplegia laryngis in the horse has led pathologists to coin the term “distal axonopathy”. Both recurrent laryngeal nerves innervate the laryngeal musculature, such as the **dorsal cricoarytenoid muscle**, the **strongest dilator** of the larynx. The neuronal perikarya of the caudal laryngeal nerve lie in the ambiguous nucleus of the medulla oblongata. Central damage to this nucleus, for example by protozoal encephalitis, can cause the paralysis of the laryngeal nerve (inspiratory dyspnoe).

The axons leave the medulla oblongata in the cranial root of the accessory nerve and join the vagus nerve. They then leave the skull through the caudal half of the lacerate foramen, which corresponds to the jugular foramen in other domestic animals. The segment of the recurrent or caudal laryngeal nerve close to the retropharyngeal space can be affected by a disease of the guttural pouch (e.g. aspergillosis) or by abscesses in the retropharyngeal lymph nodes.

The cervical stretch of the vagus nerve can be affected in rare cases through tumour-like processes in the neck, which may also lead to a hemiplegia laryngis. The section of the recurrent or caudal laryngeal nerve that curves around the aortic arch comes in contact with the pulse. Damage to this nerve can also occur through a pleuritis or through the swelling of the lymph nodes at the hilus pulmonis.

Enlargement of the thyroid gland or **surgical procedures** (also in humans) on or near this organ can endanger the retrograde section of the recurrent or caudal laryngeal nerve, which runs over the dorsal edge of the thyroid gland. Finally, botulin neurotoxin or a myasthenia gravis can also affect the motor end-plate of the dorsal cricoarytenoid muscle, and can result in laryngeal hemiplegia in the horse.

Knowledge of the laryngeal cavities in the remaining domestic animals is important for the correct placement of an endotracheal tube for inhalation anaesthesia.

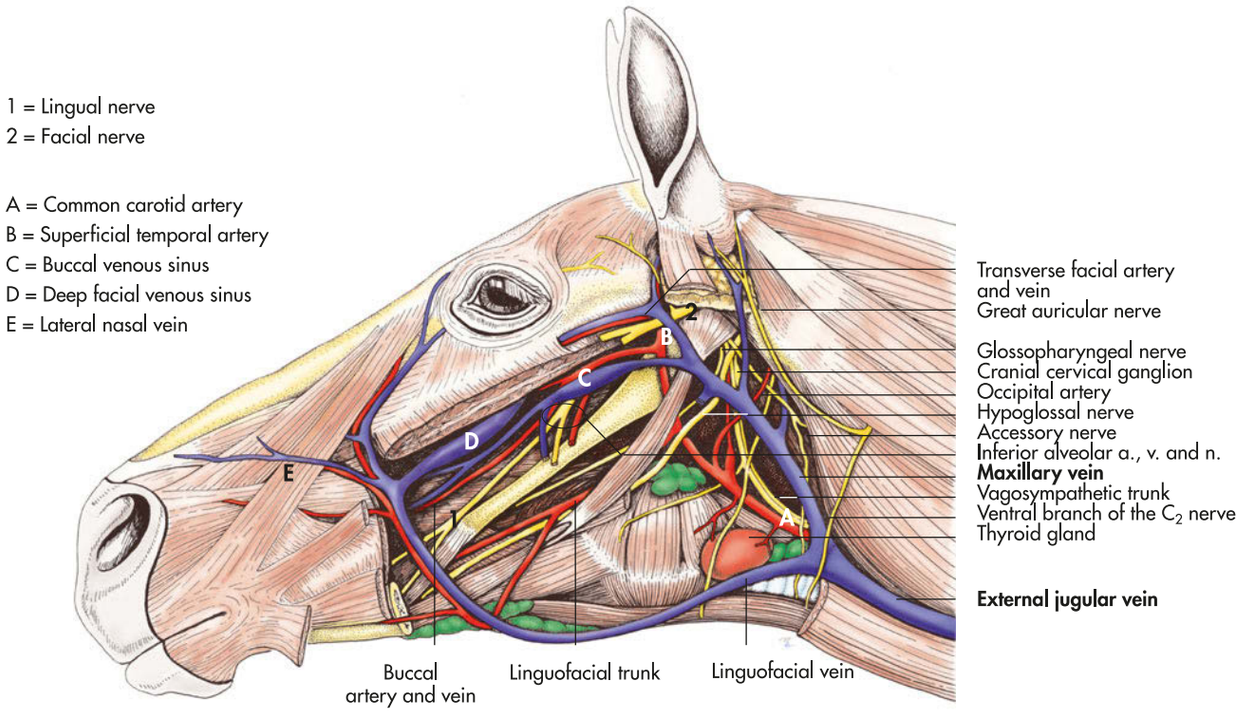


Fig. 20.9 Topography of the deeper organs and structures of the head in the horse (schematic).

Cranial nerves

Of the **twelve cranial nerves**, the **trigeminal nerve** (V) and the **facial nerve** (VII) are clinically the most important (▶ Fig. 20.9).

Note

For **functional understanding** and **neurological examinations**, it is helpful to categorise the twelve cranial nerves into **groups**:

- **purely sensory nerves**: the paired nerves I (olfactory nerve), II (optic nerve) and VIII (vestibulocochlear nerve, hearing and balance nerve),
- **mainly motor fibres**: the paired nerves III (oculomotorius nerve), IV (trochlearis nerve), VI (abducent nerve), and XI (accessory nerve),
- **nerves of the eye muscles**: the nerve pairs III, IV and VI,
- **vagal group**: the paired nerves IX (glossopharyngeal nerve), X (vagus nerve) and XI (accessory nerve), which exit the skull together through the jugular foramen, and
- the **twelfth cranial nerve pair** (hypoglossal nerve), that alone innervates the tongue musculature and, from an evolutionary standpoint, is the first cervical nerve.

The trigeminal nerve is the largest cranial sensory nerve. The first branch of this nerve, the **ophthalmic nerve** (V_1), innervates the eyeball, the eyelids, the frontal sinus and the caudal area of the nasal mucosa. The nerve block to anaesthetise this nerve is undertaken at the level of the fissura orbitalis.

The puncture is completed on the caudal edge of the orbita in a caudoventral and medial direction as far as the fissura orbitalis on the floor of the orbita.

This method is controversial because it may lead to retrobulbar bleeding.

The second branch, the **maxillary nerve** (V_2), is similar to the ophthalmic nerve in that it contains mostly sensory fibres. It innervates the upper lip, the nose, the nasal mucosa, both the hard and soft palate as well as the teeth of the dorsal dental arch. The main branch of the maxillary nerve becomes the infraorbital nerve as soon as it exits the skull through the infraorbital foramen, where this nerve can be anaesthetised.

An imaginary line connecting the naso-incisive notch with the beginning of the facial crest is helpful in locating the infraorbital foramen in the horse. The foramen is located one fingerbreadth towards the eye from the midpoint on this line.

Depending on the amount of anaesthetic, the maxillary cheek teeth are more or less anaesthetised. A **nose twitch** utilises the extensive innervation by the infraorbital nerve of the upper lip and nose to control a horse (acute pain, endorphins, distraction from veterinary procedures). In canines, the infraorbital foramen is located either a fingerbreadth dorsal of the P3 or the P3 and P4 (P4 = carnassial tooth). A nerve block of the infraorbital nerve can be given to dogs before a tooth extraction when the risk of a general anaesthesia is too high due to old age or adiposity.

The **mandibular nerve** (V_3) is the only branch of the trigeminal nerve which is not only comprised of sensory but also of motor fibres. The motor fibres innervate the mastication muscles. The sensory fibres innervate the external ear and the entire area of the head ventral to a line between the lip commissure and the zygomatic arch. The mandibular nerve also innervates the mandibular teeth and the rostral two-thirds of the tongue. In canines, an impairment of the mandibular nerve results in a “masticatory facial paralysis”. In such cases, usually the tongue is paralysed as

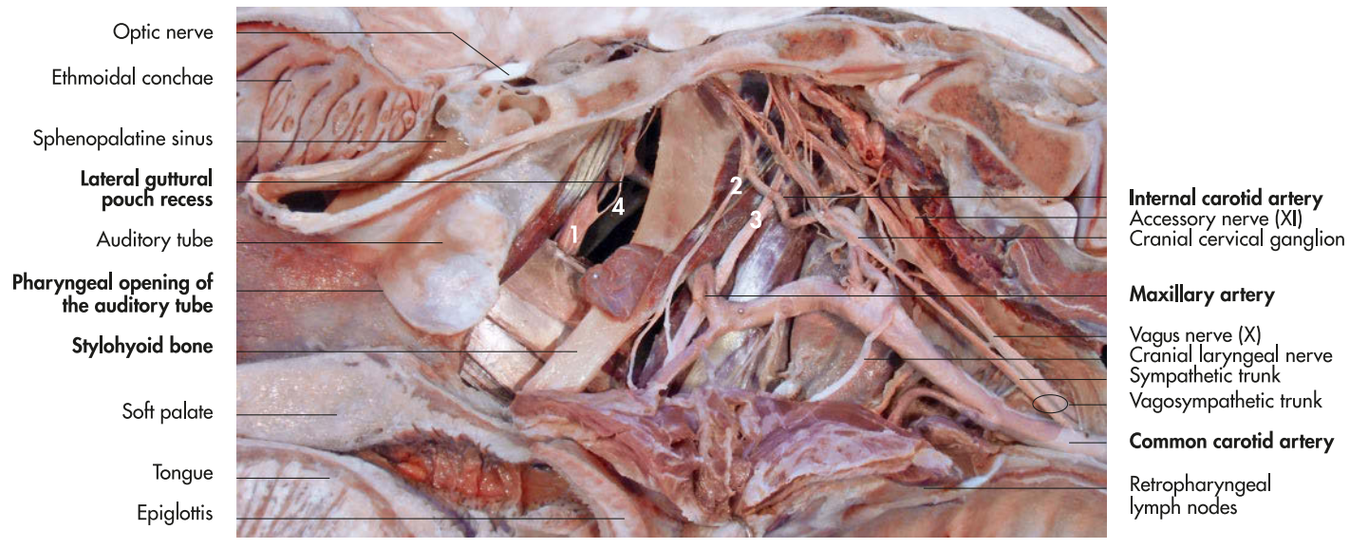


Fig. 20.10 Topography of the right guttural pouch (1 = mandibular nerve [V_3], 2 = glossopharyngeal nerve [IX], 3 = hypoglossal nerve [XII], 4 = chorda tympani). (source: courtesy of Dr. R. Macher, Vienna)

well (additional paralysis of the hypoglossal nerve, XII). The impairment of each mandibular nerve on both sides of the face results in drooping of the mandible. This symptom may result from a transient neuritis of the trigeminal nerve, but it can also indicate an infection with rabies.

The **inferior alveolar nerve** can be blocked for a tooth treatment. For the treatment of the incisors, the nerve block is applied in the **mental foramen**, where the inferior alveolar nerve exits the mandible. In the horse, the mental foramen is located two fingerbreadths ventral from the lip commissure. The largest of the foramina in canines can be found either below the P1 or between the P1 and P2 at the middle point on the corpus mandibulae. The injection needle can be inserted from the outside through the skin or through the mucosa of the oral vestibule, as the former procedure is painful.

The **mandibular foramen**, found on the medial side of the mandibular ramus is chosen as the injection site when a complete nerve block of the inferior alveolar nerve is required. It is located at the centre of a line connecting the facial notch and the condylar process of the mandible. The injection needle is inserted in the intermandibular region and medial to the mandible at the level of a vertical line originating from the lateral eye canthus. The needle is inserted approximately 9 to 14 cm deep, depending on the size of the horse. In canines, anaesthesia of the inferior alveolar nerve is applied in the oral cavity. The mandibular foramen is found approximately 2 cm caudal to the last molar (M3) on the lower jaw.

Like the trigeminal nerve, the **facial nerve (VII)** is also a mixed nerve. The fibres, however, are mainly motor fibres innervating the face musculature (mimic muscles). The facial nerve is also important for food intake in that it innervates the muscles responsible for opening the jaws: the caudal belly of the digastric muscle and its branch in the horse, the powerful occipitomandibular muscle. By innervating the buccal muscle, the facial nerve ensures that food taken up in the oral vestibule is brought between the masticatory surfaces of the premolars and molars. Furthermore the lips can be tightly closed by the orbicular muscle of the mouth.

The **motor nucleus of the facial nerve** lies in the cranial half of the medulla oblongata. These fibres form an **internal loop** in the central nervous system, running first dorsally and curving around the nucleus of the abducent nerve (VI) and then continuing again in the ventral direction. This loop does not contain the parasympathetic, preganglionic fibres. These fibres run independently and directly towards the exit site of the facial nerve, which appears laterally from the trapezoid body of the medulla oblongata.

The internal loop of the facial nerve is important clinically. Pathological processes in this area of the CNS impair the facial nerve stem. In this case, a **central facial nerve paralysis** occurs, so-called central diplegia, when as the name implies the right and left facial nerves are affected (e.g. by abscesses, tumours, rabies). After the facial nerve leaves the medulla oblongata, it enters the petrous part of the temporal bone. In this bone, it runs close to the upper levels of the middle ear (epitympanicum) and forms a second, external loop, called the genu of the facial nerve.

Here, the nerve enlarges and builds the sensory ganglion of the facial nerve, the **geniculate ganglion**.

Almost the entire length of the facial nerve in the petrous temporal bone runs close to the tympanic cavity. These structures are separated only by the mucosa of the tympanic cavity. Here, parasympathetic fibres branch off from the facial nerve, forming the **chorda tympani** and the **major petrosal nerve**.

Infections of the inner ear can affect the facial nerve, due to the proximity of the two structures. This may result in a peripheral facial nerve paralysis (monoplegia), where the ear pinna, the eyelid (excluding the levator of the upper eyelid), the nose and the lips are unilaterally affected. Humans suffering from a peripheral facial nerve paralysis show an increased sensitivity to noise (hyperacusis), which can be attributed to the impaired action of the stapedius muscle. This muscle attenuates the conduction of sound through the auditory ossicles and is innervated by the facial nerve. In canines and felines, an otitis media can affect the

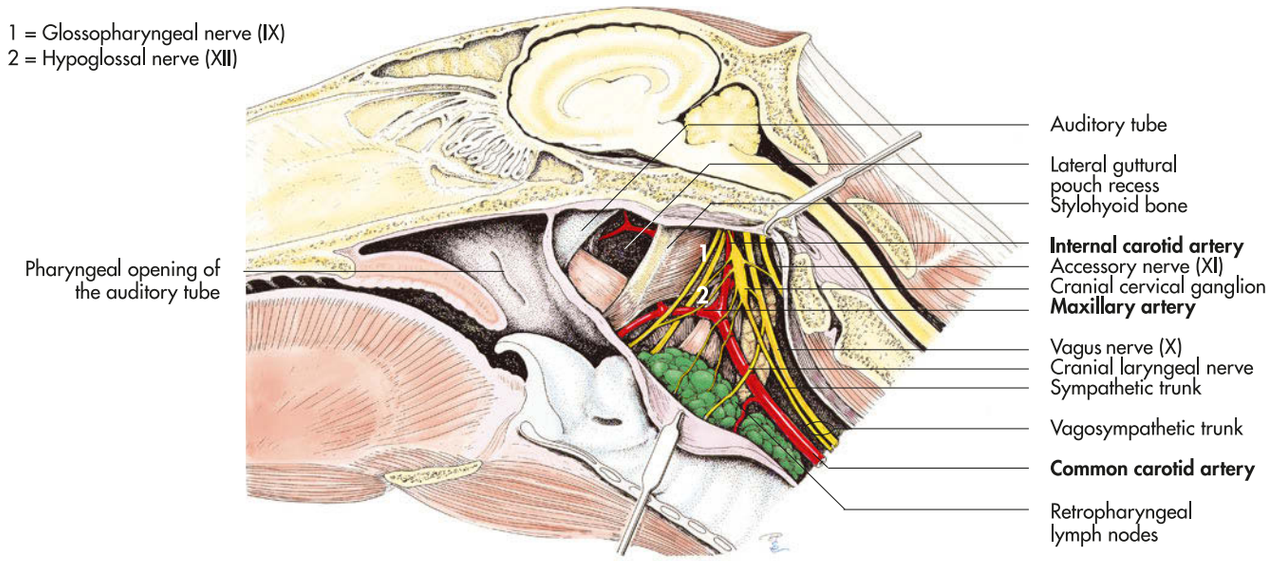


Fig. 20.11 Topography of the right guttural pouch (schematic, paramedian section).

sympathetic fibres that run through the middle ear (plexus tympanicus). This results in the Horner syndrome, which is characterised by miosis (constricted pupils), among other symptoms.

The facial nerve exits the tympanic part of the temporal bone through the **stylomastoid foramen**. Here, fibres branch off to innervate the muscles of the ear pinna and the eyelids. In horses, this section of the facial nerve lies in close contact with the guttural pouch. Next, the nerve crosses the caudal masseteric region, running subcutaneously over the masseter muscle. In this region, the branches of the facial nerve build the **buccal plexus**, which is visible during chewing in horses with a thin skin. The buccal plexus innervates the muscles of the lips and the nose.

In horses, this part of the facial nerve can be damaged by excessive pressure exerted by a tight halter. An iatrogenic facial nerve paralysis occurs when a horse must remain for a long time in lateral recumbency, for example, during anaesthesia. In this case, the paralysis occurs unilaterally and affects only the muscles of the lips and nose.

Such a **facial nerve paralysis** is recognised by an apparent contortion of the healthy side of the face due to the remaining contralateral muscle tone.

Guttural pouch of the horse

The **auditory tube** (tuba auditiva) opens into the tympanic cavity at the **tympanic opening of the auditory tube** (ostium tympanicum tubae auditivae). The bone that forms the osseous margin of this opening also encloses the short osseous portion of the auditory tube (pars ossea tubae auditivae). This is continued rostrally by the cartilaginous portion (pars cartilaginea tubae auditivae), which is 10 to 15 cm long.

The gutter-shaped **cartilage of the auditory tube** (cartilago tubae auditivae) consists of dorsally joined laminae (lamina lateralis and lamina medialis). The ciliated respiratory mucosa of the auditory tube extends from the caudoventrally open aspect of the cartilaginous trough to form the capacious **guttural pouch** (diverticulum tubae auditivae). The guttural pouch is **unique to equids** (▶ Fig. 20.10, ▶ Fig. 20.11 and ▶ Fig. 20.12), see also Chapter 18 “Vestibulocochlear organ” (p. 619) and Chapter 20 “Parotid region” (p. 700).

The **guttural pouch** forms from the cartilage section of the auditory tubes, the ventral part of which remains open through a slit-like fissure. The mucosa of the auditory tubes covering this fissure expands to form a blind-ending sac. The capacity of a guttural pouch is approximately 500 ml.

The **cartilage of the auditory tube** is attached to the base of the skull. Throughout its rostrally directed course, the lateral lamina gradually diminishes whereas the medial lamina increases in height. At the **pharyngeal opening of the auditory tube** (ostium pharyngeum tubae auditivae), the medial lamina forms a flexible cartilaginous plate or valve (**valva tubae auditivae**). Opening of this valve during swallowing permits the equalisation of pressure. The valve must be moved aside during **catheterisation of the guttural pouch**.

In several places, the mucosa of the guttural pouch is thrown into numerous microscopic folds of varying height. The channels and pockets between these folds branch within the mucosa, forming spaces in which **Aspergillus** and **other microbes can proliferate** and cause disease.

In the dorsal region between the two guttural pouches are the long muscle of the head and the ventral, straight muscle of the head. In the ventral region, the mucosa of the two pouches meet and are separated only by connective tissue. Each guttural pouch lies loosely over the stylohyoid bone, which partially divides each pouch into a **larger**, **medial recess** and a **smaller**, **lateral recess**. In close contact with the guttural pouches are the retropharyngeal lymph nodes. Abscesses forming in the lymph nodes can affect the guttural pouches (e.g. in young horses during infection with streptococcus equi, the causative agent of the disease strangles).

The guttural pouch is in contact with many important cranial tracts. Close to the caudal edge of the medial recess, the **common**

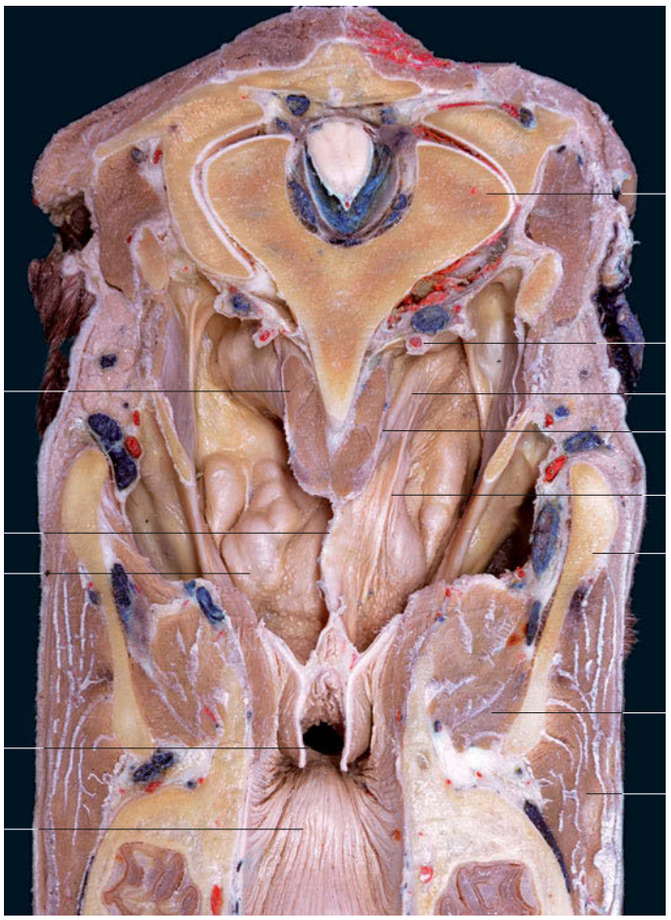


Fig. 20.12 Topographic anatomy of the floor of the guttural pouch (dorsal aspect). (source: courtesy of Prof. R. Latorre, Murcia)

carotid artery branches into the external carotid artery, the occipital artery and the internal carotid artery. The internal carotid artery follows the caudal guttural pouch wall as it climbs towards the base of the skull. The **vagus nerve (X)** runs parallel to the internal carotid artery. Rostral to the vagus nerve is the approximately 2-cm-long, spindle-shaped sympathetic **cranial cervical ganglion**, which continues towards the cranial cavity as the **internal carotid nerve**.

Together, the paths of the **internal carotid artery**, the **vagus nerve**, and the **cranial cervical ganglion** cause an indention in the caudal wtall of the guttural pouch, which can be observed as a mucosal fold from the inside of the pouch. Also located here are the **hypoglossal nerve (XII)** and the **glossopharyngeal nerve (IX)**. These two structures run in a rostroventral direction along the ventral wall of the medial recess and are also visible as a fold during endoscopic examination of the guttural pouch.

The **external carotid artery** and its continuation, the **maxillary artery**, run along the wall of the lateral guttural pouch recess. The pulsation of both the external carotid artery and the maxillary artery can be observed from the lumen of the guttural pouch. Diseases of the guttural pouch, most importantly the aspergillosis, can damage these arteries through erosion, causing fatal haemorrhaging characterised by severe epistaxis. The disease process can also affect the nerve. An iatrogenic paralysis of the hypoglossal nerve is conceivable after an inexpert endoscopic examination.

The guttural pouch contacts the temporomandibular joint, the external acoustic meatus and the atlanto-occipital joint; for more information, see Chapter 18 "Vestibulocochlear organ" (p. 619). This topography should kept in mind when diseases of the guttural pouch occur.

The guttural pouch is accessible through the **Viborg triangle**. The borders of this triangle are formed by the tendon of the sternomandibular muscle, the linguofacial vein, and the angle of the mandible in the ventral area of the parotid region. The guttural pouch is found here only when it is filled with a pathological substance, for example pus, which weighs it down. A second incision is required dorsally in the retromandibular fossa between the mandible and the wing of the atlas at the level of the occipitohyoid muscle in order to allow the pathological contents to drain. Use of ultrasound make differentiation of structures of the upper cervical region in the horse possible.

Eye

The eye includes the **eyeball** (light receptor) and the **auxiliary organs of the eye**, comprised of the lacrimal apparatus, the muscles of the eye, and the eyelids. The eyeball consists of three hollow spheres situated within each other (▶ Fig. 20.13). The outer part of the **cornea** is the easiest to examine and the most accessible of the three layers. The tunica mucosa of the cornea is not vascularised, but is intensely **innervated** by the **sensory ophthalmic nerve**. The **corneal reflex** follows connections of the sensory cells

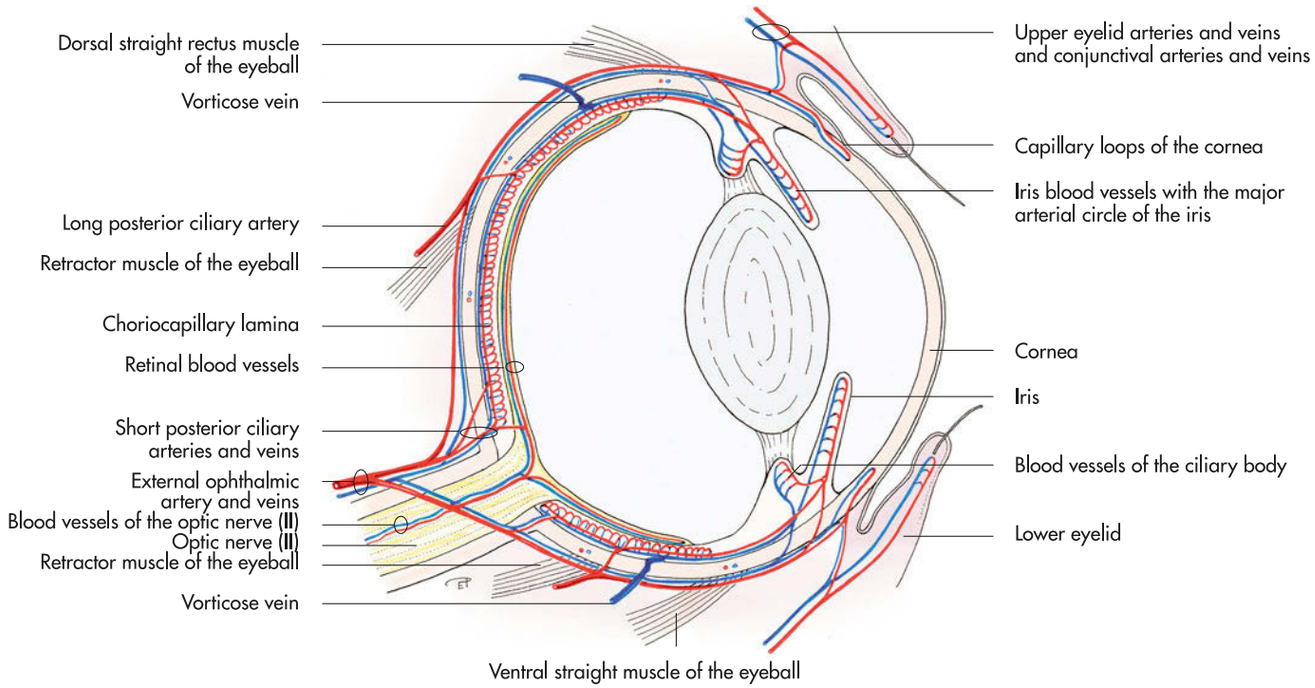


Fig. 20.13 Blood vessels of the eye in the dog (schematic, median section).

in the trigeminus nucleus with the motor nucleus of the intermediofacial nerve over the reticular formation in the medulla oblongata. The inner epithelium lining the anterior chamber of the eye sits on a basement membrane (Descemet membrane).

The depth of injuries to the cornea must be estimated for prognostic purposes. Penetration of the cornea and the strong Descemet membrane opens the anterior chamber of the eye, causing loss of the aqueous humour. This is a serious injury that must be treated quickly or else the eyeball could be irreversibly damaged. **Chronic irritation of the cornea** stimulates the **growth of blood vessels** in the cornea itself, which can lead to permanent opacity.

The **middle layer** of the eyeball is the **uvea** (tunica media bulbi), and from the outside, only the iris can be seen. A reflective layer, the **tapetum lucidum**, reflects light shone on it at night in all domestic animals except the pig. Pigment in the iris determines the **colour of the eyes**.

Albino animals do not have pigment in their iris, which shine red because of the numerous blood vessels located in the iris. The lens is attached to the ciliary processes with the help of the zonula fibres (Zinn fibres). Attempts to remove the lens in an anatomical preparation always result in the partial tearing of the ciliary processes.

The uvea is not only **heavily vascularised**, but also contains a large amount of pigment which blocks light. Light is allowed into this layer only through the pupil. Four large veins, the vorticose veins, pass through the uvea. At the level of the globe equator, these vessels leave the proximal part of the uvea, the choroidea, and break through the tunica externa, or sclera. It is assumed that strictures around the **vorticose veins** at their exit points indirectly lead to **increased pressure** in the eyeball, contributing to the development of **glaucoma**. Conversely, not enough pressure in the eyeball can result in the detachment of the retina (**ablatio retinae**).

The **retina** can be viewed at the fundus of the eye through an ophthalmoscope, chiefly for examination of the blood vessels of the retina and their branches (▶ Fig. 17.37, ▶ Fig. 17.38, ▶ Fig. 17.39, ▶ Fig. 17.40, ▶ Fig. 17.41, ▶ Fig. 17.42, ▶ Fig. 17.43 and ▶ Fig. 17.44). The central retinal artery, which is consistently found in human beings, does not exist in domestic mammals. The pattern created by the branching of the **arterioles of the retina** is species-specific.

Instead, the artery of the retina is replaced by collateral vessels from the short ciliary arteries which form a vascular wreath around the optic nerve disc (**circulus vasculosus n. optici**).

Indicative of high blood pressure (hypertension is the tightly coiled appearance of the fundus arteries. Diabetes mellitus also causes visible changes in the retinal vessels. For example, the vessels appear coiled, and haemorrhaging is observed. In the dog, diabetes mellitus can lead to opacity of the lens (diabetic cataracts).

The **optic nerve** does not directly transverse the orbita, but rather runs in a wide arc towards the optic foramen. This path increases the length of the nerve and prevents excessive injury in the case of a trauma-induced exophthalmus and allows the eye to be replaced in the orbita. This does not affect sight and avoids enucleation of the eye.

The **conjunctiva** can be seen on the underside of the eyelids and covers the visible parts of the sclera (white). In disease, the conjunctiva can change its appearance, providing the clinician with evidence of a pathological condition. An icterus can be identified by yellow-tinged conjunctiva, just as fever or allergies cause reddening of the conjunctiva. In the case of anaemia or shock, the conjunctiva appears pale. Medications for the eye can be locally administered in the conjunctival sac.

The **nictitating membrane**, or third eyelid, is supported by a cartilage core and contains small lymph nodules (noduli lympha-

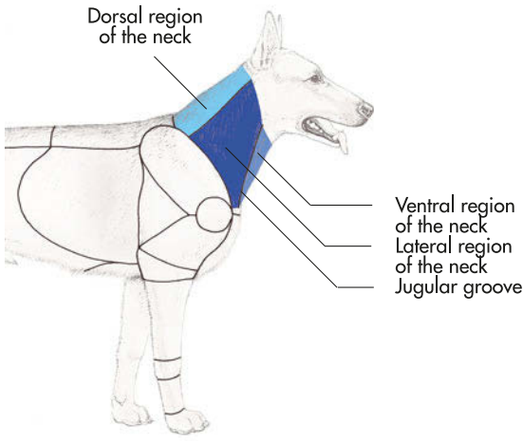


Fig. 20.14 The neck regions in the dog (schematic, lateral view).

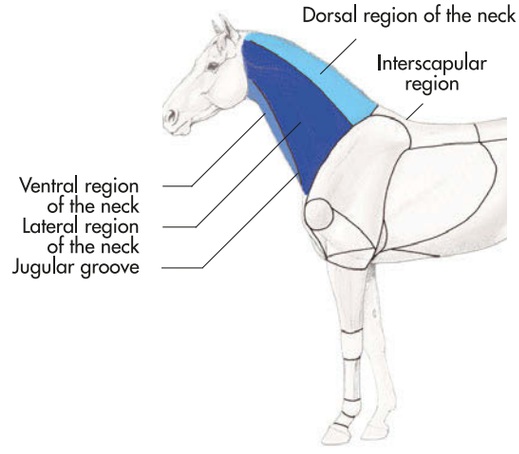


Fig. 20.15 The neck regions in the horse (schematic, lateral view).

tici conjunctivales). These lymphatic structures may become chronically inflamed in canines, requiring curettage, or in extreme cases, surgical removal of the third eyelid.

The **lacrimal gland** lies over the dorsotemporal part of the globe. Lacrimal secretions produce the tear film, which moistens the cornea and provides a medium for the transport of nutrients to and from the cornea. A reduction, malfunction or cessation of the lacrimal secretion causes the cornea to dry out, which leads to opacity and eventual blindness. A surgical procedure, parotid duct transposition, has been described in canines. This procedure involves transferring the parotid duct and papilla to the dorsal conjunctival sac to provide substitute lubrication in the form of the basal secretion from the parotid salivary gland.

If retrobulbar disorders are suspected, use of ultrasound (use of a 10-MHz probe) as well as CT and MRI will aid in the diagnosis of such conditions.

Ear

The ear is a sensory organ for both **hearing** and **balance**. The **outer ear** consists of the pinna or ear flap and the auditory canal. It is separated from the inner ear by the tympanic membrane. Cartilage provides the internal support for the **pinnae** and influences their form. The delicate skin covering the cartilage is bound to it through a layer of loose connective tissue. **Blood vessels** supplying the cartilage are found in this layer. Injuries to the vessels cause the skin to separate from the cartilage, leading to extensive aural haematoma.

The auditory canal (meatus acousticus) consists of an outer, cartilaginous section and an inner, bony section. In dogs and cats, the outer, auditory canal does not lead straight to the tympanic membrane, but makes a sharp bend, much like the angle of a hockey stick. This fact is not only important for the insertion of an otoscope, but also when cleaning the ear.

The heavily **vascularised tympanic membrane** with the tympanic membrane navel (umbo membranae tympani) can be viewed with an otoscope. Severe disease or inflammation of the middle ear is often accompanied by secretion accumulation. In such cases, the tympanic membrane is perforated (myringotomy) to allow the pathological secretion to drain. This defect in the tympanic membrane closes after a short time.

The bulla tympanica can also be opened ventrally (osteotomy of the bulla tympanica). In this case, care must be taken not to injure neighbouring structures such as the hypoglossal nerve (XII) and the internal carotid artery.

The **auditory ossicles** form a chain located in the upper levels of the **middle ear**, in the epitympanicum. The intermediofacial nerve runs close to the epitympanicum. Diseases of the middle ear can also affect the facial nerve. The auditory tubes (Eustachian tubes) connect the pharynx to the tympanic cavity. Pharyngeal infection can ascend the auditory tubes to reach the middle ear. The ventral, slit-like auditory tubes serve as the opening for the **guttural pouch** in horses; for further information, see Chapter "Guttural pouch of the horse" (p. 695). For this reason, an ascending infection seldom occurs in horses, because the inflammation process usually weighs down the guttural pouch.

Disease of the middle ear can lead to facial nerve paralysis and affect the inner ear as well, causing balance disorders. **Congenital hearing disorders** occur in some dog breeds, such as Dalmatians. The genetic disposition for deafness appears to be connected to coat colour. Histological examinations of the organ of Corti from affected animals have revealed the absence of sensory cells.

During a post mortem examination, it is sometimes necessary to remove the **vestibular ganglion** located in the internal auditory meatus in order to examine the inner ear. An incision must be made through the central pillar of the cochlea so that a tissue sample may be collected from the **spiral ganglion** and the organ of Corti. The angle of the incision in relation to the base of the skull is specific to each species.

Brain

Injuries to the brain manifest themselves as behavioural changes or functional deficits in the areas innervated by the cranial nerves. Central facial nerve paralysis, diplegia, has been previously described; for further information, see Chapter "Cranial nerves" (p. 693). In older animals, stenosis or occlusion of the brain blood vessels can occur, resulting in a stroke accompanied

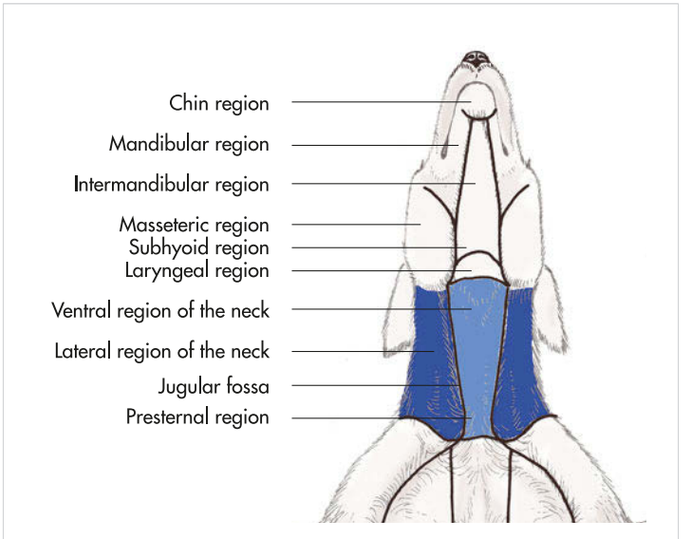


Fig. 20.16 The neck regions in the dog (schematic, ventral view).

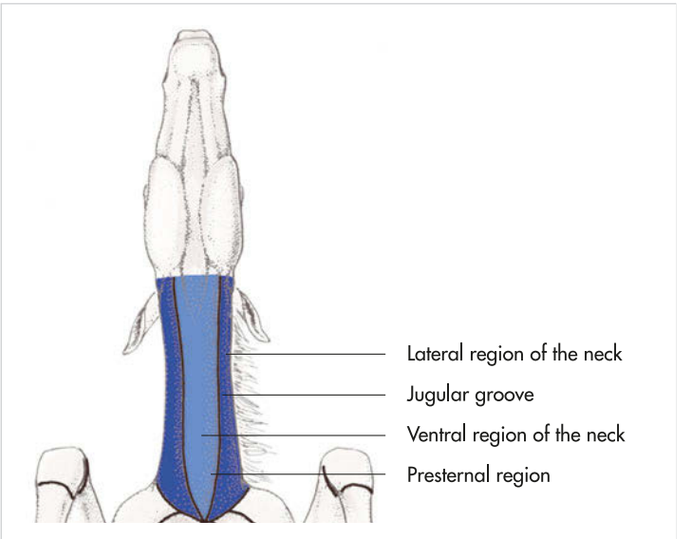


Fig. 20.17 The necks region in the horse (schematic, ventral view).

by symptoms of paralysis. Injuries to the brain cortex can also lead to paralysis. The symptoms are not as apparent as in humans, since the cortex in animals is not as highly developed. For this reason, it is assumed that animals do not possess a similarly highly developed consciousness.

Tumours of the brain can also cause **abnormal behaviour**, depending on the location of the process (e.g. limbic system, in the amygdala). Circulatory disorders of the cerebrospinal fluid in the brain ventricles, e.g. in the aqueduct of the mesencephalon, can induce a **hydrocephalus** in animals.

Either the cranial nerves involved or the descending and ascending spinal tracts are affected by injuries to the brain stem, the latter resulting in **loss of sensitivity** or **paralysis**. Reflexes that originate in the brain stem, such as the swallowing reflex or the eyelid reflex, are disturbed. Balance disorders occur through lesions in the **cerebellum**. Today, imaging techniques such as CT and MRI are available to achieve a definite diagnosis of disease processes in the head. It is important to know the exact **location of the brain**, especially in commercial livestock species, since most are stunned before slaughter with a captive-bolt pistol.

In cattle and horses, the brain is located **between two transverse planes**:

- The **caudal transverse plane** begins at the rear edge of either the intercornual protuberance (ox) or the external occipital protuberance (horse).
- The **rostral transverse plane** lies on the caudal end of the zygomatic process of the frontal bone (the caudal edge of the orbita). In small ruminants and pigs, the rostral part of the brain, the frontal lobe and the olfactory bulb are further rostral, located between the eyes; the rostral transverse is therefore located in the middle of the dorsal edge of the orbita.

The captive-bolt pistol is placed on the point of intersection between two lines connecting the temporal canthus with the base of the opposing ear.

In the ox and the pig, the frontal sinus is situated between the surface of the head and the brain.

The distance between the outer and inner tables of the frontal bone can measure up to 8 cm or more.

20.2 Neck (collum)

20.2.1 Stratigraphy

The layers of the neckcomprise:

- the cutis and subcutis,
- the parotid fascia,
- the parotid gland,
- the outer auditory canal, the cleidomastoid muscle, the cranial oblique muscle of the head,
- the occipitohyoid muscle,
- the occipitomandibular segment of the digastric and sternomandibular muscles,
- the mandibular salivary gland, pharynx, cranial deep cervical lymph nodes, thyroid gland, and
- the guttural pouch.

The **parotid fascia** is a part of the superficial fascia of the head. The cervical part of the cutaneous muscle is situated ventrally within this fascia. The parotido-auricular muscle lies in this fascia as well and covers the parotid gland. The transverse nerve of the neck (ventral branch of the second cervical nerve), the great caudal auricular vein and the great auricular nerve (ventral branch of the second cervical nerve) pass through the parotid gland.

The maxillary vein, the internal auricular nerve (branch of cranial nerves VII and X), the transverse nerve of the neck (second cervical nerve), the superficial temporal vein as well as the masseteric artery and vein also run through the parotid gland. The parotid lymph nodes are found on the rostral edge of the parotid gland. After removal of the parotid gland, the outer auditory canal, the cleidomastoid muscle, the cranial straight muscle of the head, the occipitohyoid muscle, occipitomandibular part of the digastric muscle and the sternomandibular muscle (aponeurosis) are visible as are the mandibular salivary gland, the pharynx, the cranial, deep cervical lymph nodes, and the thyroid gland.

20.2.2 Regions

The important regions of the neck are (▶ Fig. 20.14, ▶ Fig. 20.15, ▶ Fig. 20.16 and ▶ Fig. 20.17):
- the parotid region,
- the ventral region of the neck,
- the prescapular region and
- the dorsal region of the neck.

Parotid region

The region of the parotid gland is a transitional region from the head to the neck. Bordering this region dorsally are the auricular region and the dorsal region of the neck, ventrally, the ventral region of the neck and cranially, the branch of the mandible. The parotid region is particularly important in equines and is often referred to as the **retromandibular fossa**.

The **facial nerve** exits the stylomastoid foramen in the **dorsal segment of this region**. Arising from the facial nerve at this point are the caudal auricular nerve, the internal auricular branch, the auriculopalpebral nerve, the digastric branch, the connecting branch to the transverse nerve of the neck and the branch innervating the cervical part of the cutaneous muscle. The **auriculotemporal nerve** (V_3), the **external carotid artery** and the **superficial temporal artery** also pass through this segment of the region.

Situated ventral to these structures are the accessory nerve (XI), the ventral branch of the first two cervical nerves innervating the hyoid muscles, the maxillary vein, the occipital vein, the cranial thyroid artery, the ascending pharyngeal artery, and the cranial laryngeal artery. The **Viborg triangle** is bordered by the mandible, the linguofacial vein and the tendon of insertion of the sternomandibular muscle. The guttural pouch is surgically accessible through this triangle.

Deep within the parotid region is the guttural pouch, the diverticulum tubae auditivae. It is divided into a smaller, lateral recess and a larger, medial recess by the stylohyoid bone. The external carotid artery, the maxillary artery and the superficial temporal artery run along the outside wall of the lateral recess.

The **internal carotid artery**, the **cranial cervical ganglion**, the **internal carotid nerve**, the **sympathetic trunk**, the **vagus nerve**, the **accessory nerve** and the **occipital artery** run along the caudal wall of the medial recess of the guttural pouch. The **hypoglossal nerve** (**XII**) and the **glossopharyngeal nerve** (**IX**) can be found in a caudoventral fold in the mucosa of the guttural pouch. The hypoglossal nerve passes laterally to the external carotid artery, while the glossopharyngeal nerve crosses medially to this vessel. The retropharyngeal lymph nodes and the deep cranial cervical lymph nodes become visible after the removal of the guttural pouch mucosa. Ventrally apparent are the branching of the common carotid artery into the external carotid artery, the internal carotid artery and the occipital artery.

Ventral region of the neck

The ventral neck region includes only the surface area that outwardly covers the trachea. However, the **laryngeal region**, the **jugular groove** and the **jugular fossa** are also included in this region. The sternohyoid muscle, the omohyoid muscle (the latter not in dogs and cats), and the muscles lying lateral to these two, the sternothyroid muscles, appear after the removal of the skin and the superficial cervical fascia. In the horse, the muscles of the hyoid bone combine in their caudal segment to form a single, broad muscle.

The **caudal thyroid vein** runs parallel to the ventral side of the trachea almost exactly in the midline. The thin isthmus of the canine thyroid usually appears between the 5th and 8th tracheal cartilages, but it may not be present in small breeds of dogs. In horses, the isthmus is formed from connective tissue and begins at the 3rd tracheal cartilage, whereas in the ox, it begins at the 2nd tracheal cartilage.

The **superficial cervical fascia** (fascia cervicalis superficialis) branches into a superficial and a deep layer. The superficial layer attaches to the nuchal ligament. Laterally, this layer splits again and merges with the cervical part of the cutaneous muscle. Ventrally and medially, this layer forms a seam along the midline of the neck. The deep layer covers the jugular groove.

The **deep cervical fascia** (fascia cervicalis profunda) also divides into a superficial and a deep layer. The **superficial layer of the deep cervical fascia**, also called the lamina praetrachealis fasciae cervicalis, forms the caudal continuation of the midline seam begun by the superficial layer of the superficial cervical fascia. This structure formed by both fasciae builds a sheath, the so-called **carotid sheath** (vagina carotica), is located near the trachea. The carotid sheath contains the following structures:
- the common carotid artery,
- the vagosympathetic trunk and, except in the horse,
- the internal jugular vein.

Dorsal to the cervical vertebrae, the superficial layer of the deep cervical fascia forms septa between the cervical muscles. The **deep layer of the deep cervical fascia** (lamina praevertebralis fasciae cervicalis) covers the ventral surfaces of the long muscle of the head and the long muscle of the neck. This layer is also connected to the superficial layer of the deep cervical fascia by loose connective tissue. It surrounds the oesophagus, and contributes not only to the lamina praetrachealis fasciae cervicalis but also to the carotid sheath. In addition, this layer contains the **recurrent laryngeal nerve** and the **tracheal trunk**.

The various layers of the cervical fasciae provide routes for vessels and nerves, and build spaces containing various glands (parotid gland, thyroid gland) and lymph nodes (retropharyngeal lymph nodes and deep cervical lymph nodes).

Jugular groove (sulcus jugularis)

The **brachiocephalic muscle** and the **sternocephalic muscle** border the jugular groove dorsally and ventrally, respectively (in the horse and the ox, only the sternomandibular muscle is present). The jugular groove ends caudally with the jugular fossa. In this area, the **cutaneous muscles** lie directly beneath the skin. In dogs, the platysma is found here cranially, whereas the sphincter muscle of the neck is found caudally. In the horse and the ox, the caudal section of the jugular groove is concealed by the cutaneous muscle of the neck. This muscle is innervated by the transverse nerve of the neck, a ventral branch originating from the 2nd cervical nerve.

In the cranial segment of the jugular groove, the transverse nerve of the neck merges with the branch of the facial nerve which innervates the cutaneous muscle of the neck. This branch

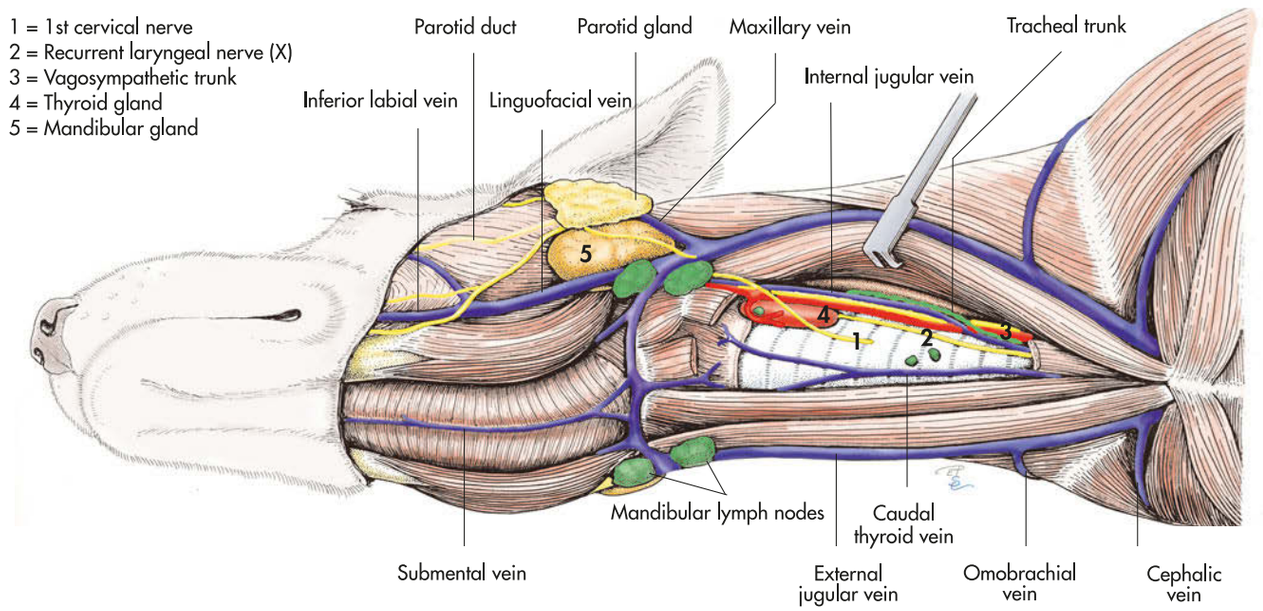


Fig. 20.18 Schematic illustration of the superficial structures of the neck in the dog (ventral view).

of the facial nerve is not present in the ox. The connection is often referred to as the **superficial cervical loop** (ansa cervicalis superficialis), although this name is not listed in the NAV. The deep cervical loop is the connection between the ventral branch of the first two cervical nerves and the hypoglossal nerve.

The ventral branch of the 2nd cervical nerve, the great auricular nerve, passes subcutaneously over the atlas wing to reach the caudal surface of the ear pinna. The long hyoid muscles are innervated by the ventral branches of the first two cervical nerves, which pass through the ventral region of the neck.

The **omohyoid muscle** is situated beneath the cranial and middle segments of the **external jugular vein** in the horse and the ox. This muscle is replaced by the **sternomastoid muscle** in dogs, since they do not possess an omohyoid muscle. The cephalic vein is located in the pectoral sulcus. Both the cephalic vein and the superficial cervical vein from the prescapular region empty into the external jugular vein in the jugular fossa.

Further cranial, the omobrachial vein in dogs also drains into the external jugular vein (▶ Fig. 20.18). This vessel indirectly connects the jugular vein and the axillary vein. The skin covering the jugular fossa is innervated by the 6th cervical nerve, the supraclavicular nerve.

Prescapular region

This region is situated cranial to the scapula and is part of the lateral neck region. The skin of this area is innervated by the supraclavicular nerve.

The superficial cervical lymph nodes are located beneath the omotransverse muscle (in the horse beneath the brachiocephalic muscle) cranial to the shoulder joint. At the level of these lymph nodes, the superficial cervical artery divides into its two terminal branches. The accessory nerve (XI) passes through the dorsal corner formed by the brachiocephalic, omotransverse, and the trapezius muscles.

Dorsal region of the neck

Stratigraphy (in the median plane)

The neck contains the following layers:

- cutis,
- subcutis,
- superficial cervical fascia,
- aponeuroses of the cleidocephalic muscle and the splenius muscle,
- nuchal ligament, and lateral to this structure, the spinal muscle of the head and the longissimus muscle of the head,
- the major and minor dorsal straight muscles of the head, and lateral to these muscles, the cranial oblique muscle of the head,
- atlanto-occipital joint, joint capsule (atlanto-occipital membrane),
- periosteum,
- epidural space and the spinal dura mater,
- the outer layer of the spinal arachnoid, and
- cerebellomedullary cistern.

Synovial bursae

Two facultative synovial bursae are present in the dorsal region of the neck: **the cranial** and **caudal nuchal subligamental bursae**. In this region, these bursae lie beneath the **funicular part of the nuchal ligament**.

The cranial bursa is situated beneath the origin of the nuchal ligament and is prone to inflammatory (bursitis) and disease processes, especially in horses and cattle (fistulous withers, nuchal bursitis).

20.2.3 Clinical applications

The neck connects the head to the chest and reaches from the transverse plane between the atlas and occipital bone to the shoulder (prescapular groove). The wings of the atlas and the transverse processes of the 3rd to 6th cervical vertebrae can be palpated. In the neck region are the trachea, the oesophagus, and in young animals, the thymus. The thyroid gland is situated close to the beginning of the trachea.

Clinical note

Important structures of this region are:
- the common carotid artery,
- the vertebral artery,
- the deep cervical artery,
- the vagus nerve, which combines with the sympathetic trunk to form the vagosympathetic trunk,
- the recurrent laryngeal nerve and
- the lymphatic tracheal trunk.

The spinal cord is located within the vertebral canal, sheathed in the meninges.

Computed tomography (CT) can be used for imaging the three lymphatic centres (lc. mandibulare, lc. parotideum, lc. retropharyngeale) and the salivary glands in the dog. In particular pathologically enlarged retropharyngeal lymph nodes can be identified with the use of CT.

Clinical note

In horses, a **deformity** or **trauma of the cervical vertebrae** can cause a narrowing of the vertebral canal, leading to incoordination. Such horses display a stumbling gait and problems in the hindquarters when completing sharp turns. These symptoms are summarised by the clinical term **spinal ataxia**, otherwise known as **wobbler syndrome**.

Neck region for injections and spinal puncture

Injections

Both **subcutaneous** and **intramuscular injections** are performed in the neck region. The **subcutaneous injections** are applied in the **brachiocephalic region** (the region above the brachiocephalic muscle). **Intramuscular injections** are given in **the middle of a triangle** formed by the nuchal ligament, the cervical vertebrae and the subclavian muscle. The injection site must be carefully cleaned and disinfected, since the neck fasciae can hinder the drainage of pathological secretions in the case of complications.

The jugular groove is located in the ventral portion of the lateral side of the neck. The **external jugular vein** is located in this groove and is the vessel of choice for **intravenous injections**.

In large animals, it is important to realise that in the cranial and middle portions of the jugular groove, the external jugular vein is separated from the common carotid artery by the omohyoid muscle. The muscle protects the artery and other deeper structures, so that all intravenous injections should be performed only in the cranial or middle region of the neck. The external jugular vein is concealed by the thick cervical part of the cutaneous muscle in the caudal third of the neck. When this muscle contracts, it prevents the puncturing of the vein or changes the direction of the needle. In this region, injury to the common carotid artery with the needle is easily possible.

In dogs and cats, blood can be taken from the **external jugular vein**. It should be noted that both jugular veins are indirectly connected with one another by an anastomosis, the hyoid arc, which runs between the lingual veins. Due to the anastomosis, both jugular veins must be compressed.

Spinal puncture

Spinal puncture is performed at the nape of the neck. The needle is inserted into the cerebellomedullary cistern of the subarachnoid space. In horses, the needle is advanced approximately 8 cm, in foals approximately 1.5 cm and in dogs (e.g. German Shepherd) approximately 4.8 cm to reach the subarachnoid space. In dogs, the atlanto-occipital space is very narrow and the cerebellomedullary cistern may contain very little cerebrospinal fluid.

Thyroid gland

The thyroid gland is located dorsolateral to the trachea between the 2nd and 3rd tracheal cartilages in horses and between the 5th and 9th tracheal cartilages in carnivores. Enlargement of the thyroid gland can be palpated. Ultrasound is the method of choice to examine this gland. Care must be taken during a thyroidectomy that the parathyroid glands remain intact; otherwise the serum calcium concentration is gravely disrupted, which can cause tetany leading to death.

Trachea

Older dogs of smaller breeds may exhibit chronic coughing or even dyspnoea. These symptoms are often caused by a **tracheal collapse**, where the lumen of the trachea narrows, increasing resistance to air flow. Endoscopic examination reveals the flattening of the dorsal segment of the trachea (mucosa and tracheal muscle).

In dogs not responding to medical therapy, a **tracheotomy** in the cranial segment may be necessary. Access to the trachea is in the median, approximately 2–3 cm caudal of the larynx. After the incision of the skin, the sphincter muscle of the neck and then the superficial layer of the cervical fascia appear. The incision cannot be enlarged in the cranial direction, for otherwise the venous hyoid arc could be severed. The next layer is comprised of the white line of the neck, a delicate, light-colored strip of connective tissue between the two sternohyoid muscles. Beneath the white line in the middle of the ventral surface of the trachea is the caudal thyroid vein. Injury to this vessel is often unavoidable.

The deepest layer is formed by the pretracheal layer of the deep cervical fascia and the tracheal adventitia. This surgical process also allows access to the thyroid glands in the case of a thyroidectomy. After incision in the pretracheal layer, the thyroid gland on the laterodorsal surface of the trachea is bluntly excised. As enlargement of the thyroid gland is usually accompanied by an enlargement of the supplying arteries, the arteries should therefore be individually ligated.

Larynx

The standard surgery for laryngeal hemiplegia begins with an incision at the cranial end of the trachea. The long hyoid muscles are exposed and retracted laterally. Access to the laryngeal cavity is achieved by a median incision through the cricothyroid membrane, if necessary also through the cricoid cartilage. The laryngeal ventricle on the affected side is surgically removed. The resulting scar tissue formation creates a permanent traction on the corresponding vocal cord, displacing it laterally onto the thyroid cartilage of the larynx. This reduces the interruption of air flow, which stops the symptoms of roaring.

Oesophagus

In the case of an **oesophageal obstruction**, the oesophagus is surgically accessible in the middle third of the neck. After insert on a stomach tube, an incision is made on the left side through the skin, the superficial cervical fascia and the cervical part of the cutaneous muscle. Finally, an incision is made in the pretracheal layer of the deep cervical fascia. Care must be taken to avoid injury of the external jugular vein. Neighbouring structures of the oesophagus, such as the carotid artery and the vagosympathetic trunk, must also be located and protected during surgery.

Intervertebral disc

Intervertebral disc prolapse can occur in the cervical section of the vertebral column, especially in small dog breeds. In this case, the vertebral column is approached from the **ventral region of the neck**. The **nucleus pulposus** prolapses either laterally or dorsally. A lateral prolapse affects the spinal nerve roots and is very painful. The dorsal prolapse presses upon the spinal cord from ventral. The descending motor tracts are located in the ventral section of the spinal cord. Symptoms include pain and muscular paresis or paralysis. Fenestration is performed from ventral in the cervical area.

The access to the cervical vertebrae begins similar to a tracheotomy. The organs and various structural tracts are identified and digitally retracted laterally. The long muscle of the neck is elevated to expose the cervical vertebrae. Not only is the prolapsed nucleus pulposus removed, but also the intervertebral discs of the remaining cervical vertebrae (discs C 2/3, C 3/4 and C 5/6) can be removed as a preventative measure.

20.3 Thorax

The thorax is the cranial segment of the trunk and the caudal continuation of the neck (▶ Fig. 20.23, ▶ Fig. 20.24, ▶ Fig. 20.25 and ▶ Fig. 20.26). The **cranial aperture** of the thorax forms the cranial opening to the chest.

The following structures are found within the aperture:
- the oesophagus,
- the trachea,
- the cranial branches of the aortic arch (bicarotid trunk, right and left subclavian artery),
- the cranial vena cava,
- the jugular veins,
- lymph nodes,
- the vagus nerve,
- the sympathetic trunk with the stellate and cervical ganglia,
- the long muscle of the neck, and
- in young animals, the cervicothoracic segment of the thymus.

The bony frame surrounding the thoracic cavity (cavum thoracis) is formed by the cervical vertebrae, the ribs and the sternum. The diaphragm arches cranially into the thoracic cavity and separates the pectoral cavity (cavum pectoris) from the abdominal cavity.

Caudal to the diaphragm is the intrathoracic section of the abdominal cavity, which is discussed in the section on the abdominal cavity. The thoracic cavity is divided into two pleural cavities (cava pleurae). Between the two pleural cavities is the **mediastinum**, in which many organs and tracts are found.

Clinical note

Many organs and tracts **pass through the diaphragm**:
- the aorta,
- the thoracic duct,
- the caudal vena cava,
- the oesophagus accompanied by the dorsal and ventral vagal trunks,
- both sympathetic trunks, and
- the splanchnic nerves.

The lateral walls of the thoracic cavity are, for the most part, concealed by the forelimbs. The forelimbs are attached to the thorax via the pectoral girdle, which consists only of muscles and fasciae.

20.3.1 Visible and palpable bony structures

Depending on the nutritional state of an animal, the ribs, except those usually concealed by the forelimbs, are visible and palpable. In small animals, the forelimbs can be brought foreward, allowing more ribs and intercostal spaces to be palpated.

20.3.2 Superficial thoracic and muscular grooves

The superficial muscle grooves are:
- the lateral thoracic groove (sulcus pectoralis lateralis),
- the middle thoracic groove (sulcus pectoralis medianus) and
- the anconeal groove (sulcus musculi tricipitis), also called the margo tricipitalis, which is located caudal to the similarly named muscle.

20.3.3 Stratigraphy

The area of the thoracic cavity that is not covered by the forelimbs is comprised of the following layers:
- cutis and subcutis,
- superficial fascia of the trunk (with the superficial and deeper layers enclosing the cutaneous muscle of the trunk),
- the deep fascia of the trunk,
- the skeletal muscle layer (rib muscles and the muscles of the intercostal spaces, and the segmental blood vessels and nerves),
- the endothoracic fascia and
- the costal pleura.

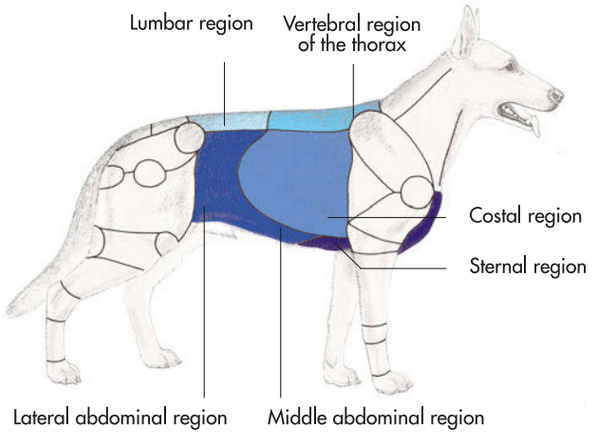


Fig. 20.19 Schematic illustration of the trunk regions in the dog (lateral view).

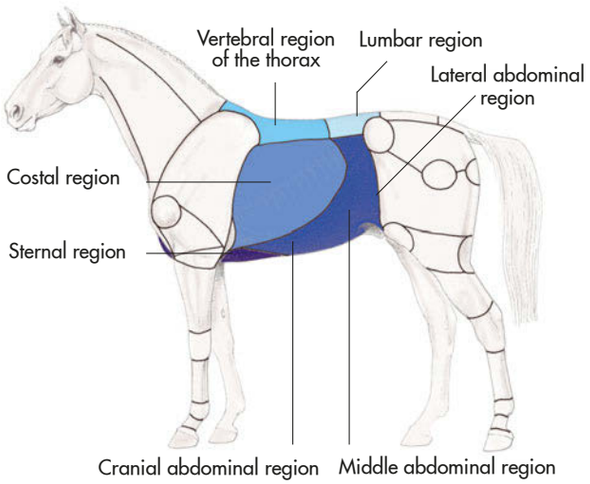


Fig. 20.20 Schematic illustration of the trunk regions in the horse (lateral view).

20.3.4 Regions

The **most important regions of the thoracic cavity** are the (▶ Fig. 20.19, ▶ Fig. 20.20, ▶ Fig. 20.21 and ▶ Fig. 20.22):

- presternal region,
- sternal region,
- cardiac region and
- costal region.

20.3.5 Clinical applications

Blood vessel supply to the heart

It has been shown that dogs possess **preformed anastomoses between the coronary arteries**, which can develop into vessels with wide lumina when necessary. This ability becomes vital when larger vessels occlude. In pigs, however, these vessels are barely formed. This fact has led to the establishment of the dog as the experimental animal of choice in researching infarction.

Persistent right aortic arc in the dog

A congenital defect in German Shepherd puppies is a blood vessel anomaly, the so-called **persistent right aortic arch**. The aorta normally is situated on the left side of the body. Shortly after the ostium of the left subclavian artery, at the level of the 4th rib, is the ductus arteriosus (Botalli). In the case of a right aorta, the left subclavian artery lies on the right side of the oesophagus. The ductus arteriosus remains at the level of the 4th rib, but originates now from the right side and must cross over the oesophagus to reach the pulmonary trunk. The oesophagus is partially obstructed by the ductus, which causes an oesophageal stricture, leading to the formation of an extensive oesophageal diverticulum. The ductus arteriosus is exposed and transected using a lateral thoracotomy at the left 4th intercostal space.

Persistent ductus arteriosus in the dog

The embryonal blood vessel, the ductus arteriosus, connects the pulmonary trunk and the descending aorta and usually closes shortly after birth. Continued patency of the ductus arteriosus causes a left-to-right shunt, allowing oxygen-rich blood from the aorta to mix with oxygen-poor blood in the pulmonary artery. Depending on the size of the ductus, the left ventricle is continuously overloaded, eventually causing left ventricular dilation. In the case of a **persistent ductus arteriosus**, auscultation of the heart with a stethoscope reveals the presence of a pathological heart sound, a continuous (mechanical) murmur. This sound occurs through the entire cardiac cycle and is best auscultated in the area of the 3rd intercostal space. Affected animals show exercise intolerance and shortness of breath, or sometimes even extreme dyspnoea. The only curative treatment is closure of the ductus arteriosus.

20.4 Abdomen

The abdomen is caudal to the thorax. The abdominal cavity begins cranially with the **diaphragm** and ends caudally at the **terminal line**, which marks the transition to the pelvic cavity. The space caudal of the diaphragm, but still located within the rib cage, is referred to as the intrathoracic section of the abdominal cavity (▶ Fig. 20.27, ▶ Fig. 20.28, ▶ Fig. 20.29, ▶ Fig. 20.30, ▶ Fig. 20.31, ▶ Fig. 20.32, ▶ Fig. 20.33, ▶ Fig. 20.34, ▶ Fig. 20.35 and ▶ Fig. 20.36).

Clinical note

Located **within the abdominal cavity** are:

- the organs of the digestive system,
- the urogenital system and
- the endocrine glands

along with their supply vessels, nerve tracts, mesenteries, and ligaments.

The roof of the abdominal cavity is created by the **vertebral column** and its muscles. The kidneys, the adrenal glands, the aorta, the caudal vena cava, the lumbar lymphatic trunks and the lumbar nerves are all located adjacent to the roof of the cavity in the retroperitoneal space.

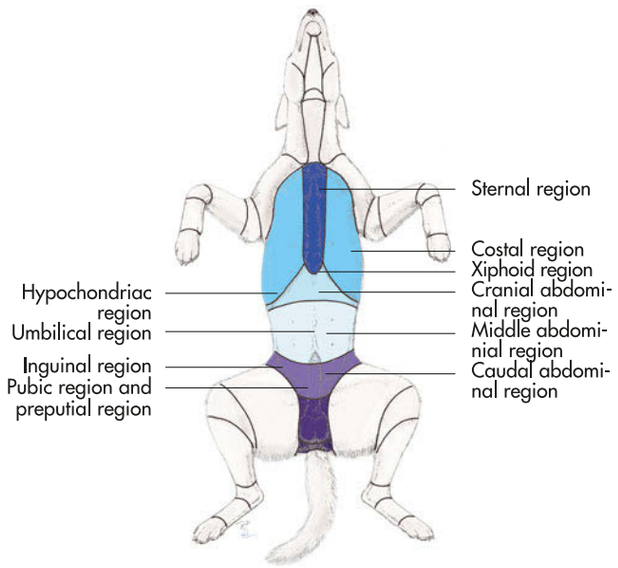


Fig. 20.21 Schematic illustration of the trunk regions of the dog (ventral view).

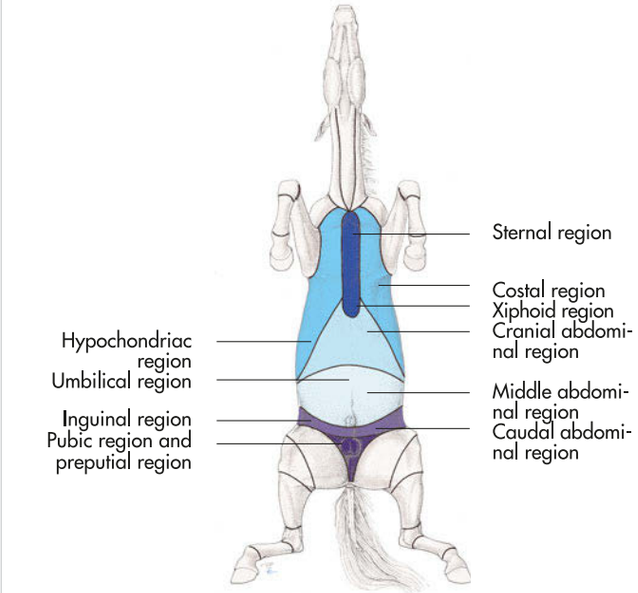


Fig. 20.22 Schematic illustration of the trunk regions of the horse (ventral view).

Clinical note

The lateral and ventral walls of the abdominal cavity are of particular importance for diagnostic access and surgeries, since the **organs are projected on typical areas of the cavity walls**; for more information, see Chapter 20.8 "Projection of the organs onto the body surface" (p. 740). The regions of this section of the body are very important for the clinician.

20.4.1 Visible and palpable bony structures

The fur as well as the nutritional state of an animal determines which structures are visible and/or palpable. From the 6th rib on, most of the normally palpable structures can be felt even in well-nourished animals. The costal arch closes the ribs caudally and is often palpable. The transverse processes of the lumbar vertebrae are visible in the ox and are usually palpable in the remaining domestic species. The sternum and the xiphoid cartilage can be palpated on the ventral wall of the abdominal cavity. The coxal tuberosity and the patella serve as palpable borders of different regions (▶ Fig. 20.58 and ▶ Fig. 20.59).

20.4.2 Superficially visible pathways

Blood vessels

In the ox, the anastomosis between the **superficial caudal epigastric vein** and the **superficial cranial epigastric vein** is visible as a large, winding vessel and was previously termed the **subcutaneous abdominal vein**, or **"milk vein"**. This vessel is particularly large in lactating cows, and carries the blood from the udder cranially to the 8th intercostal space, where it enters the deeper layers to meet with the internal thoracic vein.

This point is also referred to as the **milk well**. The external thoracic vein is visible cranial to the milk vein.

The blood vessel supply occurs through **segmental arteries** and **segmental veins**. In addition, branches of internal arteries supply the abdominal wall. The cranial epigastric artery is the continuation of the internal thoracic artery. The deep iliac circumflex artery branches from the external iliac artery (not in carnivors), and the caudal epigastric artery originates from the pudendoepigastric trunk. These arteries are accompanied by veins of the same name.

As mentioned above, the superficial caudal epigastric vein is located subcutaneously in the lateral abdominal area and is not accompanied by an artery. This vein is easily located in cows due to its size and winding path, but is not fully developed in calves.

The **subcutaneous abdominal vein** runs cranially and passes through the straight muscle of the abdomen at the level of the second tendinous intersection, creating the anulus venae mammariae, or, as mentioned above, the milk well. This vein continues cranially approximately 4–5 cm on the dorsal side of the straight abdominal muscle, eventually draining into the cranial epigastric vein.

The cranial epigastric vein leaves the abdominal cavity close to the 9th costal cartilage and the xiphoid cartilage. It enters the thoracic cavity to unite with the internal thoracic vein, which eventually reaches the cranial vena cava. When necessary, intravenous injections can be performed on the subcutaneous abdominal vein. Especially in recumbent (downer) cows, this vein is more accessible than the external jugular vein. However, blood and medication can leak into the surrounding paravenous connective tissue, causing a thrombophlebitis, especially when locally irritating drugs are applied.

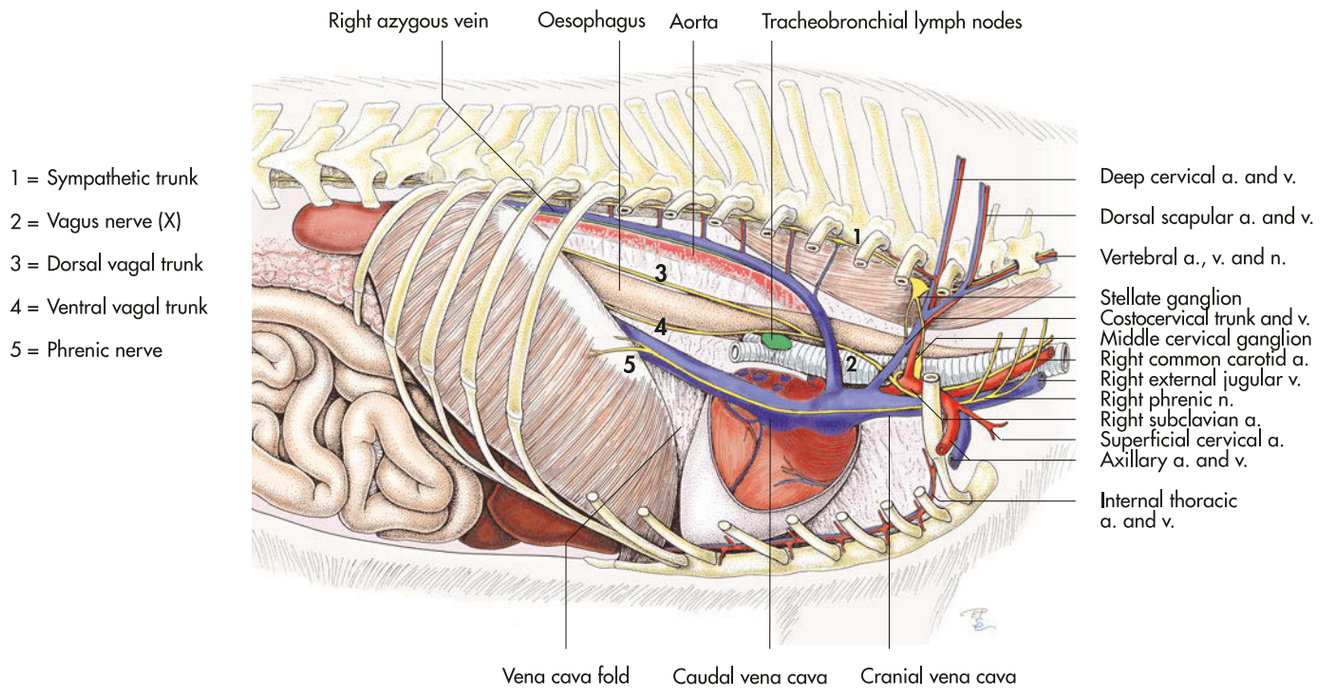


Fig. 20.23 Topography of the organs and structures of the opened thorax in the dog (schematic, view from the right).

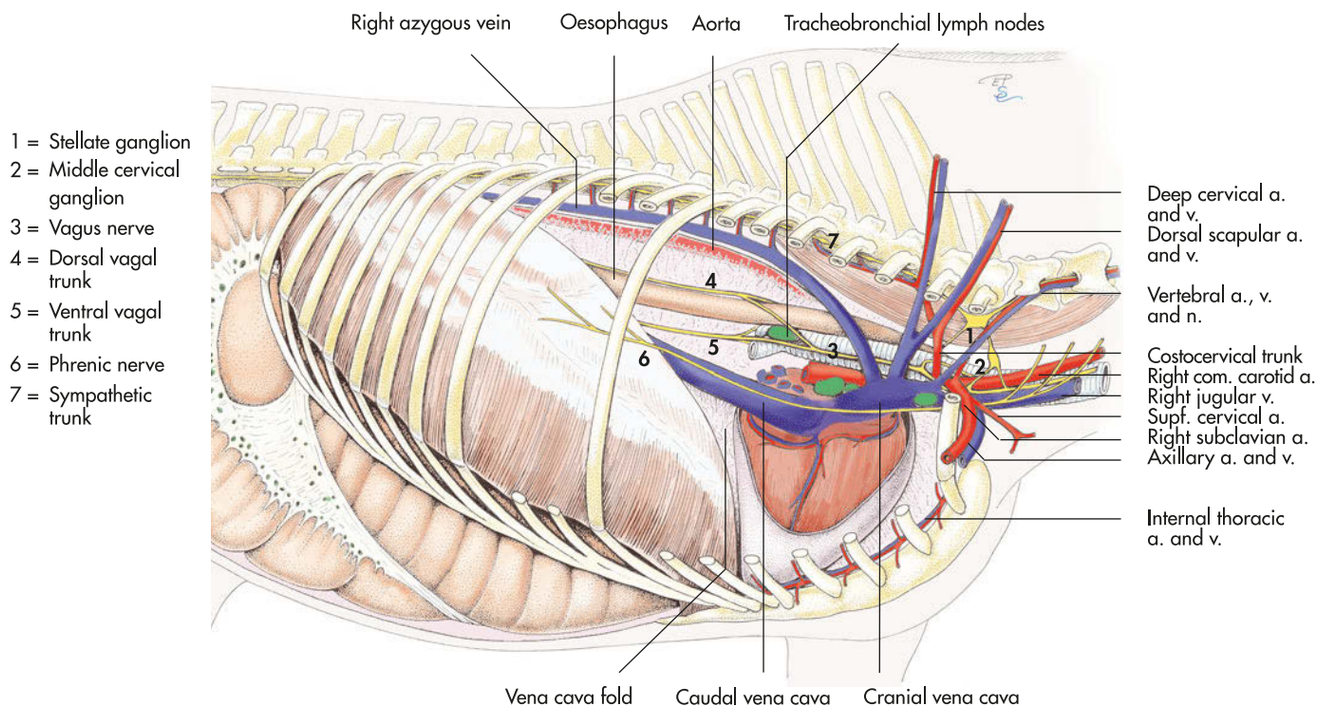


Fig. 20.24 Topography of the organs and structures of the opened thorax in the horse (schematic, view from the right).

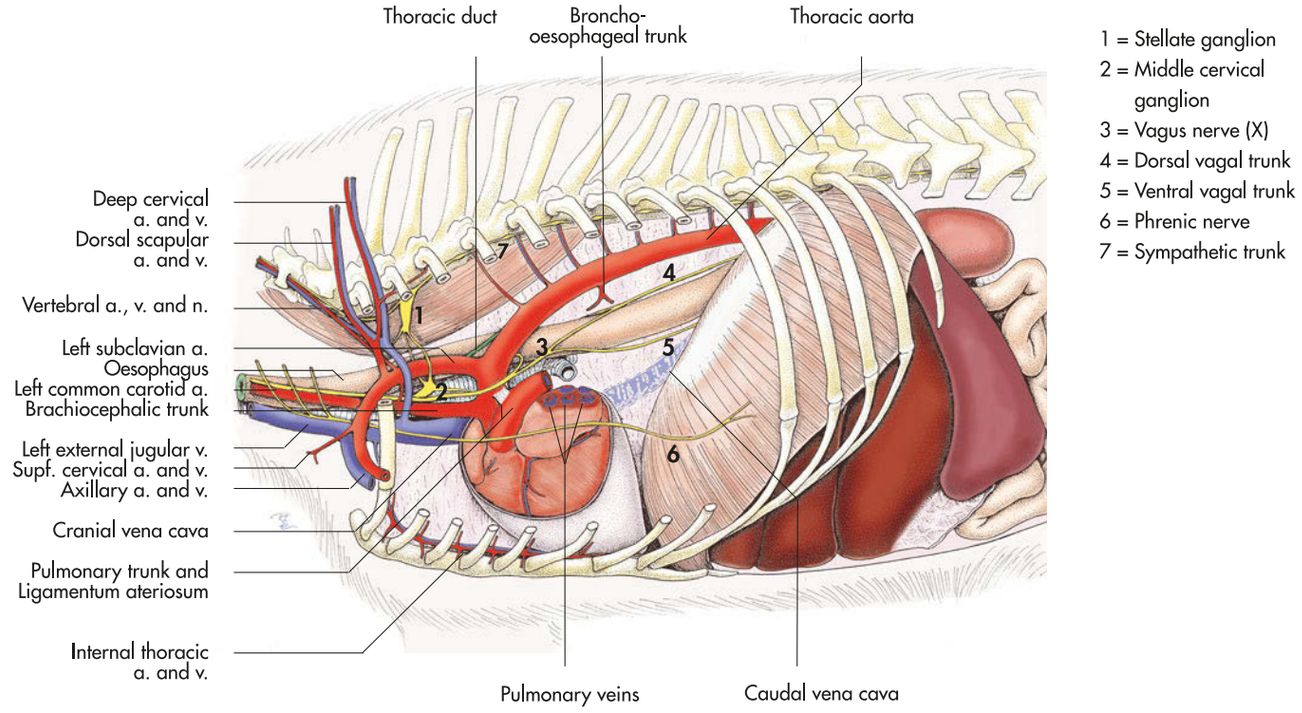


Fig. 20.25 Topography of the organs and structures of the opened thorax in the dog (schematic, view from the left).

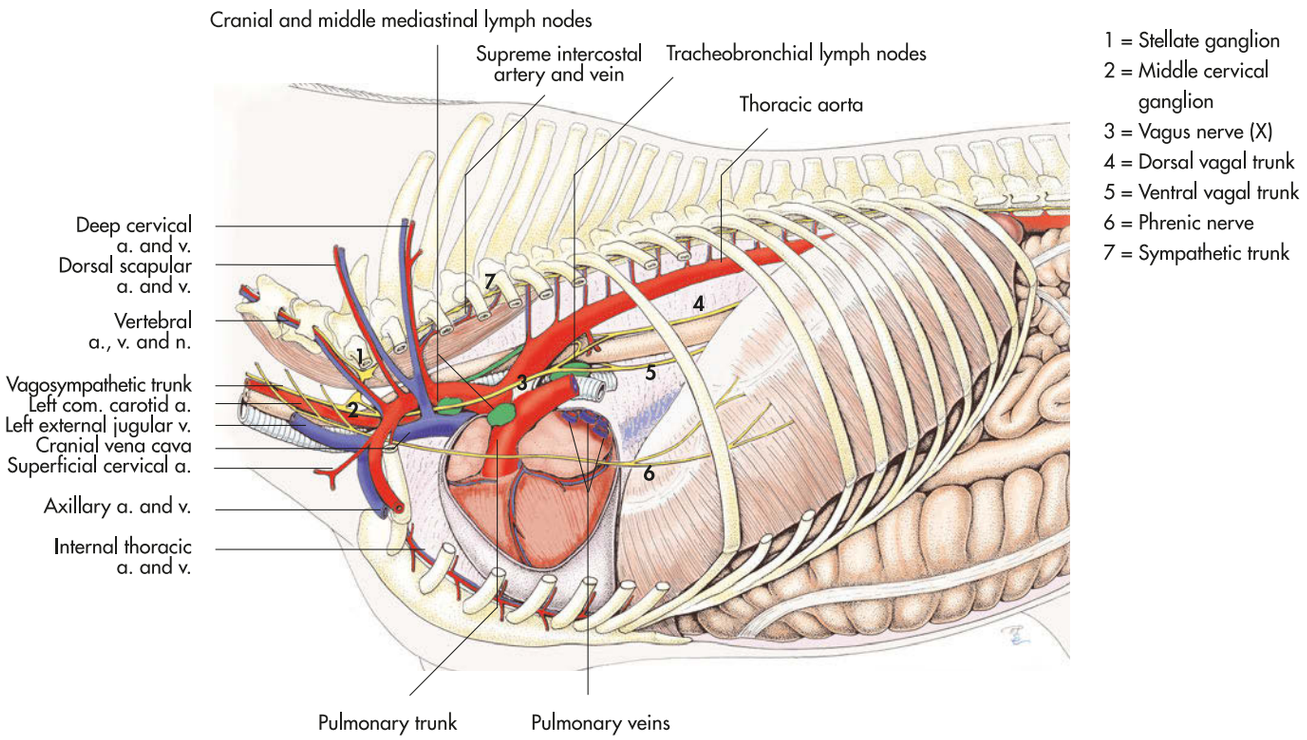


Fig. 20.26 Topography of the organs and structures of the opened thorax in the horse (schematic, view from the left).

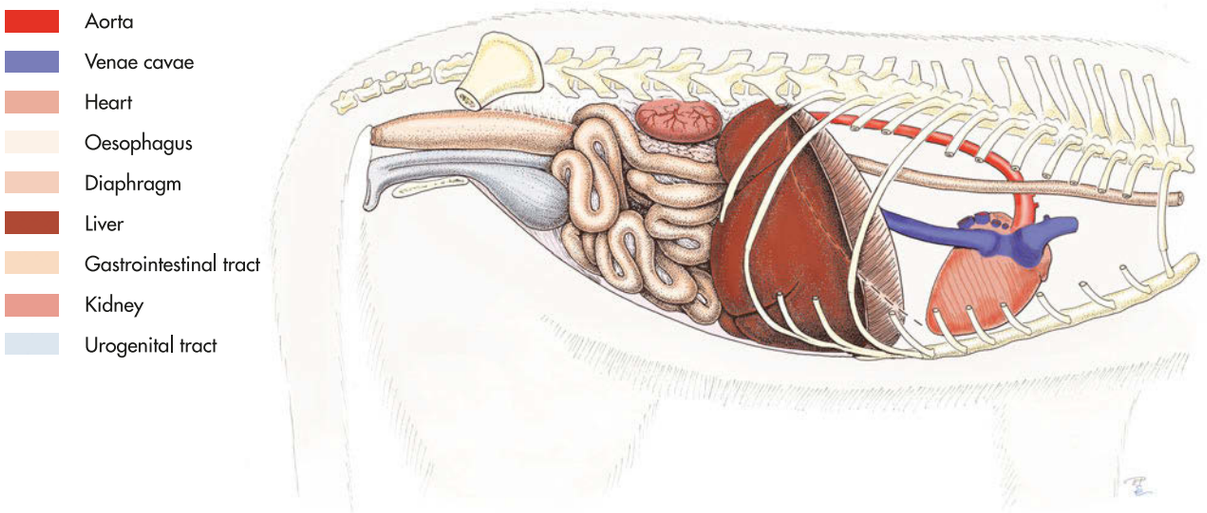


Fig. 20.27 Schematic illustration of the abdominal organs in the cat after removal of the lateral abdominal wall (lateral view from the right).

Innervation

The abdominal wall is innervated **in segments**. The cranial segment of the abdominal wall is innervated by continuations of the **intercostal nerves**. In the caudal segment, the **ventral lumbar nerves** take over the innervation of the body wall: the **iliohypogastric nerve** (in canines, the cranial and caudal iliohypogastric nerves), the **ilioinguinal nerve**, the **genitofemoral nerve** and the **lateral cutaneous nerve of the thigh**.

Lymph nodes

The lymph nodes responsible for the drainage of the abdominal wall are the axillary lymph nodes, the sternal lymph nodes, the subiliac lymph nodes and the superficial inguinal lymph nodes. In female dogs with mammary gland tumours, the affected and unaffected lymph nodes on both sides must be surgically removed along with the tumour.

20.4.3 Stratigraphy

Many different surgeries are performed on various regions of the abdominal wall. For this reason, the stratigraphy is discussed separately for each region.

20.4.4 Regions

The lateral and ventral abdominal walls are separated into regions:
- the cranial abdominal region,
- the middle abdominal region and
- the caudal abdominal region.

Cranial abdominal region

This region extends from the **diaphragm** to the **transverse plane through the last pair of ribs** and is divided into three regions:
- the right hypochondriac region,
- the left hypochondriac region and
- the xiphoid region.

Hypochondric region

This region contains the section of the cranial abdominal region that is supported by the ribs, the rib cartilage and the costal arch.

Stratigraphy

The hypochondriac region comprises the following layers:
- cutis and subcutis,
- the two layers of the superficial fascia of the trunk and the cutaneous muscle of the trunk,
- the deep fascia of the trunk, and
- the external oblique abdominal muscle.

Xiphoid region

This region includes the area surrounding the xiphoid cartilage of the sternum.

Stratigraphy

The xiphoid region comprises the following layers:
- cutis and subcutis,
- the superficial and deep fascia of the trunk,
- the deep pectoral muscle and the subcutaneous abdominal vein,
- the external oblique abdominal muscle with the aponeurosis of the deeper internal oblique abdominal muscle,

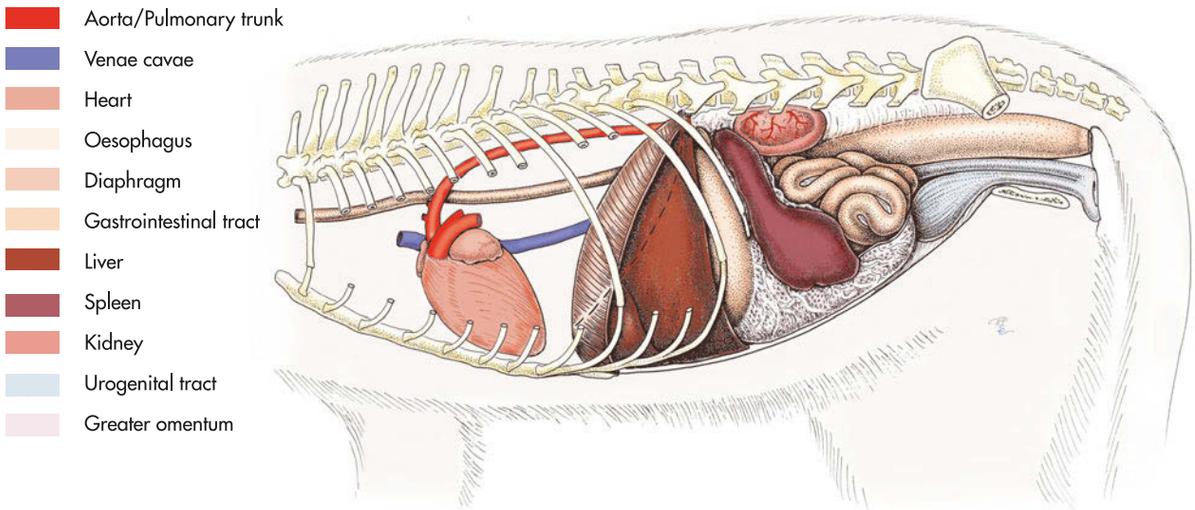


Fig. 20.28 Schematic illustration of the abdominal organs in the cat after removal of the lateral abdominal wall (lateral view from the left).

- the straight muscle of the abdomen (the milk well is located here in cows),
- the aponeurosis of the transverse muscle of the abdomen,
- the transverse fascia, and
- the peritoneum.

In this area, the following procedures are carried out: liver biopsy, gastrotomy and splenectomy.

Middle abdominal region

The middle abdominal region follows caudal to the cranial abdominal region. The cranial border is a transverse, cross-sectional line through the last pair of ribs. This region ends caudally at the transverse plane through the tuber coxae. This region is divided into:

- the right lateral abdominal region,
- the left lateral abdominal region and
- the umbilical region.

Lateral abdominal region

Both the right and left lateral regions are referred to as flanks in large animals. The dorsal border is formed by the transverse processes of the lumbar vertebrae. The ventral border is a horizontal line through the patella. The **paralumbal fossa** (fossa paralumbalis) is found in the dorsal section of this area. The borders of the fossa are formed cranially by the last pair of ribs, dorsally by the transverse processes of the lumbar vertebrae and caudoventrally by the dorsal edge of the internal oblique abdominal muscle. This edge forms the so-called **costocoxal peduncle**.

Stratigraphy

The lateral abdominal region comprises the following layers:

- cutis and subcutis,
- the superficial fascia of the trunk, the two layers of which enclose the cutaneous muscle of the trunk,
- the deep fascia of the trunk (in the horse and the ox: yellow tunic),
- the external oblique abdominal muscle (fibres run from craniodorsal to caudoventral),
- the internal oblique abdominal muscle (fibres run from caudodorsal to cranioventral),
- the transverse abdominal muscle (fibres run vertically), iliohypogastric nerve (carnivores: cranial and caudal iliohypogastric nerves), ilioinguinal nerve, genitofemoral nerve and the deep iliac circumflex artery and vein,
- the transverse fascia, and
- the peritoneum.

Umbilical region

The umbilical region lies ventrally to the lateral abdominal walls and includes the area around the navel. This region ends dorsally on both sides at horizontal lines drawn through each patella.

Stratigraphy

The umbilical region comprises the following layers:

- cutis and subcutis,
- the superficial fascia of the trunk, the two layers of which enclose the cutaneous muscle of the trunk (in dogs and cattle: the cranial praeputial muscles),
- the deep fascia of the trunk (in the horse and the ox: yellow tunic),

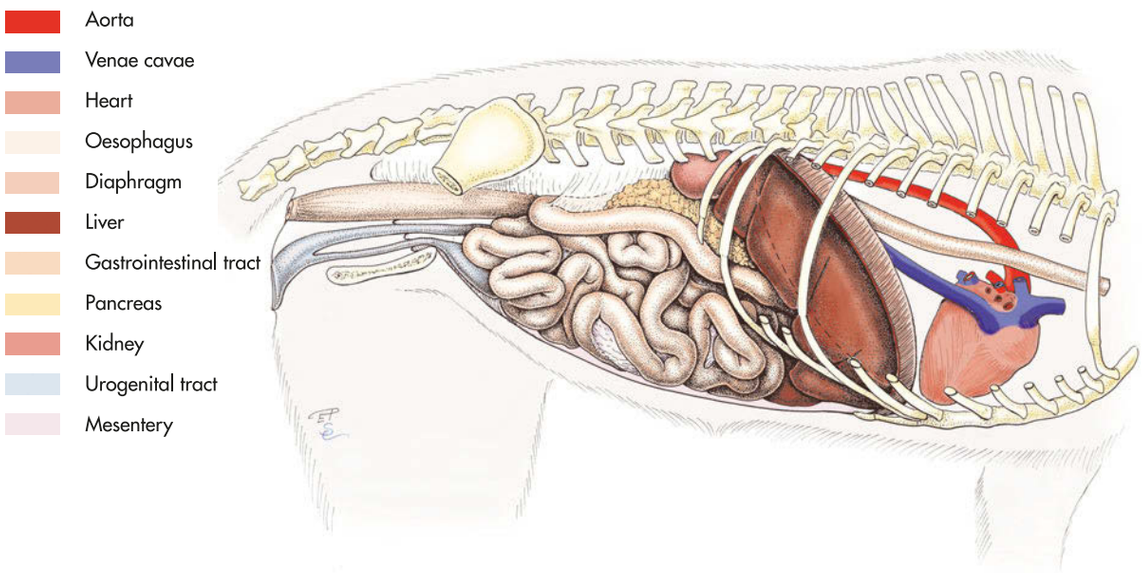


Fig. 20.29 Schematic illustration of the abdominal organs in the dog after removal of the lateral abdominal wall (lateral view from the right).

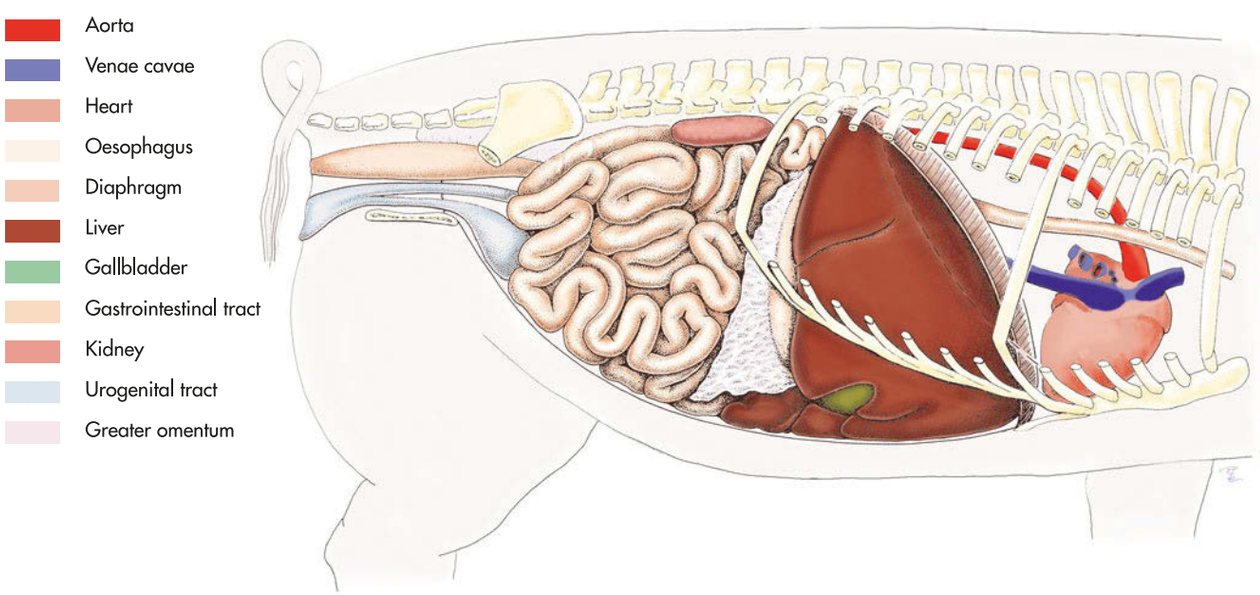


Fig. 20.30 Schematic illustration of the abdominal organs in the pig after removal of the lateral abdominal wall (lateral view from the right).

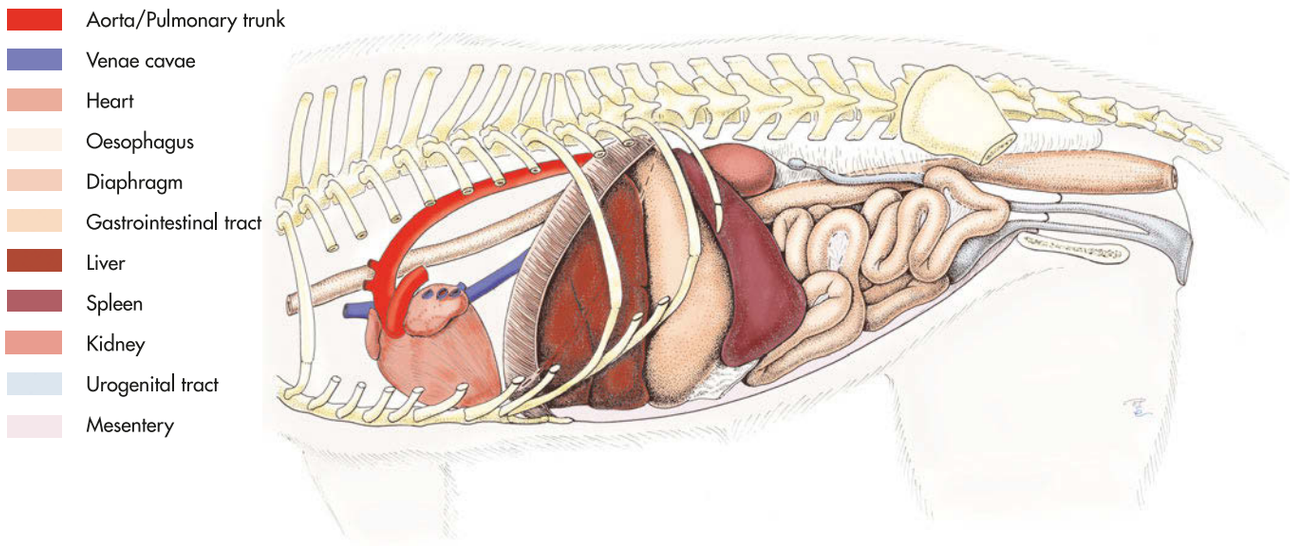


Fig. 20.31 Schematic illustration of the abdominal organs in the dog after removal of the lateral abdominal wall (lateral view from the left).

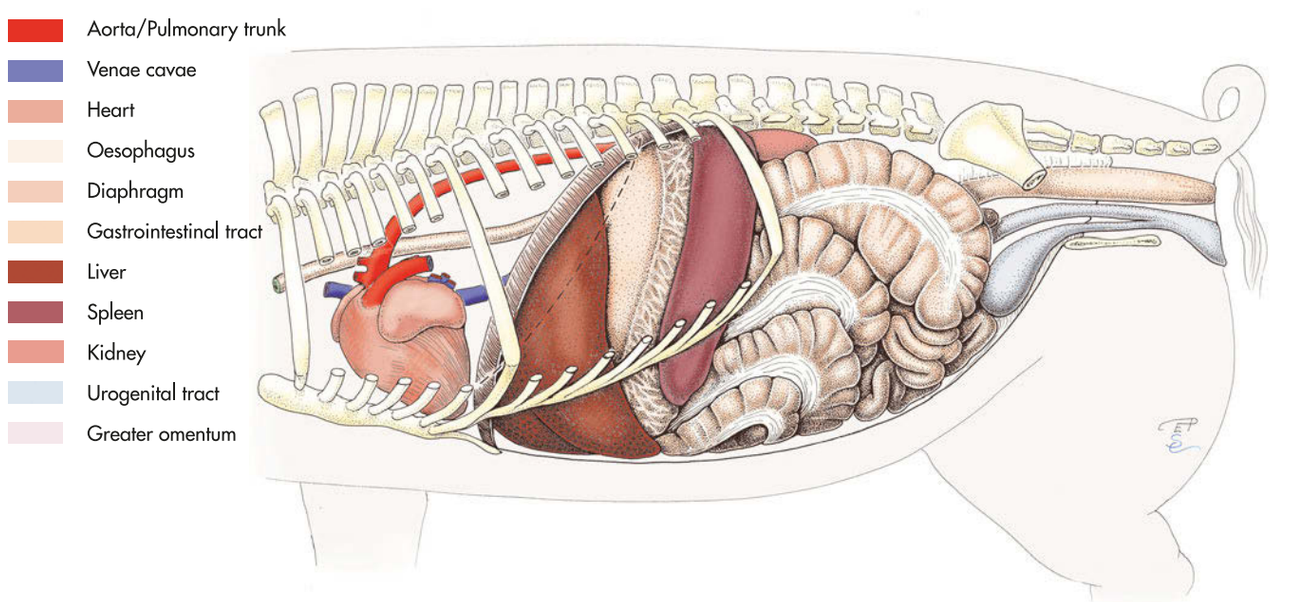


Fig. 20.32 Schematic illustration of the abdominal organs in the pig after removal of the lateral abdominal wall (lateral view from the left).

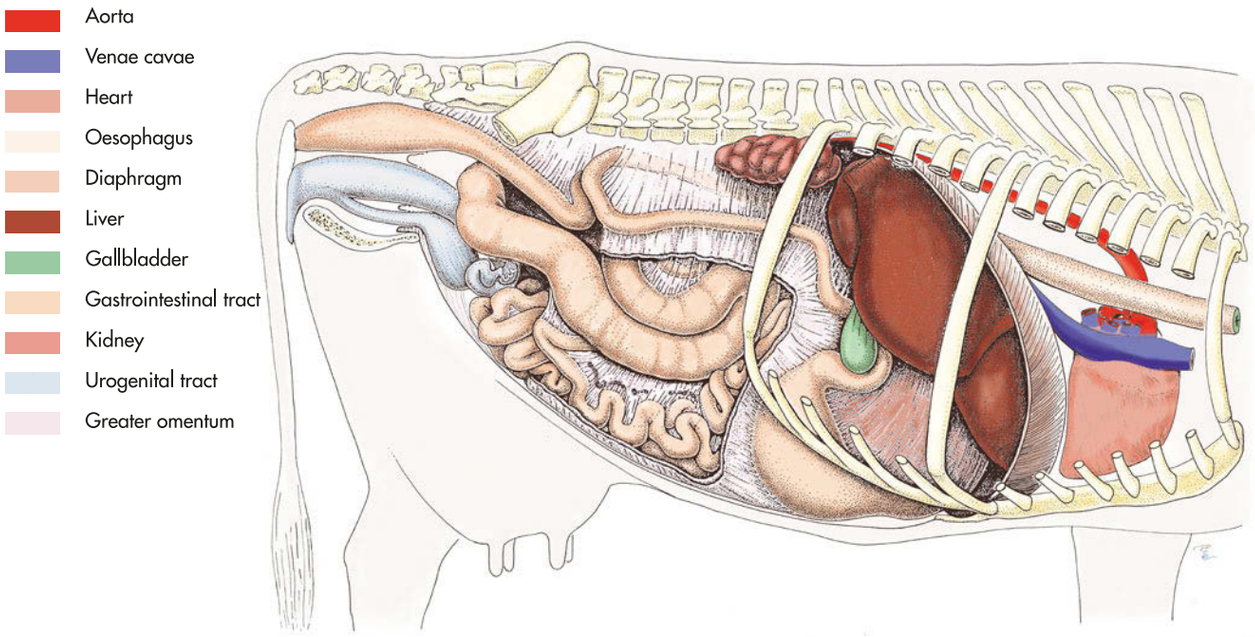


Fig. 20.33 Schematic illustration of the abdominal organs in the cow after removal of the lateral abdominal wall (lateral view from the right).

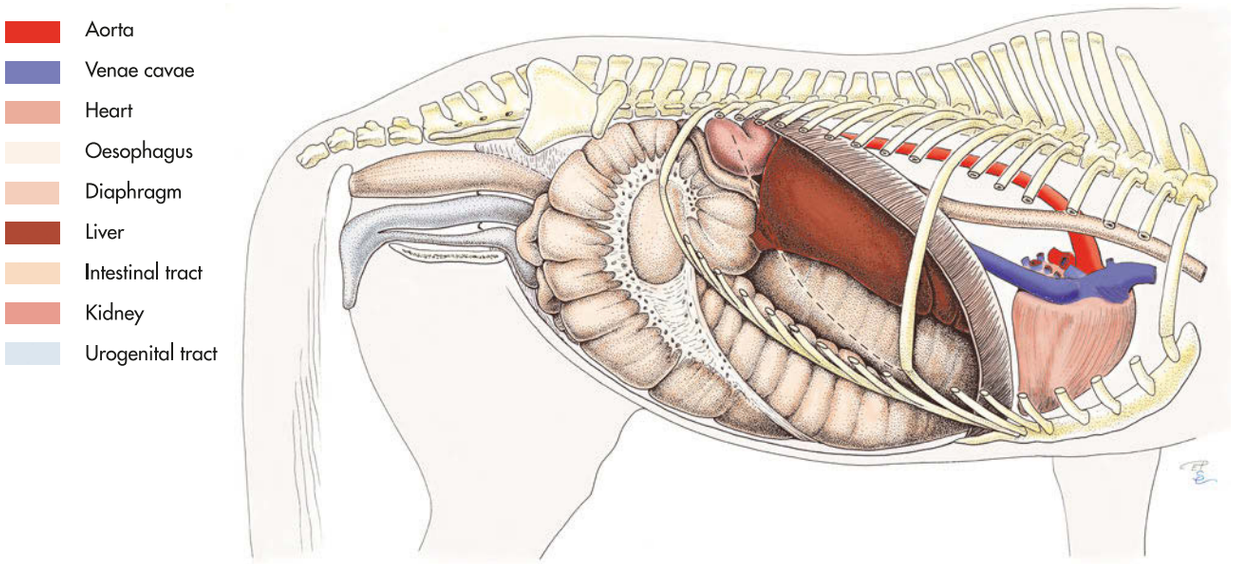


Fig. 20.34 Schematic illustration of the abdominal organs in the horse after removal of the lateral abdominal wall (lateral view from the right).

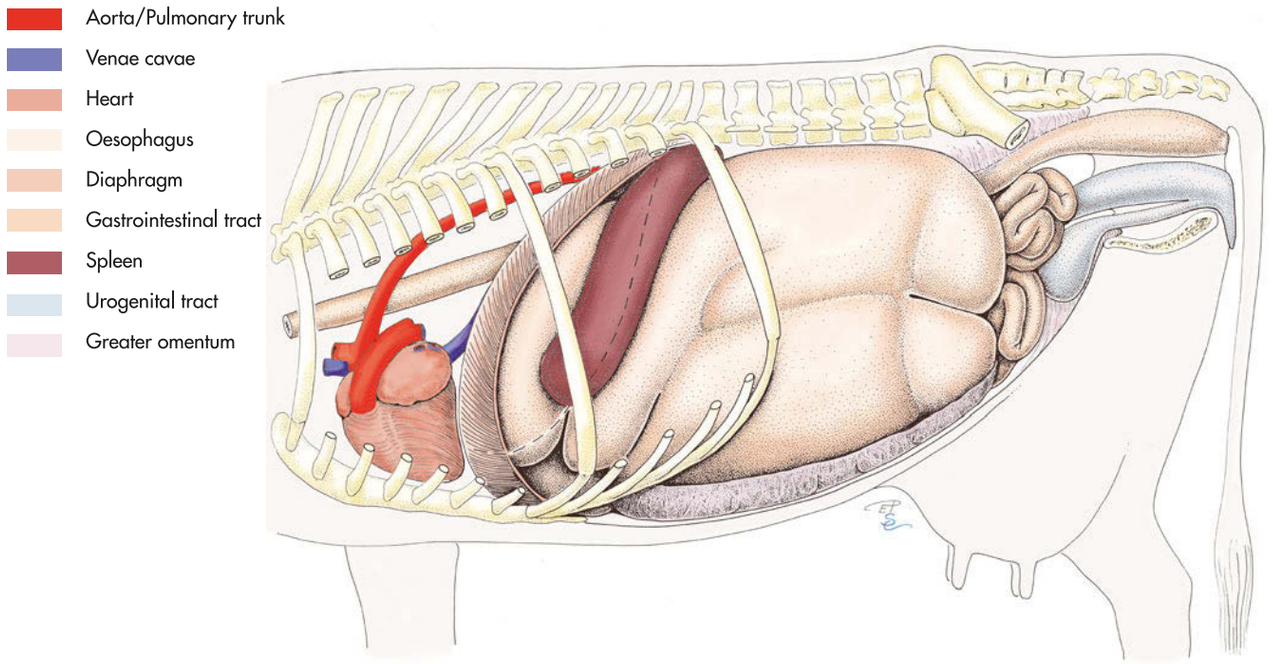


Fig. 20.35 Schematic illustration of the abdominal organs in the cow after removal of the lateral abdominal wall (lateral view from the left).

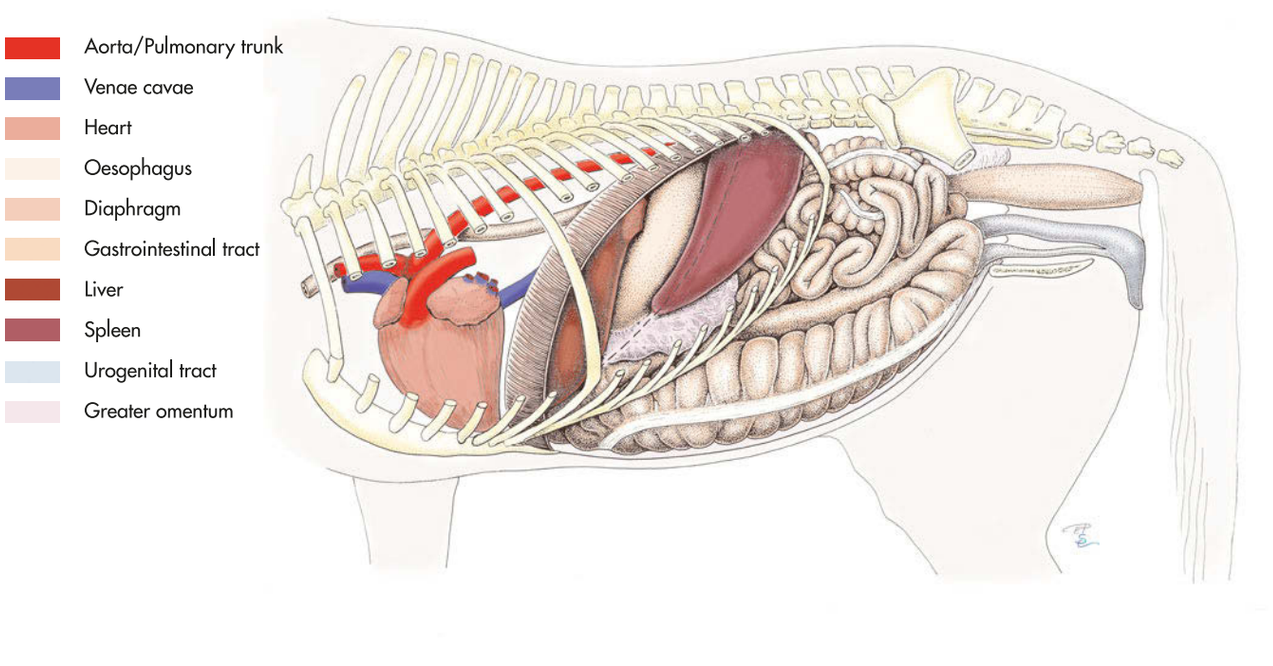


Fig. 20.36 Schematic illustration of the abdominal organs in the horse after removal of the lateral abdominal wall (lateral view from the left).

- the aponeuroses of the external and internal oblique abdominal muscles, which form the outer sheath of the abdominal straight muscle,
- the straight muscle of the abdomen with the cranial and caudal epigastric vein and artery,
- the transverse muscle of the abdomen (fibres run vertically),
- the transversal fascia, and
- the peritoneum.

In the umbilical region, a deposit of fat is located on the inside of the abdominal wall. It is covered by the peritoneum. In dogs and cats, the fat deposit is in the **falciform ligament**. In well-nourished animals, the fat deposit can be very large. It is cumbersome to many surgeons and is usually removed during laparotomy. In this case, extra care must be taken to identify and exactly adapt the edges of the peritoneum.

As mentioned before, this region is clinically relevant because many surgeries are performed here: laparotomies, for example, to castrate/sterilise female animals (queens and bitches), caesarean sections, and surgical procedures on the gastrointestinal tract, the kidneys or the spleen.

Paravertebral anaesthesia is a nerve block for this region where the entire nerve segment, beginning at its exit through the intervertebral foramen, is anaesthetised. The paralumbal anaesthesia results in blocking the ventral branch of the segment nerve only.

Caudal abdominal region

This region lies caudally to the middle abdominal region and extends to the terminal line. It is divided into two subregions:

- the pubic region, which is cranial to the pecten of the pubis, and
- the paired inguinal regions, which are located to the right and left between the thighs.

Pubic region

Stratigraphy

The stratigraphy of the pubic region is similar to that of the abdominal region. The aponeuroses of the abdominal muscles are found here and merge with the white line. These aponeuroses and the white line attach as the prepubic tendon to the pecten of the pubis. Occasionally this tendon can tear, for example, towards the end of a pregnancy in the cow. In such cases, there is no tension on the abdominal wall and the entire region sags. No surgical treatment is possible.

The mammary complexes extend into the pubic region, and the penis and prepuce are located here.

Inguinal region

The inguinal region is clinically important. In female large animals, sheep and goats, the udder occupies this region. In sows, queens and bitches, the inguinal mammary glands are located here. The testicles and their membranes are all located in this region. In every male mammal, except the elephant, the vaginal process of the peritoneum exits the abdominal cavity through the **deep** and then the **superficial inguinal ring**.

Approximately 80% of female dogs also have a peritoneal vaginal process. The round ligament of the uterus passes through the inguinal canal and is contained within the vaginal process. The inguinal canal in the other female domestic animals is filled with connective tissue. Just as in male animals, the external pudendal artery and vein, lymphatic vessels, and the genitofemoral nerve are found here.

The inguinal region also contains the **superficial inguinal lymph nodes**, which are named the mammary lymph nodes in species with an udder and the scrotal lymph nodes in male animals.

Stratigraphy

The inguinal region comprises the following layers:

- cutis and subcutis,
- the superficial fascia of the trunk,
- the deep fascia of the trunk (in the horse and the ox: yellow tunic of the abdomen),
- the aponeurosis of the external oblique abdominal muscle, which attaches here to the inguinal ligament,
- the internal oblique abdominal muscle,
- the transverse fascia, and
- the peritoneum.

Especially in male animals, the inguinal region is clinically relevant in connection with castration and surgeries on the male copulatory organ.

Stratigraphy of the testicular membranes

The testicular membranes comprises the following layers:

- scrotal skin,
- the scrotum with:
  - subcutis, fibromuscular subcutaneous layer,
  - double-layered external spermatic fascia and
  - cremasteric fascia and cremaster muscle;
- the vaginal process with:
  - internal spermatic fascia and
  - parietal layer of the vaginal tunic.

Stratigraphy of the mammary gland complex

The mammary gland complex comprises the following layers:

- cutis and subcutis,
- the superficial trunk fascia containing the supramammary muscle,
- the glandular tissue and
- the deep fascia of the trunk.

20.4.5 Clinical applications

Abdominal hernia

Abdominal hernia can occur at **any point in the abdominal wall**. Included are not only the umbilical and inguinal hernias, but all hernia occuring through the abdominal wall. The following lists the **most common types of hernias** according to species:

- **in the horse:** caudal to the last rib on the left side of the abdominal wall, and also cranial to the inguinal region in the flank area,
- **in the ox:** in the area of the right flank, and
- **in the sheep:** most often on the right side, but hernias can also occur on the left; hernias occur more often in gravid animals.

Laparoscopy

A laparoscopy is a procedure used not only for diagnostics and biopsies, but also in what is termed **minimally invasive surgery**. The greatest advantages of this type of surgery are minimal trauma to the abdominal wall and quick patient recovery. The disadvantage is the high cost of the equipment required for such surgery. With every laparoscopy, there is always a chance that a laparotomy is required.

Laparotomy

Laparotomy in the abdominal white line is most often performed in small animals to gain access to the abdominal cavity.

Laparotomy in the horse

Laparotomy is the method of choice for the **exploration of the abdominal cavity**. The advantage to this approach is that the incision can be extended either cranially or caudally or both, when required. An incision of the required length is made through the cutis and the subcutis. A small incision is made in the middle of the abdominal white line, so that the index finger just passes through. The finger is held in the retroperitoneal space and the abdominal wall is slightly lifted, or tented. The peritoneum and the transversal fascia are identified, as are the falciform ligament located cranial to the navel and the median ligament of the bladder located caudal to the navel. Of these two ligaments, the former contained the foetal umbilical vein leading to the liver, and the latter enclosed the urachus and ultimately the bladder. These two ligaments are separated in the middle and help after closure of the abdominal cavity to strengthen the peritoneal stitches.

Laparotomy in the ox

Laparotomy in the ox takes place in the flank under local anaesthesia of the standing animal. Every incision through each layer of the abdominal wall should be slightly shorter than the previous incision. The only organ accessible from the left flank is the rumen. Here, a vertical incision is made through the layers of the abdominal wall. The incision of the skin begins just ventral to the transverse processes of the lumbar vertebrae. The following incisions through the external and internal oblique abdominal muscles are also vertical. Bleeding from branches of the deep iliac circumflex artery must be stopped. The next incision through the transverse abdominal muscle should be performed with care, so that the underlying transversal fascia and the peritoneum are not injured. The last incision involves grasping these remaining two layers with dissecting forceps and making a point incision with a scalpel. This opening is enlarged to the desired length with scissors. **Rumenotomy** is performed in the dorsal segment of the left flank.

The right flank allows access to the underlying organs, namely the caecum and other sections of the intestines. Here, the incisions of the different layers are carried out in different directions. The cut through the cutis and subcutis is vertical. The external oblique abdominal muscle is cut in the same direction as its fibres (caudoventrally). Finally, an incision is made through the internal oblique abdominal muscle in the direction of its fibres (cranioventrally).

The transverse abdominal muscle, the transverse fascia and the peritoneum on the right abdominal wall are incised with the same procedure as described for the left wall. To reach sections of the digestive tract, an incision is made in the superficial and deep layers of the greater omentum.

In the ox, a dilation or torsion of the caecum and of the proximal loop of the colon are indications for a laparotomy in the right flank. Surgical correction of an abomasal displacement is also performed in the right flank beginning one hand's width caudal to the last rib. An abomasal displacement to the left is surgically corrected through an omentopexy either from the left or the right abdominal wall in the flank region.

Sagittal laparotomy

This surgical approach is used **mainly in horses** to correct **abdominal cryptorchidism**. The anaesthetised patient is brought into dorsal recumbency. A 15 cm long incision through the skin is made 7 to 10 cm lateral to the prepuce. This incision should start slightly caudal to the preputial orifice and is extended parallel to the ventral midline. The underlying deep fascia of the trunk and the outer sheath of the abdominal straight muscle is separated in the same direction. The straight muscle of the abdomen is then bluntly separated in the direction of its muscle fibres. Finally, an incision is made in the inner sheath of the abdominal straight muscle and the transversal fascia with the peritoneum at a right angle to the skin incision.

Other important indications for sagittal laparotomy include **abomasopexy** and **omentopexy** in the ox as well as right and left **displacement of the abomasum**.

Castration

A layer of loose connective tissue lies between the external spermatic fascia and the internal spermatic fascia. This layer allows the vaginal process a wide range of movement within the scrotum. The surgeon takes advantage of this layer, which allows the vaginal process to be exteriorised and ligated, thus removing the testicles along with the vaginal tunics. This type of castration is a **"closed" castration**, in which the vaginal process is not opened. In an **"open" castration**, an incision is made not only through the layers of the scrotum, but also through the vaginal process. The testicles are removed covered only by the visceral layer of the vaginal tunics. Open castration is usually performed only on male cats. Open, closed and **half-closed castration** have been described in stallions.

Half-closed castration is performed similarly to the previously described closed castration, except that the vaginal process is opened and the testicle exteriorised. The edges of the vaginal process are held in place with forceps and the spermatic cord, which is still covered by the vaginal process, is then crushed with an emasculator. The spermatic cord and vaginal process are additionally ligated.

Closed castration is routinely performed in male dogs. For each vaginal process, the scrotal ligament between the spermatic cord tunic and the scrotum must be torn.

In male dogs and stallions, prescrotal, closed castration has also been described. One testicle is advanced as far as possible into the medial prescrotal area. A skin incision is made over the displaced testicle. The testicles, still covered in the vaginal tunics, are removed one after the other through this skin incision. When incising the skin, great care must be taken in dogs not to injure

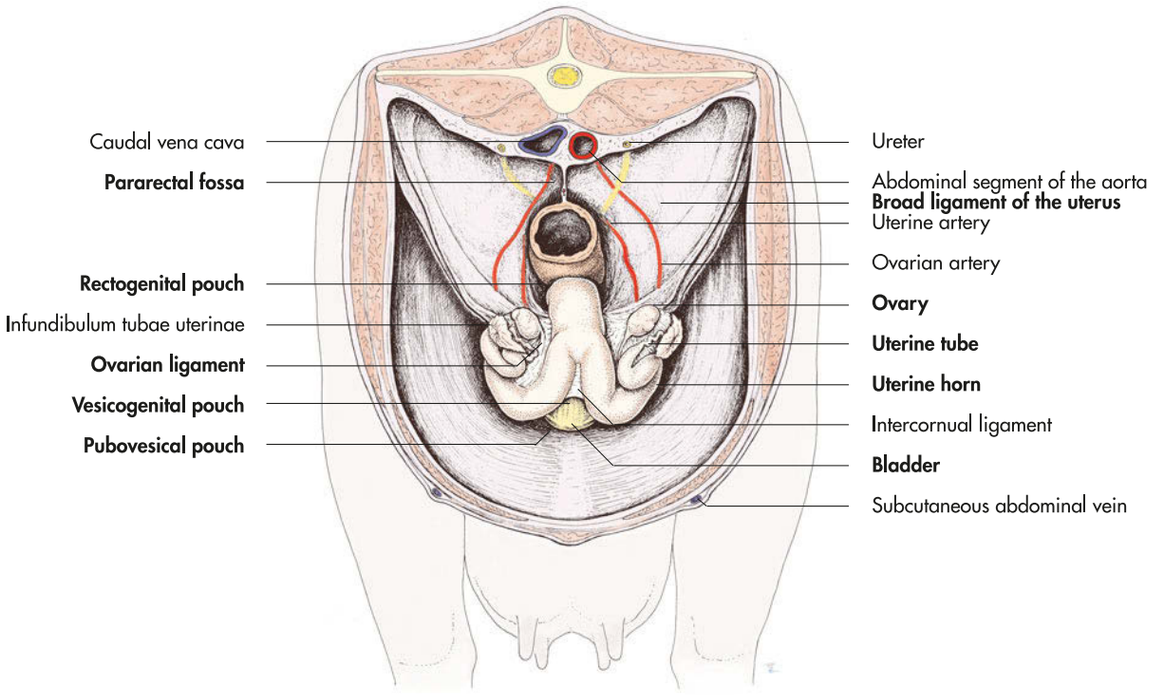


Fig. 20.37 Schematic illustration of the reproductive organs in the pelvic cavity of a female cow (cranial view).

the penis. Injury to the cavernous body of the penis can result in massive haemorrhaging, which is difficult to eliminate.

Closed castration is performed in older breeding boars. The scrotal ligaments, which are situated far caudal to the testicles, must first be transected. Only then can the vaginal process containing the testicle be exteriorised.

Surgery of the copulatory organ

Surgical procedures on the copulatory organ require not only **anaesthesia of the penis**, but also of the **prepuce**. To accomplish this, a nerve block is performed on the pudendal nerve and the first four ventral branches of the lumbar nerves. A nerve block of the left and right pudendal nerves allows the penis to be extruded. In the ox, this nerve block is carried out in the perineal region, approximately a hand's width ventral to the anus and left and right in the middle between the ischial tuberosity and the perineum.

In male cats, the penis is directed caudally. In the case of **urolithiasis**, a perineal **urethrostomy** is performed. The urethra is exposed and incised, and the distal part of the penis transected.

Examination of the udder

The **udder** is clinically important in large female animals, especially in the cow, for economic reasons. In examining the udder, it is important to determine the location and size of the superficial inguinal (mammary) lymph nodes. In carnivores and pigs, the lymph nodes of the cranial mammary complexes belong to the **axillary lymphocentre**, and those of the caudal mammary complexes belong to the **superficial inguinal lymphocentre**. In cows, the superficial inguinal lymphocentre includes the superficial and the deep inguinal lymph nodes. The **superficial inguinal lymph node** is approximately 7 cm long, 5 cm wide and 2 cm thick, and is easily palpated. Palpation of this lymph node is possible by standing behind the cow and palpating with both hands between the base of the udder and the inside of the thigh dorsal as far as possible.

The **vascularisation** of the udder is very important for the **milk production**. The main artery, the **external pudendal artery**, reaches the udder basis through the inguinal canal. Before it reaches the udder basis, it builds a siphon-like, S-shaped flexure. The voluminous **external pudendal vein** accompanies the artery. Cranial to the udder basis is the abdominal subcutaneous vein. A branch of the internal pundendal vein, the caudal labial or mammary vein, caudally approaches the udder basis. Because of the direction of the vein valves, this vessel apparently does not carry venous blood away from the udder, but towards it. In the sow, the bitch and the queen, the mammary complexes extend from the thoracic to the inguinal regions. Two symmetrical, bilateral rows are separated in the midline by the intermammary zone. During the suckling period, the mammary glands have increased so much in size so that they touch across the intermammary zone. In female dogs, often the entire mammary chain must be removed due to mammary neoplasia.

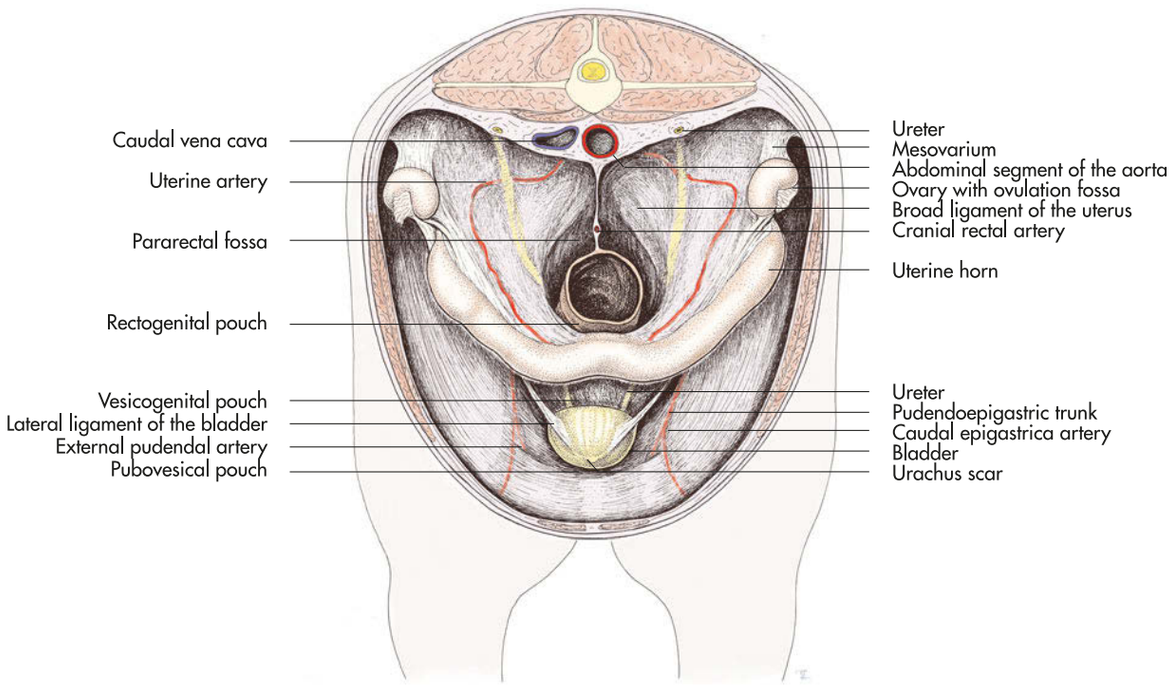


Fig. 20.38 Schematic illustration of the reproductive organs in the pelvic cavity of a mare (cranial view).

Rectal examination

After the animal is immobilised, a rectal examination with the entire arm is possible for animals with a body mass greater than 150 kg, hence for adult cattle, horses, and pigs. For all other smaller domestic mammals, only a digital rectal examination can be conducted – accordingly in this case, only a limited, caudal section of the pelvis and abdominal cavity is included.

The indispensable prerequisite for these examinations is solid knowledge of the topographical anatomy of the abdomen and pelvic organs. Also before executing a rectal examination, one should know that the examination field in the abdomen corresponds to a cranial open cone section, which depends both on the size of the animal and the arm length of the examiner. Fundamentally, the anal and perineal region of all animals should be visibly assessed before the examination.

In every case, relevant animal-protection measures must be observed for competent execution, also including the prevention of internal injuries to the animal. For cattle, rectal interventions are not only conducted by veterinarians, but also by other paramedical professionals such as fertilizing technicians, who are specialised in carrying out this task. For horses, rectal interventions are exclusively performed by veterinarians.

Examination of cattle

Examination of the abdominal and pelvic cavity

Introduce the hand, protected with a glove, into the rectum of the cow by forming the fingers into the shape of a cone. Overcome the resistance of the anal sphincter with a slight rotating movement. The rectal ampulla (ampulla recti) is voided. If the faeces of the animal is soft, it might make sense to refrain from voiding the rectal ampulla, since this otherwise might trigger sustained pressing by the animal. Subsequently, carefully push the hand forward (cranial direction). If peristaltic waves occur, withdraw the hand and wait for the waves to subside.

The bony pelvis is encountered in the further examination, beginning from the promontorium ossis sacri and continuing along the linea terminalis up to the pecten ossis pubis. Ventral to the spine, palpate the pulsating aorta, its two-sided division in the internal and external iliac aorta as well as the sacroiliac joints, especially on suspicion of trauma. Ventral to the spine and the sacrum, the Lnn. iliaci mediales, lateral to the Lnn. iliaci laterales, are likewise palpable.

Of the urinary organs, only the caudal pole of the left kidney is palpable, shifted from the dorsal rumen sac to the right and attached in the middle of the abdominal cavity on part of the entrails. The ureters, which flow dorsally into the urinary bladder, are palpable as pencil-thick strands. The urinary bladder can only be palpated in a filled state or after pathological changes (▶ Fig. 20.39).

Of the digestive apparatus, the caudal rumen blind sacs can be identified in the rectal examination. The tunica serosa of the rumen (peritoneum) seems smooth and slippery. The intestinal sections located to the right of the rumen are only palpable when strongly filled, bloated, or with wall hardening. Under these conditions, in case of a colic, the cecum tip pointing caudally can reach into the pelvic cavity. In this case the colon pane with the jejunum and ileum can be identified in the right upper flank region.

Examination of the genitals of the cow

More than 95% of the rectal examinations on cows are conducted for **gynaecological indication**. Therefore the examination's findings primarily focus on the animal's stage in the oestrous cycle, possible pregnancy, or fertility disorders (▶ Fig. 20.37 and ▶ Fig. 20.39).

For the rectal examination of the genitals, proceed as already described above. Immediately cranio-ventrally of the sphincter anus muscle, the vaginal vestibule is palpable as a firm, rounded shape with a rounded upper demarcation. The fleshy hose of the vagina is located cranial to the vestibule. The movable uterine cervix protrudes cranially and can be easily detected by the hand. The uterine cervix lies above the pecten ossis pubis in the cranial pelvis aperture.

Further toward the abdomen – depending on its state of fullness – the urinary bladder can be palpated. It seems to be a thin-walled, tense structure. At the bladder neck, at the level of the uterine cervix, the latum uteri ligaments are palpable. Subsequently, the examiner follows the body of the uterus (corpus uteri) with the hand in a cranial direction, which presents a further cranial division into two ram's horn-shaped, ventrally involuted uterine horns (cornua uteri). For non-pregnant cows or cows in the early stages of pregnancy, the uterus is located in the posterior portion of the pelvic cavity. It can be better palpated there. Depending on the cycle stage, the uterine horns are firm, sensitive, or contracting (oestrus). They are less delimitable and flaccid during dioestrus or interoestrus.

For a pregnancy up to the third month, the volume change of the uterus can be relatively easily assessed by the retracted uterus. The embryo itself can be palpated from the third month. In the fourth and fifth month of pregnancy, the uterus shifts forwards into the abdominal cavity and one can observe the typical "vibration of the vessel" of the uterine artery (former designation: a. uterina media). Body parts of the calf are palpable from the sixth month. From the sixth to eighth month, the "drop stage", the foetus can no longer be rectally palpated. The growing foetus then lies so deep in the abdominal cavity that it is outside of reach of the examiner. Body parts of the calf can also be seen or touched from the outside in the last phase of pregnancy.

In order to examine the functional structure at the ovaries, one can identify the Graaf follicles on the basis of their typical fluctuation, as well as the corpora lutea in the blossoming stage due to their characteristic form of a "champagne cork". However, one must be aware that misdiagnoses cannot be ruled out, especially in the case of cycle diagnostics as well as for an early pregnancy.

Repeated or further examinations are advisable to identify the remaining corpora lutea stages, especially persisting corpora lutea or corpus luteum cysts, for example by determining progesterone in the milk or blood.

Examination of the genitals of the bull

The first steps are carried out in a similar manner to the rectal examination as described for cows.

The accessory genital gonads of bulls are palpable at the pelvic floor. The urethral muscle (m. urethralis) reacts definitely on contact with a contraction. The smooth, signet ring-shaped prostate gland lies at the cranial end of the contracting urethral muscle. The coarse lobulated vesicular glands are found on both sides alongside the iliac columns.

The paired bulbourethral gland, located caudal at the pelvis part of the urethra, cannot be palpated because they are covered by the urethral muscle. The deferent ducts, as thick as knitting needles, rise upwards from the vaginal annulus along both sides of the urinary bladder. They can be palpated above the urinary bladder neck. Before their aperture, one can feel the two thickened, about 20 mm long spermatic duct ampulla (ampullae ductus deferentis).

To also identify abdominal or inguinal rings called anuli vaginales, push the finger downwards about a hand's breadth forward to the right and left of the medial plane, ventral from the pecten ossis pubis. They can be found on both sides as a narrow gap, into which the 2 to 3 fingers can be introduced.

The spermatic cord enters through the vaginal annulus, consisting of the ductus deferens, the testicular artery and vein. Outside the vaginal processus or the peritoneum, the pudenda artery and external vein and the cremaster muscle appear through the groin gap. Medial and caudal to the pelvic floor, the penis root can be palpated as a coarse structure.

Examination of the horse

Examination of the abdominal and pelvic cavity

For a rectal examination, the horse should always be sufficiently restrained, best of all in a squeeze chute. Proceed with a horse in a similar manner as with cattle when introducing the hand into the rectum. A complete emptying of the rectal ampulla is always required with horses.

For horses, attention must also always be given to injuries the animal might have already sustained before this veterinary examination (▶ Fig. 20.40). Time and again, liability-relevant issues are intestinal lesions in horses caused by the veterinarians themselves during the examination (in rare cases), and usually also identified as such. It is therefore of special importance to avoid causing even the slightest injuries.

Before further examination, the arm is withdrawn out of the rectum again in order to document blood traces which may indicate possible previous injuries. Injuries of the rectum are possible in the horse because of anatomical particularities in the dorsal area. The longitudinal musculature around the attachment of the mesorectum are spread so far apart that they create a delta-shaped weak point.

Then the bony pelvis and the sacroiliac joints – as for cattle – are examined, following the terminal linea.

Subsequently, for stallions as well as for geldings, similar to the bull, the anuli vaginales is examined. Just two finger-tips fit into the so-called abdominal rings, for some animals up to three or four. The width of the anuli vaginales plays an important role in colic, since an intestinal loop could have become caught in the abdominal rings. Since the horse has a very long mesentery, there

is a great danger of jejunum loops becoming pinched. The anuli vaginales should also be evaluated before a stallion is castrated, since there is a danger of eventration (escape of intestines from the abdominal cavity) when they are especially large, and no uncovered castration may be conducted.

In both cases, i.e. for colic symptoms as well as for castration, it is absolutely necessary to perform a transrectal examination. Malpractice is indicated if such an exam is not performed!

For both sexes, the abdominal aorta (a. abdominalis) should be palpated ventrally to the spine. It is perceived as a strongly pulsing vessel with a diameter approx. 2–3 cm thick. The branches of the aorta, the internal and external iliaca artery (a. iliaca interna and externa), can be further traced distally. The aorta can be palpated further up to the bifurcation of the cranial mesenterica aorta, which runs vertically ventral, is approximately one finger thick, and is a pulsing vessel (beware: aneurysms can possibly form here!).

Left of the cranial mesenterica aorta, the examiner reaches the caudal pole of the left kidney. The spleen-kidney ligament (renolienal ligament) lies horizontally between the left kidney and spleen base. Above the spleen-kidney ligament is the spleen-kidney space (spatium lienorenale). This lies dorsal to the lienorenal ligament and is bordered medial to the left kidney and lateral by the spleen basis.

Jejunum loops or sections of the descending colon could also enter and be squeezed in this space!

The left renal artery (a. renalis) can possibly also be identified as a pulsing vessel cranial to the front entrails artery.

The descending colon can be palpated as a forearm-thick intestinal segment. One recognizes this intestinal section by the mobility created by the long mesentery and by its content the so-called excrement balls – and by the palpable taenia antimesenterialis. The taenia mesenterialis is covered by the base of the mesentery.

The examiner can also palpate the ventral taenia of the appendix and the flexura duodenojejunalis at the level of the appendix head in the right section of the abdominal cavity. The ventral taenia of the appendix can most clearly be palpated from all ligaments of the caecum, since it is free of lymph nodes and blood vessels. The healthy intestinal segments, especially the jejunum, but also of the ascending colon, are difficult to palpate.

Between the descending part of the duodenum (pars descendens duodeni) and the right liver lobes, the foramen omentale (epiploicum) is located at the level of the 15th rib, which can usually not be reached. There is also the danger of parts of the intestine becoming trapped here. Should there be such a suspicion, then the abdominal cavity must be opened.

Arising from the pecten ossis pubis, the caudal two thirds of the left longitudinal layers of the ascending colon in the left flank together with the pelvis flexure can be palpated. The bands are always palpable. One should verify whether the flexura pelvina has shifted into the lienorenal (spleen-kidney) space. In this case, expressions of pain are notable.

The empty urinary bladder at the pelvic floor can be recognised as a fist-sized, fleshy body. In the case of a stallion, likewise at the pelvic floor, the urethra can be felt as a thick, longitudinally running strand.

Examination of the genitals of the mare

Initially, the uterus and both ovaries are palpated for the **internal gynaecological examination** (▶ Fig. 20.38 and ▶ Fig. 20.40). In the corpus luteum phase, the fleshy uterus is relatively easy to palpate. After the position, size, symmetry and contractility of this organ have been determined, a possible fluctuation in the uterine horns (cornua uteri) is of special interest.

It is important, for example, to recognise increased liquid content, which could indicate an accumulation of rheum (primarily in the stallion) but also pus (in the case of an inflammation).

Because of cycle-dependent structural changes of the endometrium, it is also quite easy to determine the cycle stage. When a mare is in heat, for instance, there is an increased edemization of the endometrium and the endometrium folds significantly increase in extent, so that a “wheel-spoke structure” results in the cross-section of the ultrasound image of the uterine horns. In contrast, the uterine horns are homogenous in the luteal phase. Also neoformations such as cysts of the endometrium can be revealed with ultrasound.

Subsequently, the examination proceeds to a rectal palpation of the ovaries. One reaches them by tilting the slanted arm and moving in the direction of the hip bones. There, depending on the reproduction stage, you can palpate the rough ovaries of a size between about a hazelnut and a goose egg. Surface roughness depends on whether follicles are present or not. In the area of the ovulation pit, the consistency of follicles can also be evaluated from a diameter of about 30 mm. Immediately after ovulation, the blood clot (corpus hemorrhagicum) can be palpated as a soft structure. Follicles, especially their size and fluctuation, can also be determined here. The corpus luteum is not palpable in the horse.

Both uterus as well as ovaries in the mare are sonographically examined in addition to a rectal examination. A transrectal ultrasound examination of the ovaries can produce images of follicles from a diameter of a few millimetres. A purely sonographic examination of the ovaries does not satisfy veterinary due diligence, since such a pregnancy cannot be reliably detected or precluded.

After ovulation, it is initially possible to depict the filling of the follicle cavity with blood. The increasing fusion with corpus luteum tissue makes the initial low echo density of the follicle cavity become increasingly echogenic, while decreasing in size. A corpus albicans can occasionally be depicted far beyond luteolysis.

Transrectal pregnancy examinations of the mare are possible from the third week onwards. A pregnancy diagnosis can already be made by means of ultrasound from the ninth or tenth day after conception. This requires sufficient experience and high-quality technical equipment. In practice, the pregnancy examination takes place only at the 15th or 16th day, since some pregnancies are miscarried between the 10th and 15th day after conception.

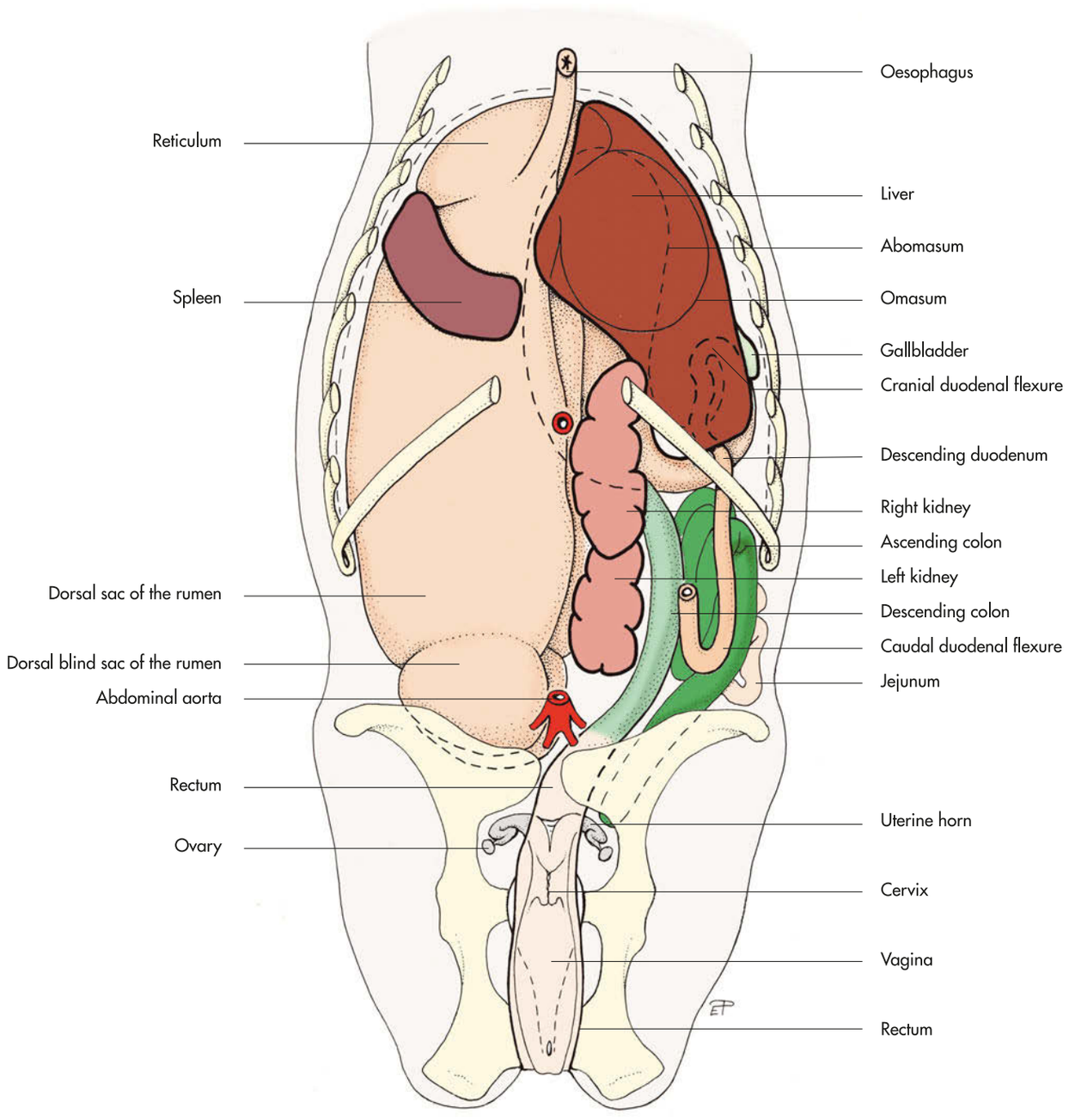


Fig. 20.39 Topography of the organs in the abdominal and pelvic cavity of a cow (schematic, dorsal aspect, duodenojejunal flexure cut).

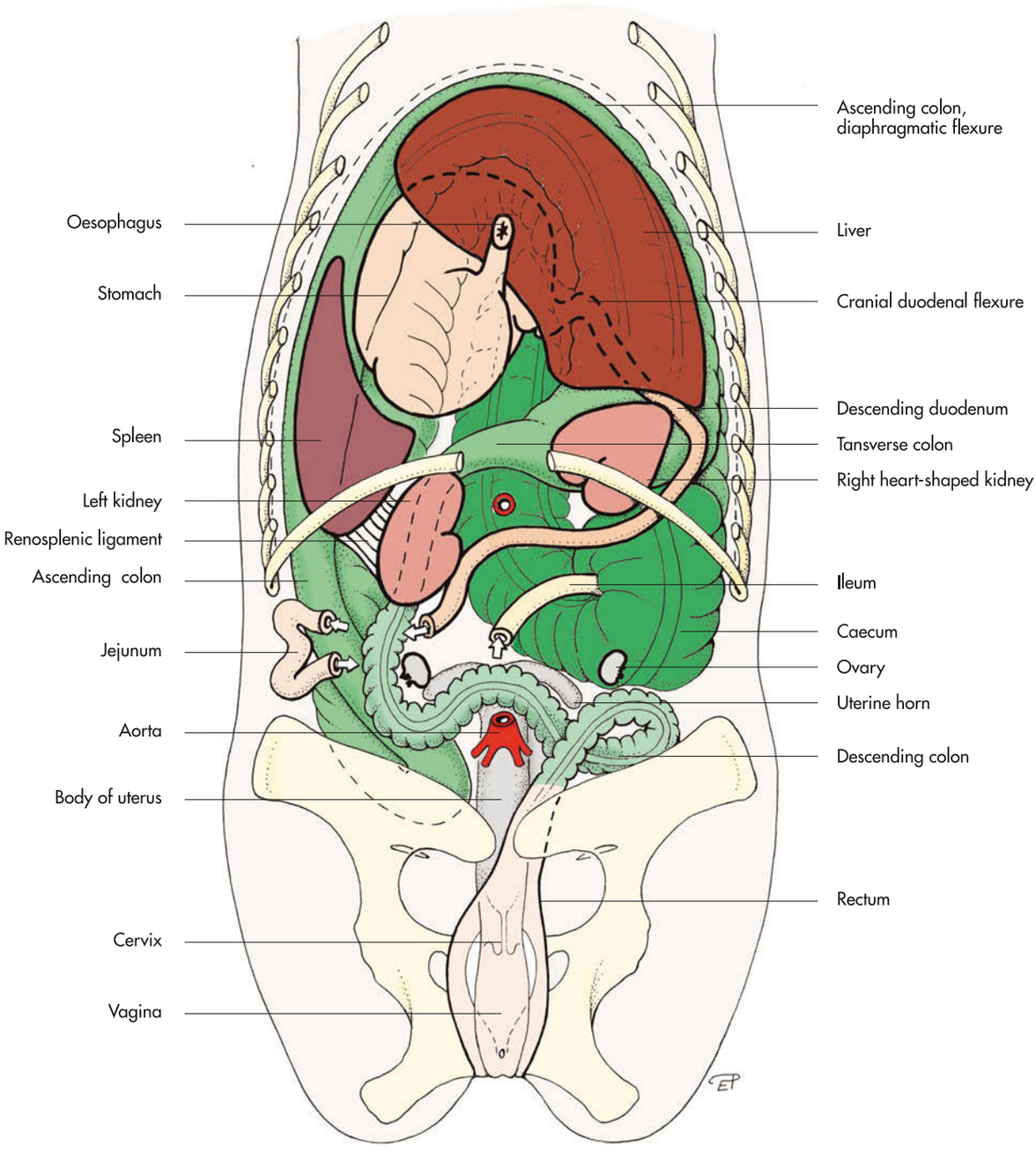


Fig. 20.40 Topography of the organs in the abdominal and pelvic cavity of a mare (schematic, dorsal aspect, jejunum cut).

Examination of the pig

For large enough sows, the vagina can be felt as a slack, approx. two-finger wide strand. The cervix lies dorsal to the pecten ossis pubis and, with the uterine body (corpus uteri) lying in front of it, is only easy to identify for animals in heat. Lift the caudal section of the abdomen from the outside in order to more easily palpate the ovaries and the uterus. The ovaries can be found as an irregular, blackberry-shaped structure at the level of the front edge of the respective broad ligament of the uterus. Both kidneys appear as smooth structures on the dorsal abdominal wall. The colon cone is cranioventrally palpable in the left half of the abdominal cavity. Its position is dependent on the filling state of the stomach (pendular movement). Jejunum loops are not palpable.

20.5 Forelimb or thoracic limb (membra thoracica)

20.5.1 Regions

The regions of the forelimbs are (▶ Fig. 20.41, ▶ Fig. 20.42, ▶ Fig. 20.43 and ▶ Fig. 20.44):

- the scapular region,
- the shoulder joint region and the axillary region,
- the lateral brachial region,
- the medial brachial region,
- the elbow region,
- the antebrachial (forearm) region with:
  - the cranial forearm region,
  - the medial forearm region and
  - the caudal forearm region;
- the carpal region, and
- the metacarpal region and the digital regions.

Scapular region

The scapular region covers the shoulder blade and the scapular cartilage. The dorsal half of the skin is innervated by the **dorsal branches of the cervical nerves**. These nerves curve around the scapular cartilage or the dorsal margin of the scapula. The cranioventral section of the skin is innervated by the **supraclavicular nerves**, and the caudoventral section is innervated by the **intercostobrachial nerve**. Beneath the skin are the **trapezius muscle**, the **omotransverse muscle** (not in the horse), and the **deltoid muscle**. The second muscle layer contains the **supraspinatus muscle**, the **infraspinatus muscle**, and the **teres minor muscle**, the last of which is situated beneath the deltoid muscle. The **subscapular artery and vein** (arising from the axillary artery and vein) runs, along the caudal margin of the scapula.

The **circumflex artery of the scapula** arises from the subscapular artery and divides into a medial and lateral branch. The thick **suprascapular nerve** (a branch of the brachial plexus) runs laterally over the scapula and innervates the supraspinatus and infraspinatus muscles. This nerve is much more susceptible to injury due to blunt trauma in animals without an acromion than in animals with an acromion. This nerve is accompanied by a small branch of the axillary artery, the suprascapular artery. The medial surface of the scapula is covered by the **subscapular muscle**, which is innervated by the numerous subscapular nerves (branches of the brachial plexus). The **ventral serrate muscle** and the **rhomboid muscle** are found on the dorsal and medial margins of the scapula and the scapula cartilage. The **teres major muscle** and the long head of the **triceps muscle** attach to the caudal margin of the scapula.

Shoulder joint and axillary regions

The region of the shoulder joint is laterally visible and palpable (▶ Fig. 20.58 and ▶ Fig. 20.59). The brachial plexus is located on the medial surface of the shoulder joint region, in the distal third of the scapula. The plexus is located in the deeper layers of this region and can be accessed medially (▶ Fig. 20.45 and ▶ Fig. 20.46).

Musculature

The **shoulder joint** does **not contain ligaments**. They are replaced laterally by the infraspinatus muscle tendon and medially by the subscapular muscle tendon, both of which function as contractile ligaments. An extensive synovial bursa underlies the tendon of the infraspinatus muscle. The biceps muscle of the arm is situated cranial to the shoulder joint and glides through the intertubercular groove with the help of either a tendon sheath (in dogs and cats) or the intertubercular bursa (in horses and cows). In small animals, the tendon is held in place by the transverse ligament of the humerus.

Other muscles found in this region: the deltoid and teres minor muscles laterally, the teres major and coracobrachial muscles medially, and the cleidobrachial muscle cranially.

The **axillary region** can be accessed medially to the shoulder joint. This region is covered by the pectoral muscles. Both muscles of the superficial pectoral muscles are subcutaneously found here (cranially, the descending pectoral muscle and caudally, the transverse pectoral muscle). The superficial pectoral muscles cover the underlying deep pectoral muscle.

Blood vessels

The following blood vessels are present in this region: the axillary artery, the cranial and caudal circumflex arteries of the humerus and the suprascapular artery.

Nerves

The following nerves are also found in this region: the suprascapular nerve, the cranial pectoral nerves, the subscapular nerves, the caudal pectoral nerves, the thoracodorsal nerve, the long thoracic nerve, the lateral thoracic nerve and the axillary nerve.

Brachial plexus

The nerves forming the brachial plexus **innervate the forelimbs** and **part of the wall of the trunk**. These nerves originate from the ventral branches of both the last three cervical spinal nerves and the first two thoracic spinal nerves. Fibres from the sympathetic trunk and the stellate ganglion also contribute to the plexus. The roots of the plexus reach the medial surface of the scapula cranially to the first rib through the middle and ventral portions of the scalenus muscle. The axillary artery and vein leave the thoracic cavity cranially to the first rib as well. The axillary lymph nodes are found at the point where the axillary artery divides into the brachial and subscapular arteries.

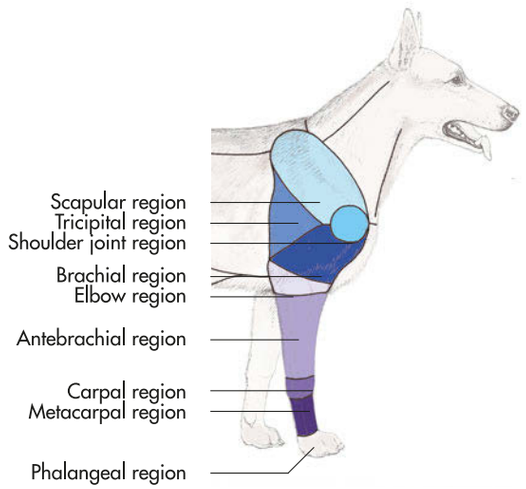


Fig. 20.41 Schematic illustration of the regions on the front leg in the dog (lateral view).

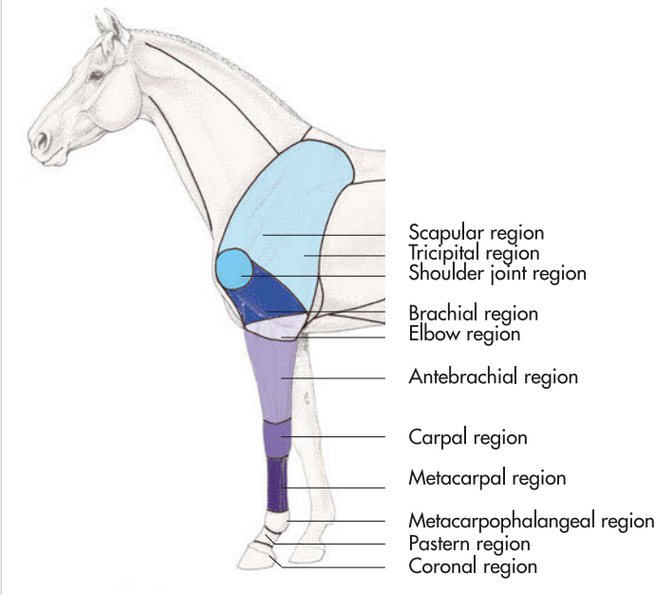


Fig. 20.42 Schematic illustration of the regions on the front leg in the horse (lateral view).

Lateral brachial region

The region of the upper arm is equivalent to the humerus; i.e., it reaches from the greater tuberosity to the lateral epicondyle of the humerus. The lateral brachial region is – contrary to the medial brachial region – covered with skin. Directly beneath the skin lies the superficial fascia, which envelopes the cutaneous omobrachial muscle (only in cattles and horses).

Musculature

The muscles of this region include: the cleidobrachial muscle, the deltoid muscle, the lateral head of the triceps muscle of the arm, and the distal segment of the brachial muscle.

Blood vessels

In the cranial and proximal section of this region in dogs, a branch of the cephalic vein – the axillobrachial vein – connects the cephalic vein with the brachial vein of the deeper venous system. From the flexor side of the elbow joint, the cephalic vein continues to the pectoral sulcus towards the external jugular vein.

Nerves

The radial nerve appears on the lateral side of the humerus in this region. A branch of the axillary nerve, the cranial antebrachial cutaneous nerve, is located on the ventral margin of the deltoid muscle. The lateral antebrachial cutaneous nerve, arising from the radial nerve, is found on the ventral margin of the lateral head of the triceps muscle.

Medial brachial region

The medial brachial region is not covered with skin, since it is directly attached to the trunk (▶ Fig. 20.45, ▶ Fig. 20.46 and ▶ Fig. 20.47).

Musculature

The following muscles are located on the medial side of the humerus: the biceps muscle of the arm, the coracobrachial muscle, the major teres muscle, the medial head of the triceps muscle of the arm, and the brachial muscle.

Blood vessels and nerves

The **brachial artery** is accompanied cranially by the median and musculocutaneous nerves and caudally by the brachial vein and the ulnar nerve. In ungulate animals, a connection exists between the median and the musculocutaneous nerves, called the **axillary loop**. The **ulnar nerve** and the **median nerve** enter this region together, until the ulnar nerve swerves to continue caudally to the elbow joint. The cranial circumflex artery of the humerus accompanies the proximal branch of the musculocutaneous nerve between the coracobrachialis muscle and the bone to the cranial section of this region. The deep artery of the upper arm arises from the caudal brachial artery and supplies the triceps muscle. The radial collateral artery originates from this vessel. The ulnar collateral artery follows the distal margin of the medial head of the triceps muscle to the medial surface of the olecranon. The bicipital artery switches to the cranial surface of the arm to supply the biceps muscle. The median nerve is accompanied by the **musculocutaneous nerve** until the middle of the humerus, where the latter branches off from the median nerve. The extensive **radial nerve** runs as a thick cord caudal to the ulnar nerve and the brachial artery and eventually passes between the medial and long heads of the brachial triceps muscle. Here, motor fibres

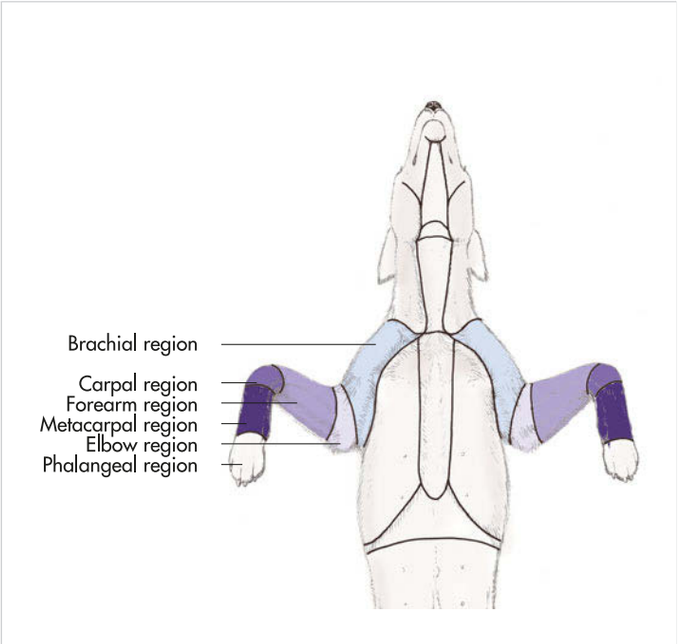


Fig. 20.43 Schematic illustration of the regions on the front legs in the dog (ventral view).

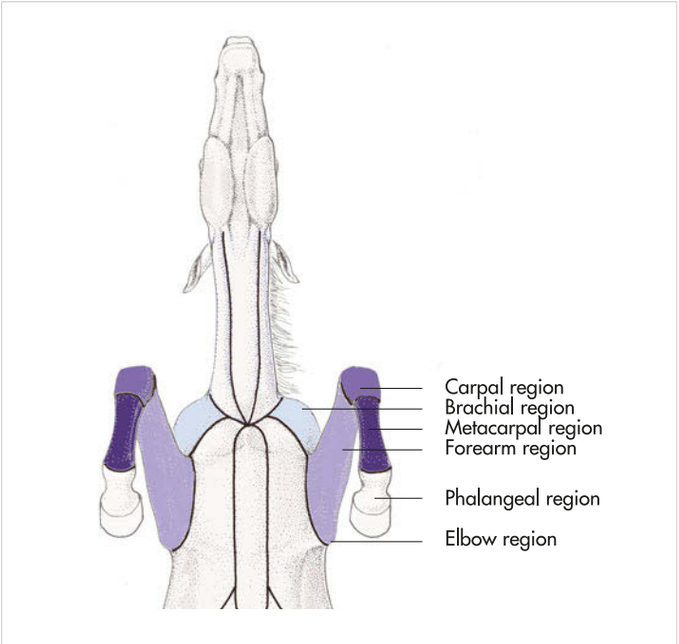


Fig. 20.44 Schematic illustration of the regions on the front legs in the horse (ventral view).

branch off and innervate the triceps muscle. The radial nerve continues on the lateral surface of the humerus, accompanying the brachial muscle.

Elbow region

The elbow region (▶ Fig. 20.45, ▶ Fig. 20.46 and ▶ Fig. 20.47) extends from the olecranon to the proximal eminence for ligament attachment of the radius and is divided into a lateral and medial region. The core of this region is formed by the elbow joint, a hinge joint. The lateral surface of this region consists of skin, the superficial fascia and the deeper antebrachial fascia.

Musculature, blood vessels and nerves

The **following muscles** are found laterally in this region: the **triceps muscle of the arm** (lateral and long heads), the **anconeus muscle**, the **ulnar and the radial extensor muscles of the carpus**, the **lateral and the common digital extensor muscles** and the **brachial muscle**.

The same fasciae form the subcutaneous layers of the medial side. The **cephalic vein** runs through the lateral region in the subcutaneous layer, accompanied in the dog by the small cranial superficial antebrachial artery and the superficial branch of the radial nerve. Beneath these structures is the superficial pectoral muscle. The **following tracts** run beneath this muscle: the **median nerve**, the **median artery and vein**, the **median cubital vein**, the **radial collateral artery**, the **ulnar nerve**, the **caudal antebrachial cutaneous nerve**, and the **ulnar collateral artery and vein**. In the horse, the cubital lymph nodes are located at the fork formed by the merging of the ulnar collateral vein with the brachial vein. The biceps and triceps (medial head) muscles of the arm underlie these tracts. The ulnar nerve runs through a groove, the **ulnar groove**, formed by the humeral and ulnar heads of the ulnar flexor muscle of the carpus. In the dog, the round pronator muscle is found here, whereas in the horse, this muscle is reduced to a tendon. Beneath the round pronator muscle are the median artery and vein as well as the median nerve, both of which lie upon the joint capsule and the tendons.

Forearm region

This region can be approached cranially, medially, caudally or laterally.

Cranial forearm region

The **skin nerves** (cranial a nd lateral antebrachial cutaneous nerves) run beneath the skin and subcutis. The **cephalic vein** is also found here and, except in horses, is accompanied by the superficial branch of the radial nerve. In dogs, the cephalic vein is also accompanied by the small superficial antebrachial artery. In the middle third of the forearm, the **accessory cephalic vein** (used for venous puncture in cats and dogs) empties into the cephalic vein. Beneath the fascia, the following structures are found beginning medially: the **radial extensor muscle of the carpus**, the **common digital extensor muscle**, the **long abductor muscle of the first digit** and the **lateral digital extensor muscle**. The tendon of the long abductor muscle of the first digit crosses the tendon of the radial extensor muscle of the carpus in the distal third of this region.

Medial forearm region

The proximal segment of the medial forearm region in the horse is covered by the **transverse pectoral muscle**, which merges with the fascia of the forearm. The **cephalic vein** runs medially along the medial margin of the radius. Beneath the forearm fascia and beginning at the radius in a craniocaudal direction are the following: the **radial flexor muscle of the carpus**, the **ulnar flexor muscle of the carpus**, the tendinous ulnar head of the **deep digi-**

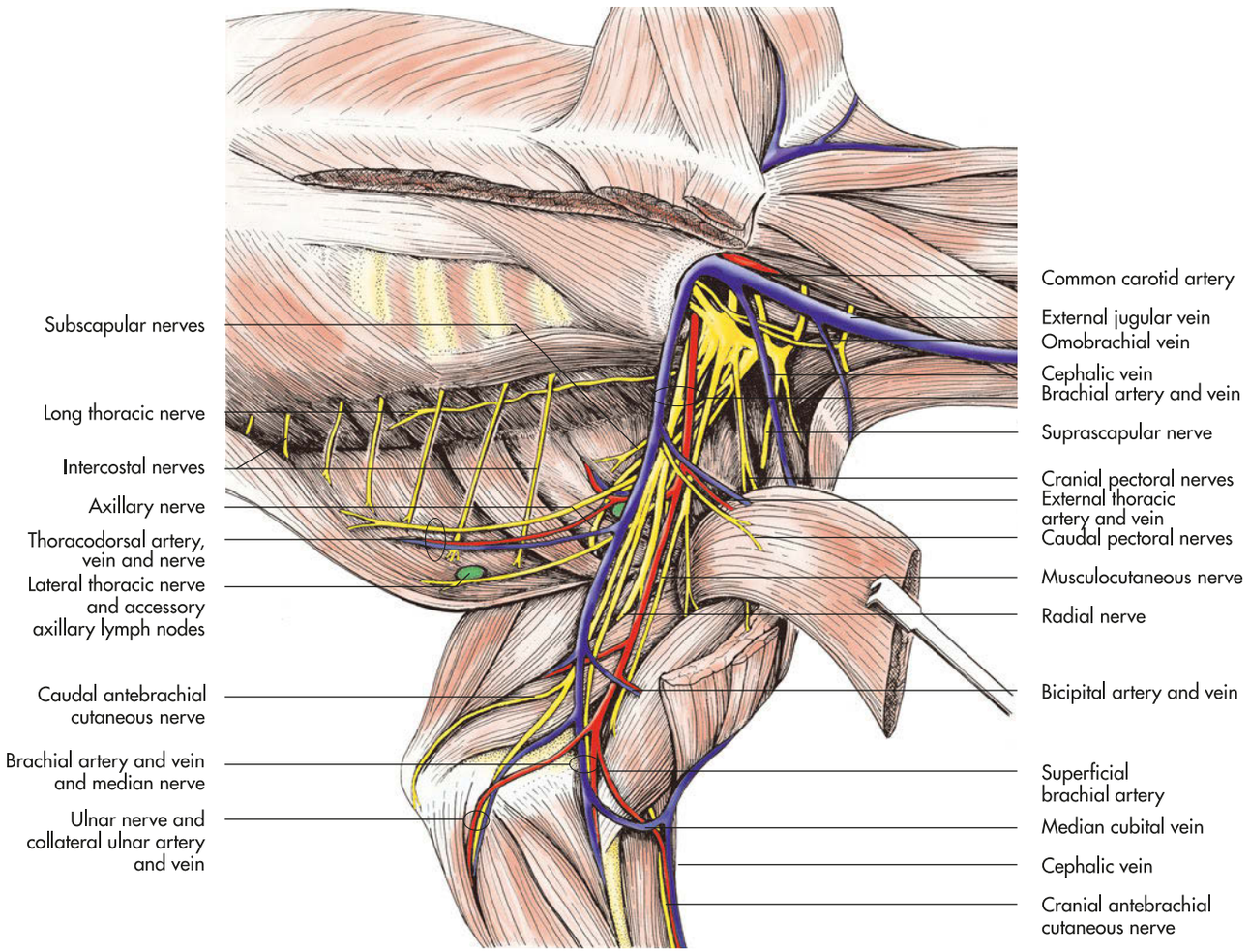


Fig. 20.45 Schematic illustration of the brachial plexus in the dog (schematic, ventrolateral view).

tal flexor muscle, and the **ulnar flexor muscle of the carpus**. The superficial digital flexor muscle is covered by the ulnar flexor muscle. The **median artery and vein**, accompanied by the **median nerve**, run caudally to the radius and are covered by the radial flexor muscle of the carpus. In the proximal third of the forearm at the level of the interosseous space, the **brachial artery** ends by dividing into the **median artery** and the **common interosseous artery**. In the distal third of the medial forearm region, the median artery divides into three vessels. The continuation of the median artery becomes the (main) **palmar digital artery II**, and the two branches are the **palmar branch** and the **radial artery**. The **median nerve** also divides into the medial and lateral palmar nerves. The latter combines with the ulnar nerve. The ulnar groove contains the **collateral ulnar artery and vein** as well as the **ulnar nerve**. In the distal third of this region, a part of the ulnar nerve branches and forms the dorsal branch, which runs laterally over the ulnar extensor muscle of the carpus. The palmar branch is the continuation of the ulnar nerve, which combines with the lateral palmar nerve.

Caudal forearm region

After removal of the skin and subcutis, the following structures are found in the caudal forearm region in a cranial to caudal direction, beginning with the radius: the **radial flexor muscle of the carpus**, the **superficial digital flexor muscle**, the **ulnar flexor muscle of the carpus**, and the **ulnar extensor muscle of the carpus**. Medial to the ulnar flexor muscle of the carpus and on the medial side of this region are the **small radial artery**, the **median artery and vein**, and the **median nerve**. The ulnar collateral artery and vein and the ulnar nerve run together in the groove formed by the humeral head of the ulnar flexor muscle of the carpus and the ulnar extensor muscle of the carpus. The **ulnar nerve** divides in the proximal third of this region into the thick palmar branch and the thinner dorsal branch, which runs laterodorsally. The caudal interosseous artery is covered by the quadrate pronator muscle.

Carpal region

The carpal region covers the carpal joint, the articulatio carpi. The greatest range of movement in the carpal joint is in the antebrachiocarpal joint. The accessory carpal bone supports the ulna only in dogs and cats. This joint functions in hoofed animals as a hinge joint, and in carnivores as an ellipsoidal joint.

Tendons

The tendons that pass over the carpal joint are covered on the dorsal surface by the extensor retinaculum and on the palmar surface by the flexor retinaculum. Each tendon is enclosed in its own tendon sheath. The largest of these sheaths is the **common synovial sheath of the flexor muscles**, which surrounds the tendons of the **deep digital flexor and superficial digital flexor muscle**. In the horse, this sheath is approached from the lateral side in the proximal third of the metacarpus. The needle is proximally inserted parallel to the deep digital flexor tendon.

Blood vessels

In this region, the following blood vessels are located on the palmar side: the **median artery**, the **smaller radial artery**, and the palmar branch as well as the end branches of the ulnar collateral artery. These arteries form anastomoses, forming the **superficial** and **deep palmar arches**. Delicate artery branches form the dorsal carpal network.

Nerves

The **ulnar** and **median** (**palmar**) **nerves** are located on the palmar side of this region. On the dorsal side, the **radial** and **musculocutaneous nerves**, as well as the dorsal branch of the ulnar nerve, divide into many branches.

Metacarpal region and digital regions

The metacarpal region and the regions of the toes play a clinical role mainly in horses.

On the palmar surface, just below the skin is the palmar metacarpal fascia. The lateral and medial palmar nerves are located beneath this fascia on the lateral and medial sides of the flexor tendons, respectively. In the middle of this region, the communicating branch crosses over the superficial digital flexor tendon. This nerve branches from the palmar nerve medially and joins the lateral palmar nerve further distally. The lateral palmar nerve, which merges with the palmar branch of the ulnar nerve, innervates the middle interossoeus muscle with its deep branch. Beneath the middle interosseous muscle and at an angle between the cannon and splint bones are the lateral and medial palmar metacarpal nerves. These deeply situated nerves innervate the proximal, palmar joint recess of the fetlock joint and the sesamoid bones.

At the level of the fetlock joint, each digital nerve releases a dorsal branch to the proximal phalanx and, further distal, a dorsal branch to the middle phalanx. The continuation of the digital nerve becomes the medial and lateral palmar digital nerves, which are crossed on each side by the tendon of the ergot. The topography of the blood vessels and nerves on the medial and lateral side of the toes is as follows: located parallel and palmar to the supporting branch of the middle inter-osseous muscle is the dorsal branch to the proximal phalanx; caudal to this is the palmar digital vein; next is the dorsal branch to the middle phalanx; then the palmar digital artery; and further palmar, the digital palmar nerve. This topography is the same as that of the pelvic limb, except that the term “palmar” is replaced by “plantar”.

The main artery, the common digital artery II, supplying the distal limb, runs medial to the flexor tendons. This artery divides into the palmar digital arteries at the level of the splint bone buttons. In the metatarsal region, the common digital artery II is the continuation of the dorsal artery of the foot and runs dorsally between the canon bone and the lateral splint bone. This artery continues distally to the lateral splint bone on the plantar side of the metacarpus.

At the level of the metacarpus between the cannon and splint bones are small arteries that are named after their location: the dorsal metacarpal arteries II and III and the palmar metacarpal arteries II and III. Proximal to the fetlock joint, these small arteries join with the common digital artery II. Small branches originate from each palmar digital artery and form a ring around the proximal and middle phalanges. These vessels anastomose with the vessels originating from the opposite side. In the area of the hoof, the digital branches to the epidermis and many branches supplying the corium also arise from the palmar digital arteries. These build anastomoses in the distal phalanx, creating the terminal arch. Each palmar digital vein runs between the proximal and middle branches supplying the dorsal phalanx.

The palmar digital veins are formed by the merging of veins supplying the areas of the hoof, which carry the same names as the corresponding arteries. Within the hoof capsule, at least one arteriovenous anastomosis exists between each vein and artery, where each artery is accompanied on each side by a vein. The hoof cartilage is also blanketed with extensive venous networks, which flow into the palmar digital veins.

Tendons

The tendons in this region include the **superficial digital** and **deep digital flexor tendons**, as well as that of the middle interosseous muscle. Proximal to the fetlock joint, the superficial digital flexor tendon forms a sleeve (manica flexoria) surrounding the deep digital flexor tendon. In the proximal third of the metacarpus, the **tendon of the deep digital flexor muscle** is strengthened by the **accessory ligament**. Proximal to the fetlock joint, the middle interosseous muscle divides into two branches. In the digital area, the tendons are held in place by thickened, strengthened segments of the digital fascia. At the level of the fetlock joint is the **palmar anular ligament** of the fetlock, and at the level of the first phalanx is the **four-cornered proximal digital anular ligament**. Distal from the last structure is the **distal digital anular ligament**.

In the digital regions, there are many synovial structures that deserve attention. The common synovial sheath of the flexor tendons alone has seven recesses and extends from the heads of the splint bones to the middle of the pastern bone. The **podotrochlear bursa** is also located in this region between the aponeurosis of the deep digital flexor tendon and the navicular bone.

In the ox, the palmar tendons in the metacarpal region are similar to those of the horse. The one difference is that, in the ox, the **superficial digital flexor tendon** first unites in the proximal half

of the metacarpus with a superficial part from the middle interosseous muscle to form a sleeve (manica flexoria) surrounding the deep digital flexor muscle. The deep digital flexor tendon **does not have an accessory ligament**. Proximal to the fetlock joint, both flexor tendons split into one branch for the 3rd digit, and an additional branch for the 4th digit. Unlike in the horse, the middle interosseous muscle in the ox divides into a medial branch, two lateral branches and a connecting branch.

The latter is connected to the superficial digital flexor tendon and forms a sheath, called the manica flexoria, around the deep digital flexor tendon proximal to the fetlock joint. In the digital region, the tendons are held in place by anular ligaments. These include the palmar anular ligament at the level of the fetlock joint, the proximal and distal anular ligament at the level of the first phalanx, and a distal anular ligament at the level of the pastern bone. The latter also form the distal interdigital ligament.

The common synovial sheath of the flexor tendons should be mentioned in connection with the retinacula. On the dorsal surface of the metacarpal region, the tendon of the lateral digital extensor muscle attaches to the pastern bone of the fourth digit. The tendon of the common digital extensor muscle divides into a lateral branch, which sends attachments to the extensor processes of the distal phalanx of both the third and the fourth digits. Each tendon of insertion is wrapped in its own tendon sheath. The medial branch of the common digital extensor muscle attaches to the pastern bone of the third digit.

Blood vessels and nerves

In the ox the **median artery** continues in the distal third of the metacarpus as the **palmar common digital artery III**. In the distal third of the metacarpus, this artery is accompanied by the vein of the same name and the corresponding nerves. Together, these structures pass diagonally over the medial branch of the superficial digital flexor tendon. The palmar branch of the radial artery passes medially through the palmar side of this region on its way to the digits, but is located deeper than the palmar common digital artery III. In addition, the superficial branch of the ulnar collateral artery is similarly located, but on the lateral side of the metacarpus. These two vessels, the palmar branch and the superficial branch, are accompanied not only by corresponding veins, but also by the **medial palmar nerve** (continuation of the median nerve) and the **lateral palmar nerve** (continuation of the ulnar nerve), respectively.

These tracts become either the **abaxial proper palmar artery, vein, and nerve IV** of the digits or the **abaxial proper palmar artery, vein, and nerve III** of the digits. The communicating branch connects the medial and lateral palmar nerves and can be found in the distal third of the metacarpus. The radial nerve is located on the dorsal side of the metacarpus and divides in the middle of this region into the dorsal abaxial and the dorsal axial digital nerves of the third digit.

The laterally located dorsal branch of the ulnar nerve becomes the abaxial dorsal proper digital nerve IV. No large arteries are found on the dorsal surface of the metacarpus. In the interdigital space, the accessory cephalic vein is formed from the merging of the axial dorsal digital veins III and IV.

The dorsal digital region in the ox contains the axial dorsal digital nerves III and IV as well as the abaxial dorsal digital nerves III and IV. The axial nerves are accompanied by veins. Similar palmar nerves exist in the palmar region for every digit.

On this side, they are accompanied by both an artery and a vein. On the hind limbs, the term “palmar” is replaced by the term “plantar”. On the metatarsus, the common digital artery runs dorsally between the metatarsal bones III and IV. It continues through the distal metatarsal canal to the plantar side and divides into the plantar digital arteries.

20.5.2 Clinical applications

The regions of the forelimb are named after the corresponding bones. Various **bony structures** are visible and palpable in animals with a normal body mass and thus serve as **orientation points** (▶ Fig. 20.58 and ▶ Fig. 20.59).

The dorsal margin of the scapula is visible in dogs and cats. In large animals, the scapula cartilage is visible and/or palpable. Parts of the scapula spine as well as its tuber are palpable in the horse, just as the acromion is palpable in dogs and cats. Further distal, the following bony structures of the forelimb are palpable: the greater tubercle of the humerus, the deltoid tuberosity, the olecranon, the medial surface of the radius, and the accessory bone of the carpus. In the horse, the splint bone buttons and the first phalanx are easily palpable in the distal region of the metacarpal bone.

In small animals (dogs and cats), it is not uncommon that the acromion or the neck of the scapula fractures as a result of blunt trauma. In the shoulder joint, damage to the cartilage may occur, causing a cartilage fragment to loosen or even separate (**osteochondrosis dissecans**). The separated fragment produces pain, resulting in lameness, especially when the fragment becomes wedged under the tendon of the subscapular muscle or within the synovial sheath of the biceps muscle of the arm. Most of the time, this type of damage is not visible in a radiograph. Diagnosis is possible only by opening the shoulder joint, whereupon a simultaneous therapy may be possible.

A similar problem occurs in rapidly growing and rambunctious foals. Other diseases of horses affecting the forelimb include: **bursitis** in the **intertubercular bursa** or the subtendinous bursa of the infraspinatus muscle and the **paralysis of the suprascapular nerve**.

In dogs, traumatic rupture of muscle or tendon fibres leads to extensive haematoma. During healing of such an injury, for example, to the infraspinatus muscle, scar tissue is formed, causing **permanent muscle contracture** and **severe atrophy**. Extension, flexion, supination and pronation can become limited or even impossible.

A rupture of the biceps muscle of the arm is easily diagnosed when the affected limb is extended cranially and caudally, while maximally flexing the shoulder joint. Simultaneously, it is possible to maximally extend the elbow joint in the affected limb. Pain expressed when the forelimb is lifted is a typical symptom of **bursitis of the intertubercular bursa**, which in the horse and the ox does not communicate with the joint cavity. When the animal is forced to walk backwards, it drags its toes on the ground to lessen pressure on the synovial bursa. The exaggerated, arched pronation of the forelimb during locomotion is a typical symptom of inflammation in the subtendinous bursa, which cushions the

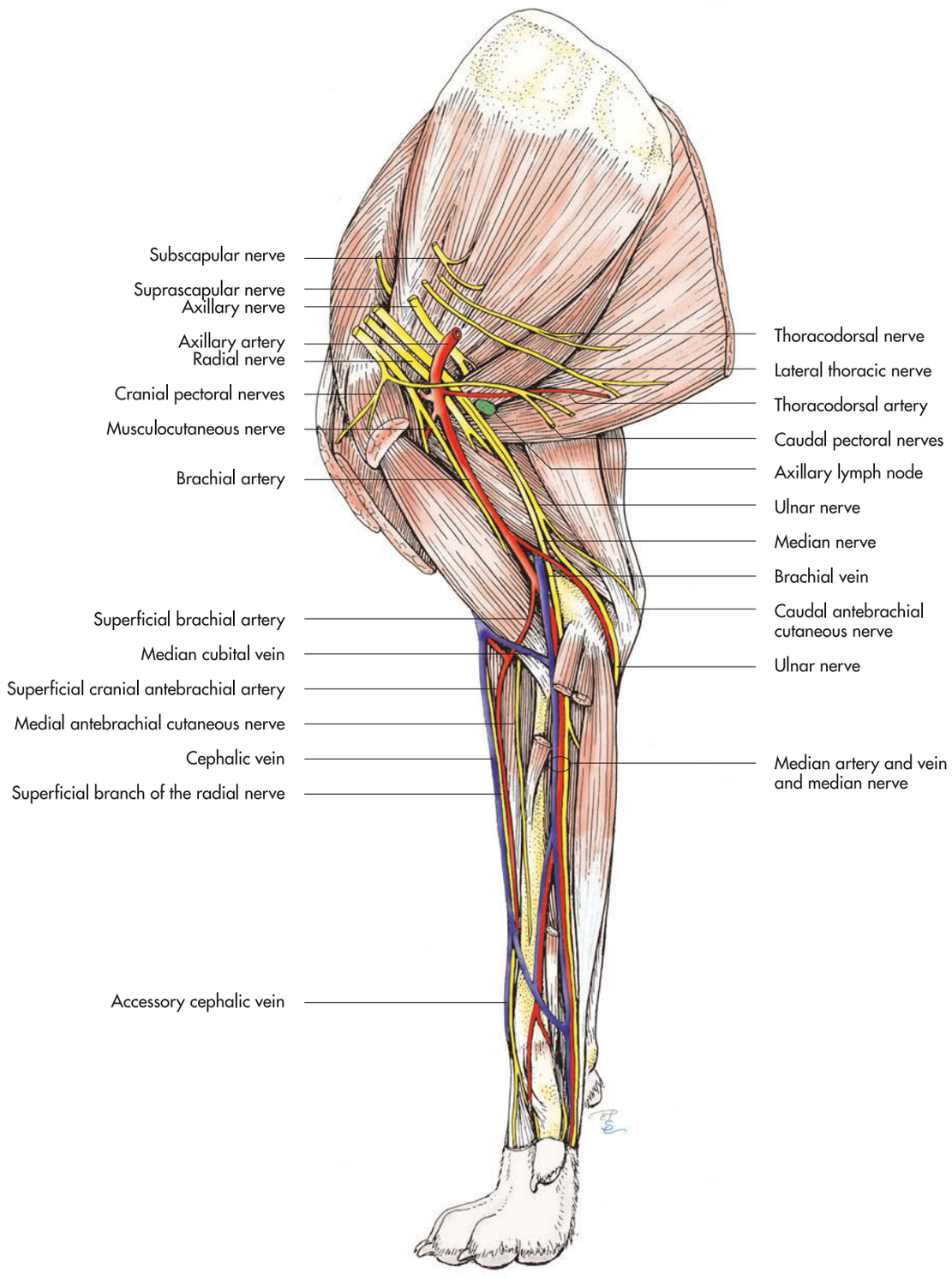


Fig. 20.46 Topography of the blood vessels and nerve tracts of the thoracic limb in the dog (schematic, medial view).

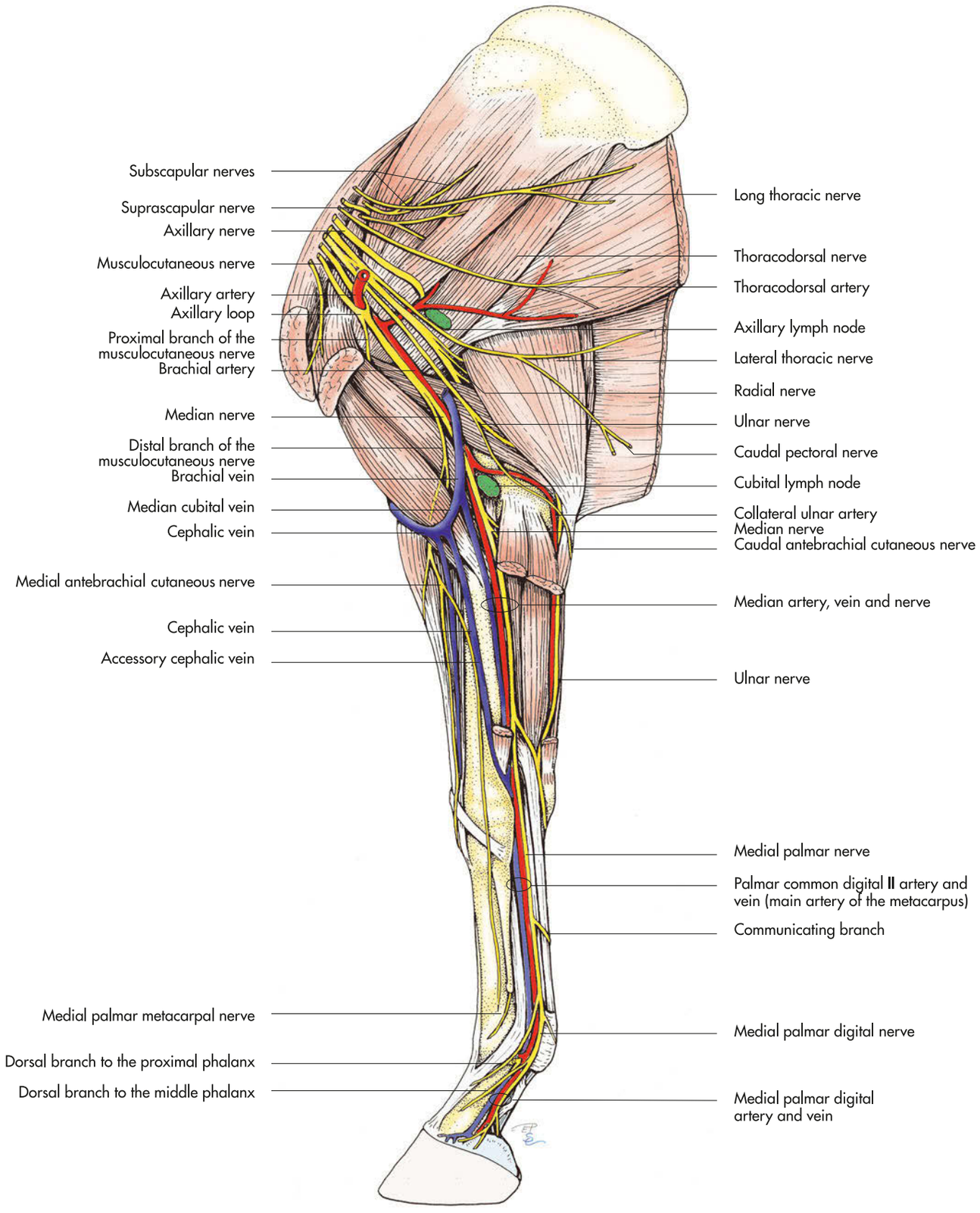


Fig. 20.47 Topography of the blood vessels, lymphatic structures, and nerve tracts of the thoracic limb in the horse (schematic, medial view).

infraspinatus muscle. By turning the limb outwards, the animal attempts to reduce the pain caused by the bursitis.

Paralysis of the suprascapular nerve causes a condition called **"loose shoulder"** or **"sweeney"**, where the scapula is held away from the body. Loss of the infraspinatus muscle (lateral contractile ligament) causes the lateral displacement of the scapula. Both muscles supplied by the suprascapular nerve atrophy and the spine of the scapula becomes readily visible. In dogs, the **separation of the anconeal process** can occur in the elbow joint. The process must be surgically removed when this occurs. In young horses until 36 months of age, the olecranon can fracture due to excessive traction from the triceps muscle.

In the forelimb, the accessory ligament of the superficial digital flexor muscle (also called the tendineous head) can be clinically important. This ligament originates on the caudomedial surface of the radius. When growth in the distal epiphysis of the radius occurs too quickly, knuckling of the pastern joint occurs. This can be corrected through a desmotomy of the accessory ligament, which is found just beneath the skin on the medial side of the distal forelimb, caudal to the radius and just distal to the carpal pad. Care must be taken not to sever the cephalic vein or the cutaneous branch of the musculocutaneous nerve (medial antebrachial cutaneous nerve).

The distal segment of the ulna (styloid process) fractures easily in dogs with growth disorders and must be surgically corrected. The carpal joint in horses, just as in humans, can be affected by the so-called carpal tunnel syndrome. In this case, a desmotomy of the anular ligament is performed. **Hyperextension injuries** can occur after extensive jumping and romping, especially in dogs, and such injuries are often accompanied by the rupture of a collateral ligament. Usually the rupture occurs on the palmar side of the carpal joint ligament apparatus. When not corrected, congenital anomalies in the carpal region (valgus and varus deviations) in the horse lead to degenerative disease in the distal joints (fetlock and digital joints).

Certain structures in the metacarpal region are important, especially in the horse. The splint bones have only a reduced supportive function. Fractures occur most often in the distal segments of the splint bones. In such a case, the now unattached splint bone button must be surgically removed. Also in the metacarpal region is the accessory ligament of the deep digital flexor muscle. Rapidly growing foals can develop so-called **"club foot"**.

Treatment in this case is a desmotomy of the accessory ligament. At the level of the fetlock joint, a stricture of the palmar anular ligament can occur due to disease of the flexor tendons. The palmar anular ligament of the carpal joint must be cut in a procedure similar to that for the anular ligament of the fetlock joint.

Mechanical forces acting on the distal structures of the forelimbs can lead to **fractures of the distal phalanx**. Most fractures occur through the wings of the phalanx, especially the lateral wing.

Sidebone is the **ossification of the alar cartilages** of the third phalanx and occurs most often in hunters and jumpers. Lameness is usually not observed but digital palpation reveals decreased flexibility of one or both alar cartilages.

Disorders of the podotrochlea can be managed with desmotomy of the suspensory navicular ligament (= collateral sesamoid ligament; ligamentum sesamoideum collaterale). Today, imaging modalities such as ultrasound, CT and MRI aid in further diagnostics, in particular with the distal part of the digit.

Diseases of the corium result in disorders of the suspensory apparatus of the coffin bone, which can rupture in the case of chronic laminitis, leading to the rotation of the coffin bone. Diagnosis of acute laminitis can be confirmed by an abnormally increased pulsation of the digital common arteries.

On the other hand, pathological changes in the navicular bursa are a common cause of forelimb lameness. The navicular bursa is a component of the podotrochlea. An **intrabursal injection** is performed from the palmar side. The position of the needle is monitored radiographically or sonographically. The site of injection is in the digital axis at the transition point from the middle to the distal third of the groove below the chestnut. The injection direction is parallel to the sole of the hoof. To reach the bursa, the needle must first pass through the digital cushion, the distal digital anular ligament, and the aponeurosis of the deep digital flexor tendon.

20.6 Hindlimb or pelvic limb (membra pelvina)

20.6.1 Regions

The regions of the pelvic limbs include the following (▶ Fig. 20.48, ▶ Fig. 20.49, ▶ Fig. 20.50, ▶ Fig. 20.51, ▶ Fig. 20.52 and ▶ Fig. 20.53):

- the gluteal region and the hip joint region,
- the perineal region,
- the thigh region,
- the knee or stifle region,
- the crural region,
- the tarsal region,
- the metatarsal region and
- the phalangeal region.

Gluteal region and hip joint region

Palpable bony structures

The following main bony structures are palpable in this region: the **coxal tuber**, the **sacral tuber**, the large **trochanter of the femur** and the **ischial tuber** (▶ Fig. 20.58 and ▶ Fig. 20.59).

Musculature

The musculature of this region includes the **middle gluteal muscle**, the **accessory gluteal muscle**, the **piriform muscle** (only in carnivores), the **gluteofemoral muscle** (only in the cat), the **superficial gluteal muscle** (which combines with the biceps muscle of the thigh to form the gluteobiceps muscle in ruminants), and the **deep gluteal muscle** (lying on the hip joint). The deep hip joint muscles are located caudal to the hip joint: the **internal obturator muscle** (horse, carnivore), the **external obturator muscle**, the **gemellus muscles** (insignificant), and the **quadrate muscle of the thigh**.

Innervation of the skin

The skin of the gluteal and hip joint regions is innervated by the **middle clunial nerves**, which originate from the dorsal branches of the sacral nerves. The **cranial clunial nerves** (originating from the dorsal branches of the lumbar nerves) innervate the skin cranial to this region, and the **caudal clunial nerves** (from the caudal cutaneous femoral nerve) innervate the skin caudal to this region. The caudal clunial nerves are part of the **sacral plexus**. In ruminants, branches from the pudendal nerve may also be involved in the innervation with the caudal clunial nerves.

Beneath the skin is the gluteal fascia, followed by the **species-specific gluteal musculature**. The hip joint is located directly beneath the deep gluteal muscle. One differentiates between:

- the **cranial clunial nerves** (originating from the dorsal lumbar nerves),
- the **middle clunial nerves** (originating from the dorsal sacral nerves), and
- the **caudal clunial nerves** (branches of the caudal cutaneous femoral nerve, which innervate the skin of the caudal thigh).

Innervation of deeper structures

The deeper structures of this region are innervated by nerve fibres originating from either the **lumbar plexus** or the **sacral plexus (lumbosacral plexus)** (▶ Fig. 20.54, ▶ Fig. 20.55, ▶ Fig. 20.56 and ▶ Fig. 20.57):

- **lumbar plexus** with:
  - iliohypogastric nerve (in carnivores: the cranial and caudal iliohypogastric nerves),
  - ilioinguinal nerve,
  - genitofemoral nerve,
  - lateral cutaneous femoral nerve,
  - femoral nerve and
  - obturator nerve;
- **sacral plexus** with:
  - cranial gluteal nerve,
  - caudal gluteal nerve,
  - caudal cutaneous femoral nerve,
  - pudendal nerve and
  - caudal rectal nerves.

The **sciatic plexus** continues at the level of the hip joint as the sciatic nerve, which eventually divides into the **tibial nerve** and the **common fibular nerve**. Dorsal to the hip joint, the sciatic nerve winds to the caudal side of the femur. This nerve must be located and protected during surgical procedures on the hip joint.

Arteries

The main arteries of this region include:

- the external iliac artery (supplies the pelvic limb),
- the deep circumflex iliac artery,
- the lateral and medial circumflex femoral arteries (supply the hip joint),
- the internal iliac artery (supplies the pelvic cavity and its walls as well as the organs of the pelvic cavity) and the following branches from the internal iliac artery with:
  - the iliolumbal artery,
  - the cranial gluteal artery and
  - the caudal gluteal artery.

The internal iliac artery continues as the **internal pudendal artery**, which sends branches to the organs of the pelvic cavity, supplies the perineum, and ends either as the arteries of the clitoris in females or those of the penis in males.

Perineal region

The perineal region begins at the base of the tail and reaches either to the caudal border of the udder or to the scrotum. Included in this region is the **ischiorectal fossa** in carnivores and ruminants. Deeper within this region is the sacrotuberous ligament, which is missing in the cat.

Musculature

The muscles of this region include the **levator ani muscle** and the **coccygeal muscle**.

Blood vessels and nerves

The perineal region comprises the following **main vessels and nerves**:

- **dorsal**: the coccygeal artery and vein, the coccygeal nerves,
- **lateroventral**: the caudal gluteal artery and vein and the caudal cutaneous femoral nerve, and
- **ventral**: the internal pudendal artery and vein and the pudendal nerve (important in anaesthesia).

Femoral region

The thigh region is divided into a cranial, caudal, medial and lateral side. The important vessels are found on the **medial side** of this region.

Palpable bony structures

The **patella** is palpable distal to this region (▶ Fig. 20.58 and ▶ Fig. 20.59).

Musculature

Musculature can be grouped as follows:

- **lateral**: the tensor muscle of the fascia lata, which is laterocaudally followed by the so-called hamstring muscles: the biceps muscle of the thigh (in ruminants, the gluteobiceps muscle), the abductor muscle of the thigh (only in carnivores), the semitendinous muscle, and the semimembranous muscle,
- **medial**: the sartorius muscle, the gracilis muscle, the pectineal muscle and the adductor muscles, in addition the femoral canal (canalis femoralis) with the entrance to the vascular lacuna, and
- **cranial** to the femur is the quadriceps group of muscles: the straight muscle of the thigh, the lateral vastus muscle, the intermediate vastus muscle and the medial vastus muscle.

The **femoral canal** is bordered cranially by the sartorius muscle and caudally by the gracilis and pectineal muscles. In ruminants and the pig, the sartorius muscle covers the femoral canal. The saphenous artery, a branch of the femoral artery, exits the femoral canal accompanied by the medial saphenous vein and the saphenous nerve.

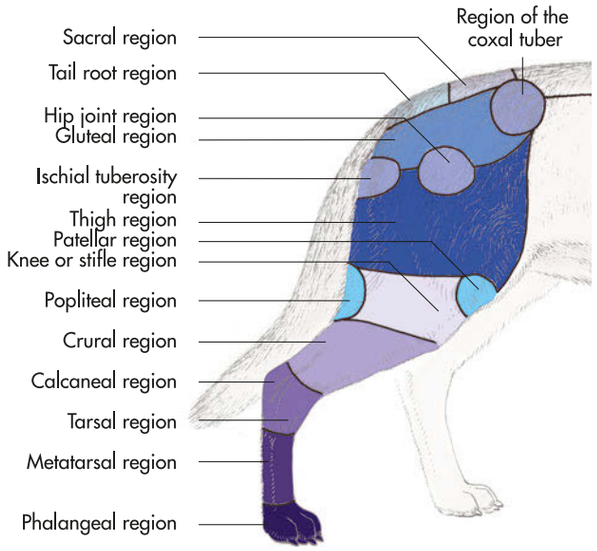


Fig. 20.48 Schematic illustration of the pelvic limb regions in the dog (lateral view).

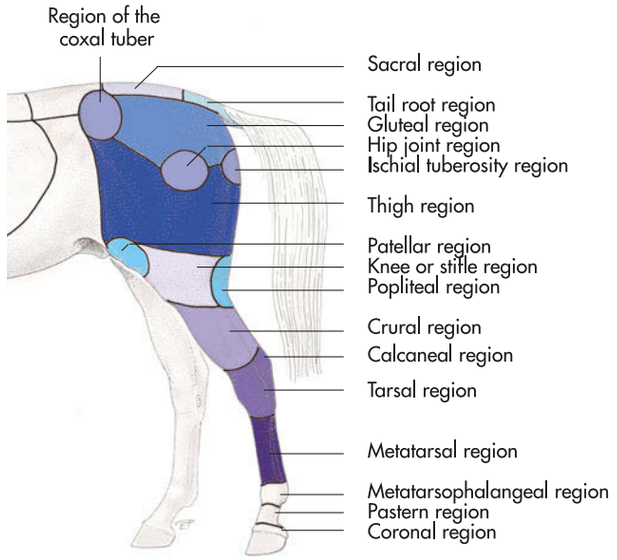


Fig. 20.49 Schematic illustration of the pelvic limb regions in the horse (lateral view).

The femoral artery and vein as well as the saphenous artery enter the femoral canal at the **vascular lacuna** (lacuna vasorum). In dogs and cats, the **femoral artery** is an ideal vessel to measure the **pulse** due to its superficial position. The external oblique abdominal muscle containing the **superficial inguinal ring** is located medial to the vascular lacuna.

The iliopsoas muscle in carnivores as well as the greater psoas and iliac muscles pass through the **muscular lacuna** (lacuna musculorum).

Arteries

Arteries, which can be found in this region are:

- the femoral artery (originating from this artery are proximal the lateral circumflex femoral artery, distal the saphenous artery and the descending genicular artery, as well as caudal the branches supplying the caudal thigh muscles),
- the popliteal artery (the continuation of the femoral artery) and
- the deep femoral artery (branches at the transition point where the external iliac artery becomes the femoral artery; the pudendoepigastric trunk originates from this vessel).

Veins

The deep venous system is comprised of vessels parallel to the arteries, and these vessels are named accordingly. The superficial venous system includes the **medial** and **lateral saphenous veins**.

Nerves

The sciatic nerve divides on the distal side of the hip joint into the **tibial nerve** and the **common fibular (peroneal) nerve**. The caudal sural nerve branches from the tibial nerve and runs parallel to the lateral saphenous vein. In the proximal segment of the tibial nerve, the proximal motor branches separate to innervate the hamstring muscles. In the distal segment, the distal motor branches originating from the tibial nerve innervate the muscles of the crural region.

Knee or stifle regions

Detailed knowledge of the femorotibial and femoropatellar joints, their bones, the joint surfaces, the menisci, the ligaments, and the synovial structures, as well as the muscles of the region, is indispensable. Tendons of origin in contact with the lateral femorotibial joint cavity belong to the long digital extensor muscle (in all domestic mammals except carnivores also the third fibular or peroneal muscle) and the popliteal muscle; for more information, see Chapter 5 “Hindlimbs or pelvic limbs” (p. 243).

Palpable bony structures

The following bony structures are palpable in this region: the **patella**, the **medial** and **lateral condyles of the tibia**, the **head of the fibula** (except in ruminants), the **tibial tuberosity**, and the **margins of the extensor groove** (▶ Fig. 20.58 and ▶ Fig. 20.59).

Lymph nodes

The following lymph nodes are found in this region: the **popliteal lymph node** (in the dog and cat: the superficial popliteal lymph node), or otherwise the **superficial** and **deep popliteal lymph nodes**.

Innervation of the skin

The skin is innervated by:

- the lateral sural nerve (branches from the common fibular nerve),
- the lateral cutaneous femoral nerve (innervates the area of the flank fold),
- the saphenous nerve and
- the caudal cutaneous femoral nerve (originating from the sciatic plexus).

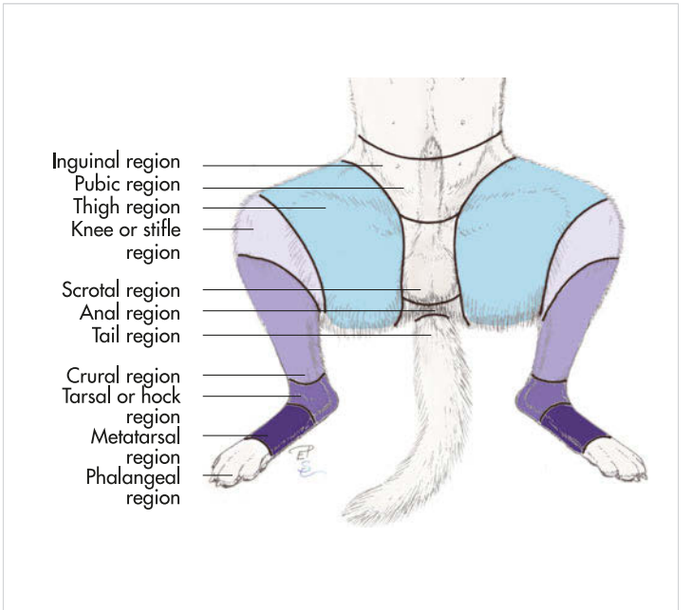


Fig. 20.50 Schematic illustration of the pelvic limb regions in the dog (medial view).

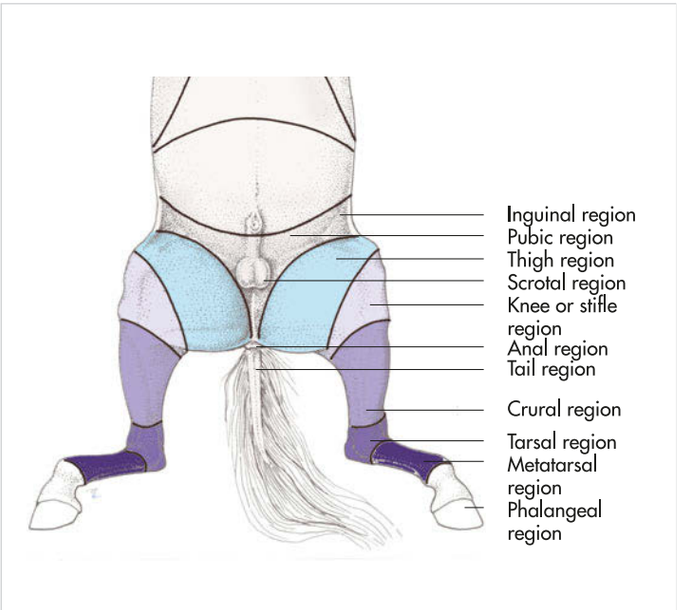


Fig. 20.51 Schematic illustration of the pelvic limb regions in the horse (medial view).

Innervation of deeper structures

Deeper structures are innervated by:
- the common fibular nerve (situated laterally over the fibular head) and
- the tibial nerve (caudal to the joint capsule, between the heads of the gastrocnemius muscle), which dispatches distal motor branches.

Arteries

Arteries, which can be found in this region are:
- the descending genicular artery (from the femoral artery),
- the major arteries: popliteal artery and distal caudal femoral artery,
- the genicular arteries (proximal and distal, each a lateral and distal branch) and
- the middle genicular artery (internal part of the joint anastomosis with descending genicular artery).

Distal to the knee joint, the popliteal artery divides into the **cranial** and **caudal tibial arteries**.

Veins

The veins of the deep system are named after the arteries they accompany. The veins of the superficial system are the **medial** and **lateral saphenous veins**.

Crural regions

The bones of the zeugopodium, the muscles of the crural regions (e.g. extensors and flexors of the tarsal joint as well as the extensors and flexors of the digital joints) and the common calcaneal tendon are important structures of these regions.

Palpable bony structures

The following bony structures are palpable (▶ Fig. 20.58 and ▶ Fig. 20.59): the **condyles of the tibia**, the **tibial tuberosity** (as in the knee joint), the **margins of the extensor groove**, the **medial surface of the tibia** and the **head of the fibula** (except in ruminants).

Innervation of the skin

The **caudal sural nerve**, the **superficial fibular nerve** and the **saphenous nerve** innervate the skin of these regions.

Innervation of deeper structures

The following nerves innervate the deeper structures of these regions: the **superficial fibular nerve**, the **deep fibular nerve**, and the **tibial nerve**.

Arteries

The cranial and caudal tibial arteries are located here.

Veins

The veins of the deep venous system are named after the arteries they accompany. The lateral and medial saphenous veins comprise the superficial venous system.

Tarsal region

Knowledge of the following structures in this region is important: the tarsal joint, the bones of this region, the joint cavities, tendons and anular ligaments, the tendon sheaths, and the synovial bursae; for further information, see Chapter 5 “Hindlimbs or pelvic limbs” (p. 243).

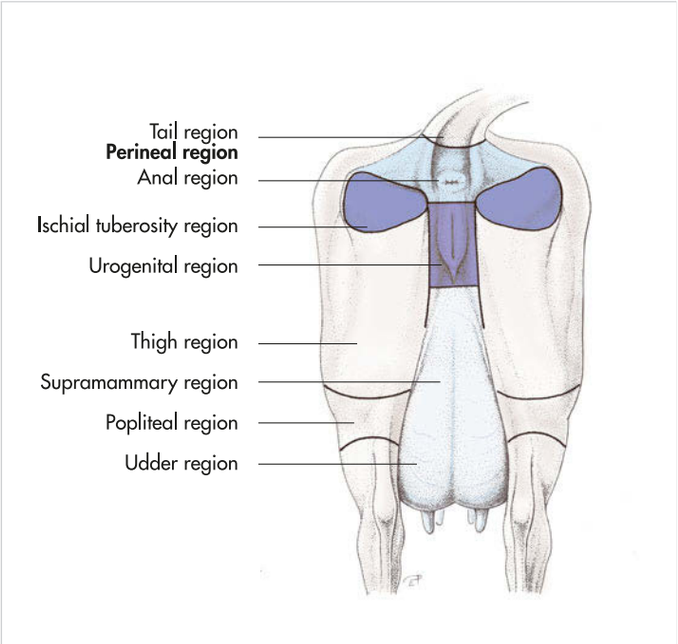


Fig. 20.52 Schematic illustration of the perineum and the proximal regions of the pelvic limb of the cow (caudal view).

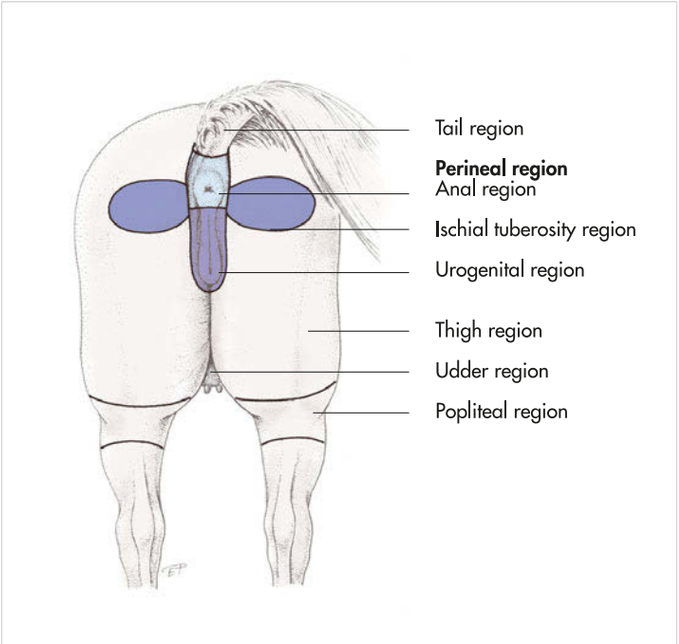


Fig. 20.53 Schematic illustration of the perineum and the proximal regions of the pelvic limb of a mare (caudal view).

Palpable bony structures

The following structures are palpable: the **calcaneal tuberosity**, the **lateral malleolus** (in ruminants, the malleolar bone) and the **medial malleolus** (▶ Fig. 20.58 and ▶ Fig. 20.59).

Innervation of the skin

The innervation of the skin in this region is the same as in the crural regions.

Innervation of deeper structures

The **plantar nerves** (from the tibial nerve) innervate the plantar side of the autopodium, whereas the **fibular nerves** innervate the dorsal side.

Arteries

The following arteries supply this region: the dorsal artery of the foot (the continuation of the cranial tibial artery), the perforating tarsal artery and the saphenous artery.

Veins

The deep system of veins mirrors the arteries. Roots of the medial and lateral saphenous veins drain the superficial medial and lateral areas of this region.

Metatarsal region

Knowledge of the bones and tendons in the metatarsal region is very important (note differences in the cross sections between the metacarpus and metatarsus in the horse).

Innervation

The **lateral** and **medial plantar nerves** innervate this region (the communicating branch in the horse is further distal than that of the metacarpal region). A deeper branch innervating the middle interosseous muscle originates from the lateral plantar nerve. In the horse, the terminal branches of the deep fibular nerves reach as far as the coronary border of the digital organ.

In ruminants, the plantar nerves of the digits arise from the **tibial nerve**, the dorsal nerves from the **superficial** and **deep fibular nerve**. Plantar nerve branches of the tibial nerve form the plantar common digital nerves II, III and IV. Similarly, the common dorsal digital nerves II, III and IV, arising from the superficial and deep fibular nerve, are located on the dorsal side of the metarsus.

The dorsal nerves of the metatarsal region in carnivores originate from the fibular nerves and are numbered according to the digit they innervate. The plantar nerves are numbered similarly and extend from the tibial nerve.

Arteries

In horses, the **dorsal metatarsal artery III** runs dorsolaterally between the cannon bone and the lateral splint bone (where pulse can be measured during laminitis). This vessel switches to the plantar side distal to the button of the splint bone and divides at the fetlock joint into a lateral and medial plantar digital artery. Additional small arteries are located here that arise from the perforating tarsal artery on one side and the saphenous artery on the other (common plantar and digital metatarsal arteries). These arteries combine with both digital plantar arteries and supply the tendons of the plantar metatarsus.

Phalangeal regions

Knowledge of the digital bones, joints, tendons and the digital fascia is important for this region.

Innervation

The **dorsal superficial** and **deep fibular nerves** innervate these regions in animals with more than one digit. These nerves divide on the dorsal side of the metatarsal bones and digits, forming the axial and abaxial dorsal digital nerve for each toe. Just like the dorsal side, the three common digital nerves bifurcate to form, for example, the abaxial plantar digital nerve IV. In the plantar metatarsal area, the tibial nerve divides, forming the plantar metatarsal nerves (see above). These divide further into the axial and abaxial digital nerves of each digit: for example, the abaxial plantar digital nerve IV of the fourth digit.

In the horse, the fibular nerve reaches dorsally as far as the coronary border of the hoof capsule. Otherwise, the plantar nerves from the tibial nerve divide in a similar pattern as the nerves of the thoracic limb: for example, the dorsal, intermediate and plantar branches of the lateral plantar digital nerve. This pattern is repeated on the medial side.

Arteries and veins

The arteries supplying this region are branches of the **cranial tibial artery**, which in the tarsal region becomes the **dorsal artery of the foot**.

The main artery of the metatarsus in the ox, the **dorsal metatarsal artery III**, runs between both metatarsal bones. This artery sends a branch to the plantar side of the metatarsus, the distal perforating branch, which divides into the digital arteries. The remaining segment on the dorsal side forms the interdigital arteries and the axial dorsal digital arteries. In the horse, the dorsal metatarsal artery III runs dorsally between the cannon bone and the lateral splint bone. This vessel switches to the plantar side distal to the button of the splint bone and divides into the digital arteries just as on the thoracic limb.

In animals with **more than two digits**, each digit is supplied dorsally with an axial and abaxial dorsal digital artery. On the plantar side, each digit is also supplied with an axial and abaxial plantar digital artery. Each of these arteries is numbered according to the number of the digit it supplies. Most all of the plantar arteries derive from the caudal branch of the saphenous artery, and the dorsal arteries derive from the cranial tibial artery.

Venous blood from the **dorsal digital veins** flows into the cranial branch of the lateral saphenous vein. In the ox, the **dorsal axial veins** are large enough to puncture, allowing the administration of a regional intravenous anaesthesia. On the plantar side, the axial and abaxial digital veins drain this region.

20.6.2 Clinical applications

The pelvic limbs are connected to the spinal column by a cartilaginous, synovial joint, the **sacroiliac joint**. A dislocation in this area is difficult to treat in the horse. An arthrodesis is impossible since movement within this connection cannot be completely prevented. The region of the hip joint plays an important role clinically, especially in **hip dysplasia (HD) of dogs**. HD is a hereditary joint disease. For this reason, breeding dogs usually must undergo an official radiographic hip examination before they are bred. Severe HD in an individual dog can be treated through total hip replacement. Alternatively, a pectineal myotomy or tenotomy is performed for temporary relief of the pain associated with the disease. The pectineal muscle is removed by the transection of both the proximal origin and the insertion tendon on the femur. The removal of this muscle reduces the adduction forces, allowing the femoral head to sit better in the acetabulum. Damage to the meniscus or a ligament rupture can occur in the femorotibial joint in dogs. Due to the connection between the medial collateral ligament and the medial meniscus, a combination of rupture of the ligament with damage to the meniscus is most frequently observed. This type of injury seldom occurs in the lateral meniscus, because the presence of the popliteal tendon with its synovial sheath provides a type of cushioning between this meniscus and the lateral collateral ligament.

Also important is the diagnosis of a **cruciate ligament rupture** in the femorotibial joint in dogs. Excessive craniocaudal movement of the tibia relative to the femur is called “cranial drawer”, which is helpful in diagnosing cruciate ligament rupture. The femur and the tibia are stabilized with both hands. With one hand, the index finger is placed on the patella and the thumb on the lateral fabella to stabilize the femur. The thumb of the opposite hand is placed caudal to the fibular head with the index finger on the tibial tuberosity.

A positive test result is a greater degree of movement of the tibia in relation to the stabilized femur. Movement in a cranial direction indicates rupture of the **cranial (lateral) cruciate ligament**. When the tibia can be moved caudally, rupture of the **caudal (medial) cruciate ligament** is indicated. Both ligaments are ruptured when freedom of movement exists cranially and caudally.

In the femoropatellar joint of especially small dog breeds, a **patella luxation** can occur. Surgical treatment involves either deepening the trochlear groove or transposing the tibial tuberosity. The femoropatellar ligaments (anular ligaments) must be reinforced and/or partially excised. **“Proximal patellar fixation”** occasionally causes lameness in horses. During normal locomotion, the patella catches and remains on the tuberosity of the medial epicondyle. This fixation of the patella prevents the physiological flexion of the knee joint with the obligatory flexion of the tarsal joint. Desmotomy of the medial straight patellar ligament close to its origin on the tibia is required to avoid damage to the joint capsule.

In the crural region, the rupture of the third peroneal (fibular) muscle in horses is a serious injury that destroys the so-called **reciprocal apparatus**. However, after such an injury, spontaneous healing is possible.

The tarsus region contains many structures in horses that, when diseased, can lead to severe lameness. The superficial digital flexor tendon is attached to the calcaneus through medial and lateral retinacula. Rupture, most frequently of the medial retinaculum, causes lateral displacement of the tendon. This injury occurs in one limb only mainly in working horses, but it can occasionally occur in both limbs in horses used in sport. The most common ailment of the pelvic limbs is **bone spavin**, a degenerative joint disease. It develops from nonphysiological stress on the medial segments of the tarsus and occurs often in trotters and Iceland ponies. The cunean tendon (the medial branch of the cra-

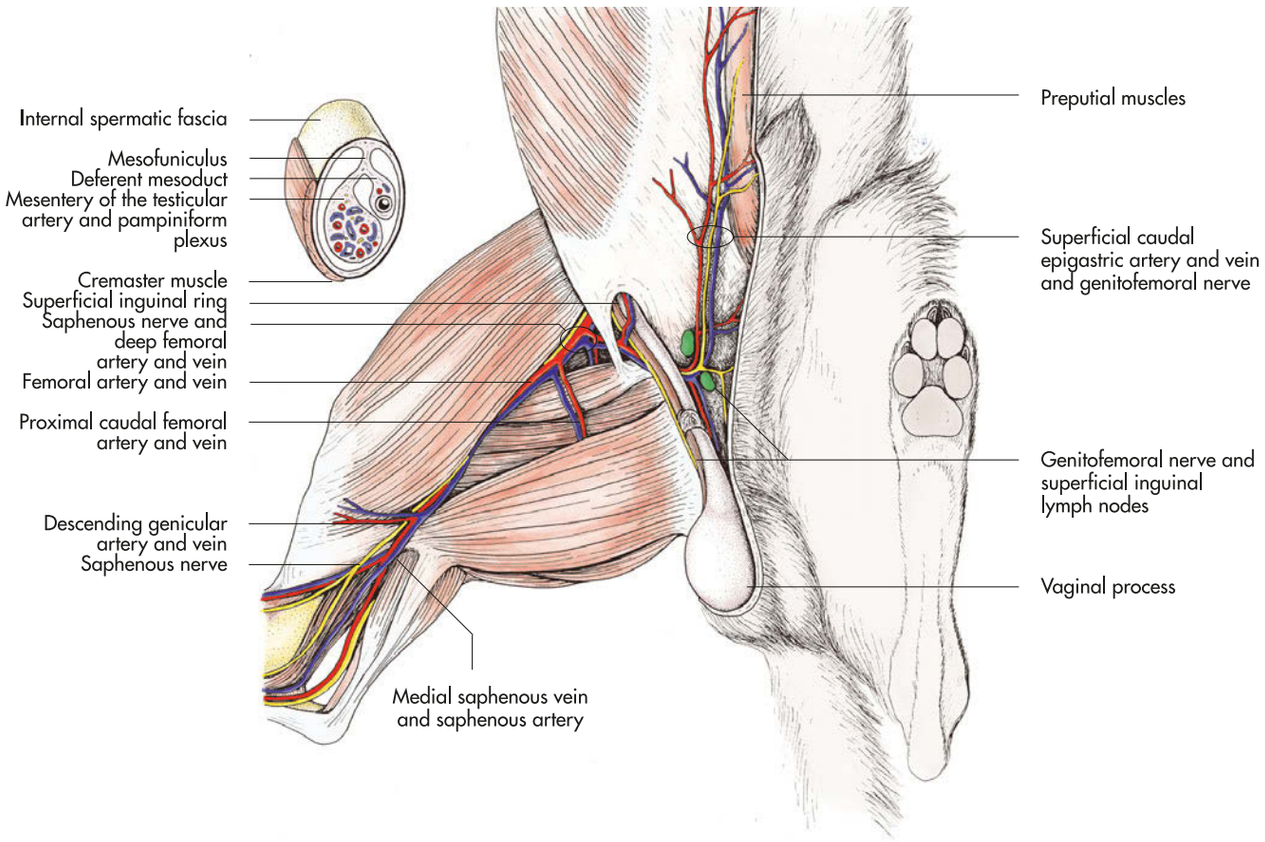


Fig. 20.54 Topography of the blood vessels and nerve tracts of the pelvic limb in the male dog (schematic, medial view).

nial tibial muscle inserting into the fused first and second tarsal bone) is thought to trigger the development of spavin. Desmotomy of this tendon is believed to bring pain relief to the affected horse. A synovial bursa is interposed beneath the tendon at its insertion.

20.7 Palpable bony structures

Clinical note

The **specified palpable bone protrusions** (▶ Fig. 20.58 and ▶ Fig. 20.59) are not only **important landmarks** for students during anatomical preparation and differentiation of the various anatomical regions, but also for the practitioner during clinical examination and treatment.

On the **head**, these bone protrusions are helpful for finding the **foramina for injections** of the cranial nerves to anesthetize the innervated areas. The **foramen infraorbitale** is in the area of the maxilla, the **foramen mentale** on the mandible. In horses, trepanations are performed at the level of the os frontale and the maxilla after identification of the respective bone protrusions. This may be followed by flushing of the nasal cavity or dental treatments.

At the **transition from the head to the neck**, one can find the **Viborg triangle** at the mandibular angle (angulus mandibulae). This is the area for surgical puncture of the guttural pouch. In the neck, the **transverse processus of the vertebrae** are important landmarks for intramuscular injection.

In the **thoracic area**, it is important to know the number of ribs of the various species. Ribs are counted from caudal to cranial to determine the intercostal spaces for clinical examination, e.g. to determine the borders of the lung or for auscultation of the puncta maxima. Furthermore, the superficial topography of the **abdominal organs** can be identified by means of palpable bone protrusions.

Without knowledge of the bone protrusions of the **limbs** it is impossible **to identify the various muscles** or to understand their function. Knowledge of the topography of the individual bones is a prerequisite for **intraarticular punctation** or **neurectomy**.

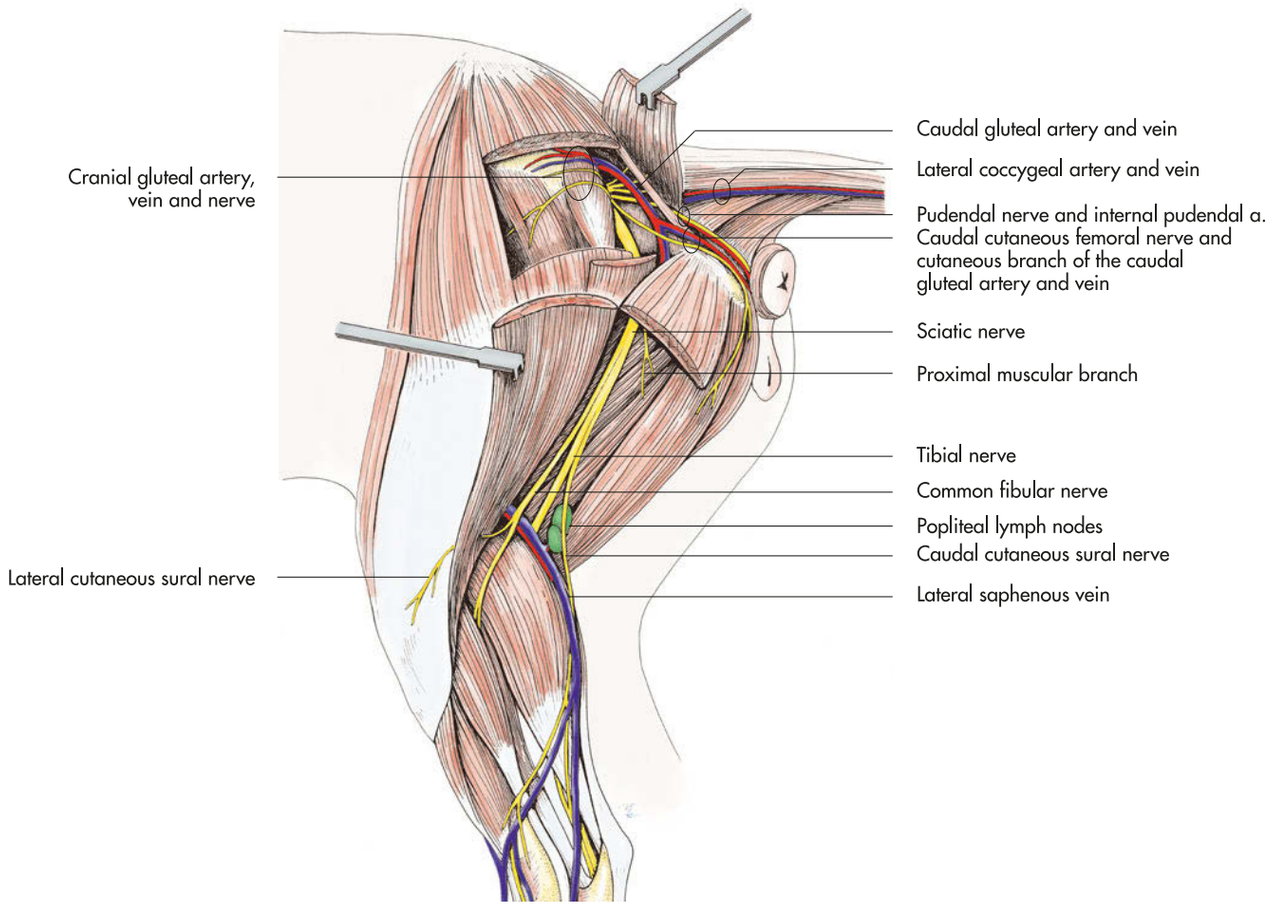


Fig. 20.55 Topography of the blood vessels, nerve tracts, and lymphatic structures of the proximal segment of the pelvic limb in the dog (schematic, caudolateral view).

20.7.1 Palpable bony structures of the head

Palpable bony structures are the:
- parietal bone,
- frontal bone,
- nasal bone,
- orbit,
- facial crest and
- mandible.

20.7.2 Palpable bony structures of the neck and the back

Palpable bony structures are the:
- wing of the atlas,
- transverse processes of the cervical and lumbar vertebrae,
- spinous processes of the thoracic and lumbar vertebrae,
- spinous processes of the sacrum and
- spinous processes and bodies of the caudal vertebrae.

20.7.3 Palpable bony structures of the thorax

Palpable bony structures are the:
- ribs and costal cartilages (dog: 3rd to 13th; horse: 6th to 18th) and
- sternum.

20.7.4 Palpable bony structures of the thoracic limbs

Palpable bony structures are the:
- scapular cartilage and spine of the scapula,
- greater tubercle of the humerus,
- deltoid tuberosity,
- lateral epicondyle of the humerus,
- humeral condyle,
- olecranon tuber,
- radius and the subcutaneous smooth surface of the radius (medial),
- carpal bones,
- metacarpal bones,

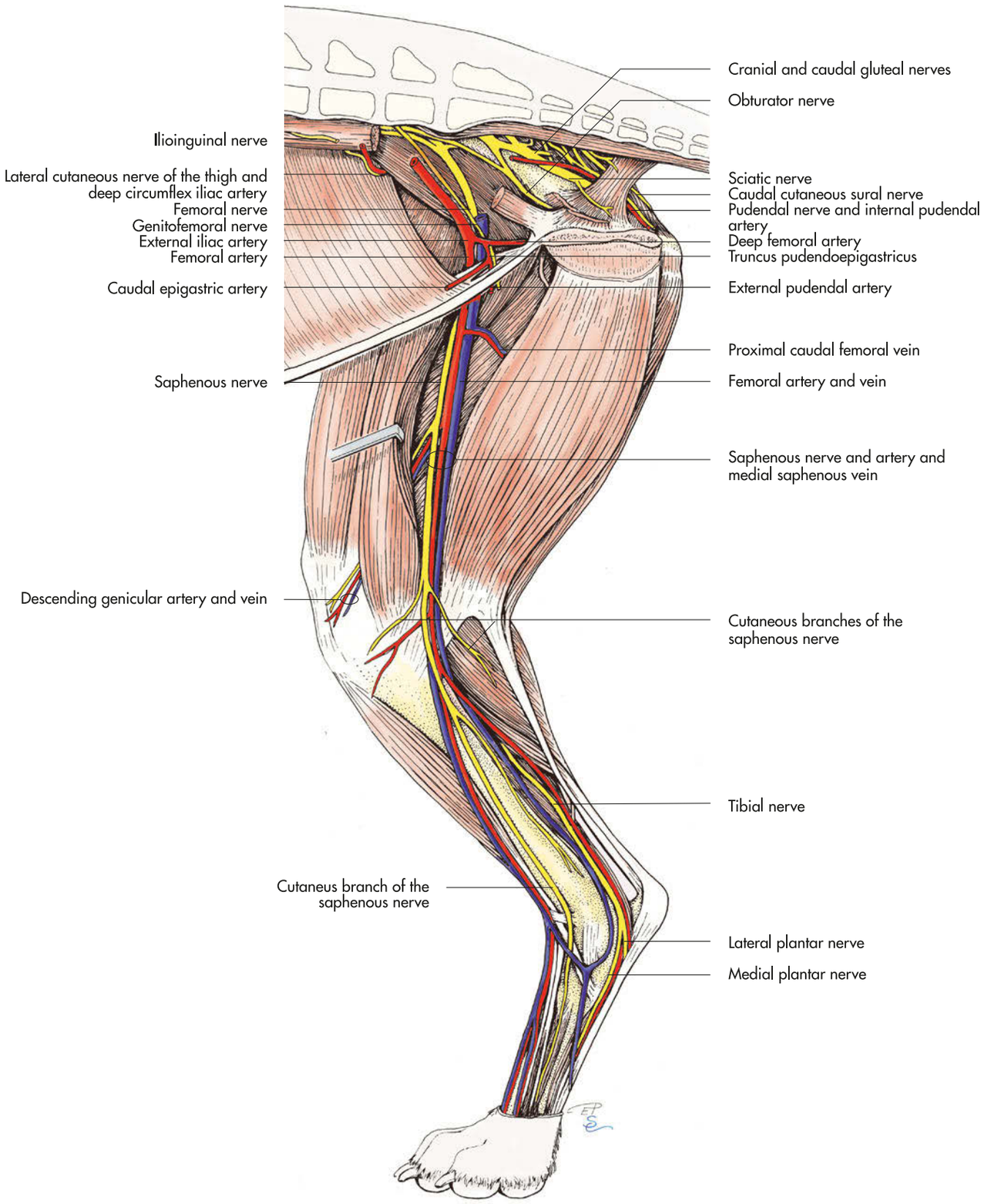


Fig. 20.56 Topography of the blood vessels and nerve tracts of the pelvic limb of the dog (schematic, medial view).

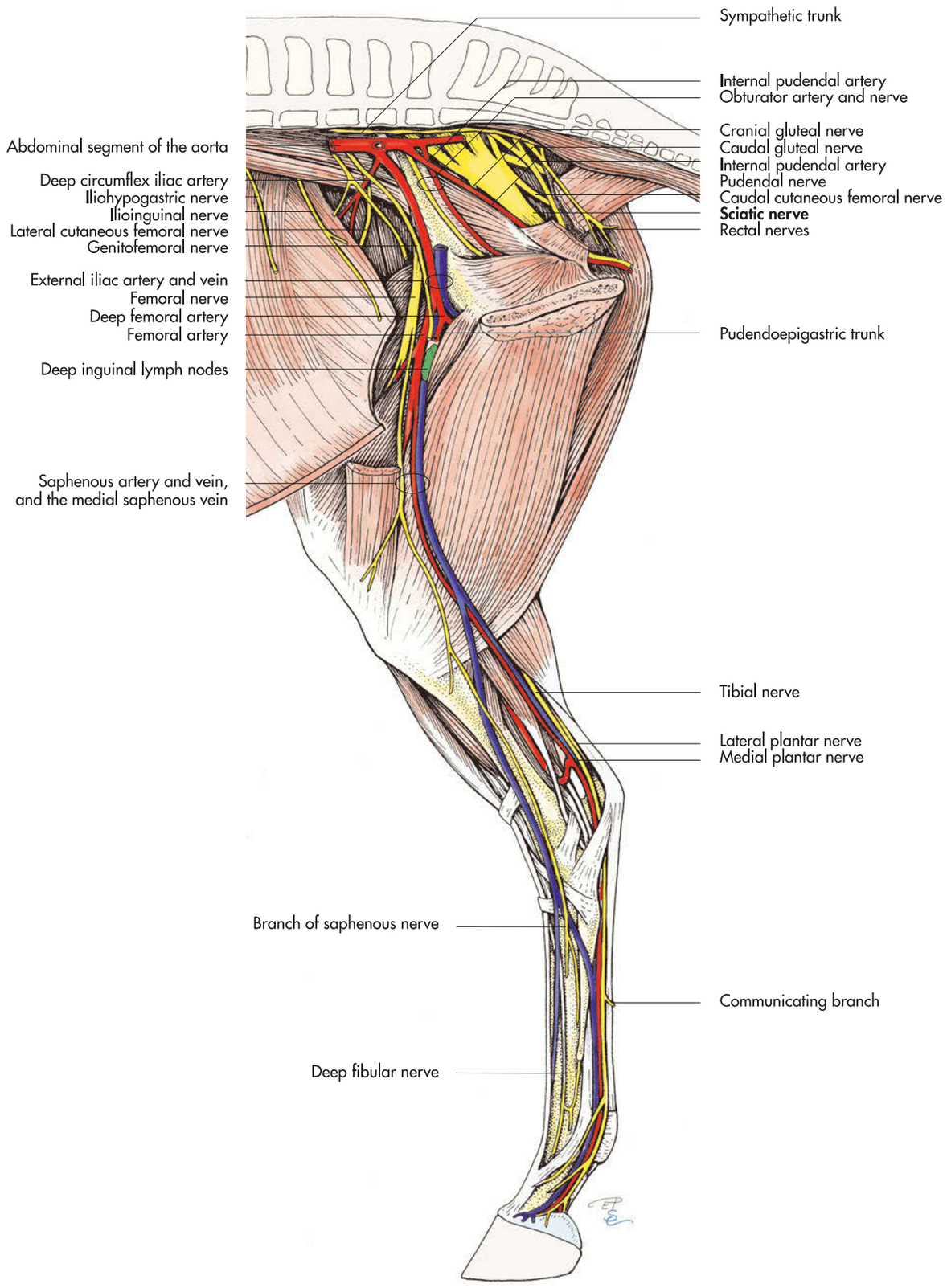


Fig. 20.57 Topography of the blood vessels, nerve tracts, and lymphatic structures of the pelvic limb of the horse (schematic, medial view).

- proximal sesamoid bones with the proximal or first phalanx and
- middle or second phalanx and the extensor process of the distal or third phalanx.

20.7.5 Palpable bony structures of the pelvic limbs

Palpable bony structures are the:
- sacral tuber,
- coxal tuber,
- ischial tuber,
- greater trochanter of the femur,
- condyles of the femur and of the tibia,
- patella with its ligaments,
- calcaneal tuber,
- tibial tuberosity and the subcutaneous smooth surface of the tibia (medial),
- tarsal bones,
- metatarsal bones,
- proximal sesamoid bones with the proximal or first phalanx,
- middle or second phalanx and the extensor,
- process of the distal or third phalanx and
- penile bone (male dogs).

20.8 Projection of the organs onto the body surface[1]

20.8.1 Organs of the abdominal cavity

Right lateral body wall of the dog

Right kidney

The right kidney is located between the 11th and 12th intercostal space. The cranial pole lies in the renal impression of the liver. The position of the kidney changes according to the breathing phase.

Liver

The liver reaches the umbilical region on the ventral abdominal wall (▶ Fig. 20.60 and ▶ Fig. 20.61) and rests here upon the remaining umbilical fat deposit.

Descending duodenum

This segment of the duodenum begins ventrally in the 9th intercostal space and extends to the 6th lumbar vertebra. The descending duodenum is in contact with the pancreas.

Jejunum

The jejunum reaches from the stomach to the pelvic inlet and rests upon the greater omentum.

Caecum

The cecum is situated to the right of the vertebral column between the 2nd and 4th lumbar vertebrae.

All organs, except for the spleen, the descending duodenum and the bladder, are covered by the greater omentum when the abdominal cavity is opened through a ventral approach.

Left lateral body wall of the dog

Left kidney

The left kidney is situated highly dorsal between the 13th rib and the 3rd lumbar vertebra. Its position varies according to the breathing phase.

Stomach

When empty, the stomach lies completely within the intrathoracic abdominal space. Moderately filled, the stomach extends to the 9th through 12th ribs. The maximally filled stomach reaches farther caudally into the abdominal cavity.

Liver

The liver fills the space between the 7th and 9th ribs.

Spleen

The spleen rests in the area of the last intercostal space, but a filled stomach can dislocate it as far caudally as the 4th lumbar vertebra.

Descending colon

The descending colon begins at the level of the 12th thoracic vertebra. It extends along the costal processes caudal to the left kidney into the pelvic cavity. The descending colon is connected to the descending duodenum by the duodenocolic fold.

Bladder

The bladder is in the abdominal cavity. Only the neck of the bladder is located in the pelvic cavity. A maximally filled bladder can reach as far cranially as the umbilical region.

Right lateral body wall of the pig

Right kidney

The right and left kidneys are situated at the same level. The right kidney is not in contact with the liver and thus leaves no renal impression. The cranial pole of the right kidney is situated in the 15th intercostal space when a 15th pair of ribs is present.

Stomach

The stomach displaces the following organs depending on how full it is (▶ Fig. 20.62). When empty, the stomach is completely contained within the intrathoracic abdominal space. When the stomach is maximally filled, it fills the space between the 9th and 12th ribs.

Liver

The liver fills the 11th to the 13th intercostal space on the right side of the body.

[1] This section is largely based on extensive data from Berg, 1995.



Fig. 20.58 Schematic illustration of palpable bony structures in the dog.

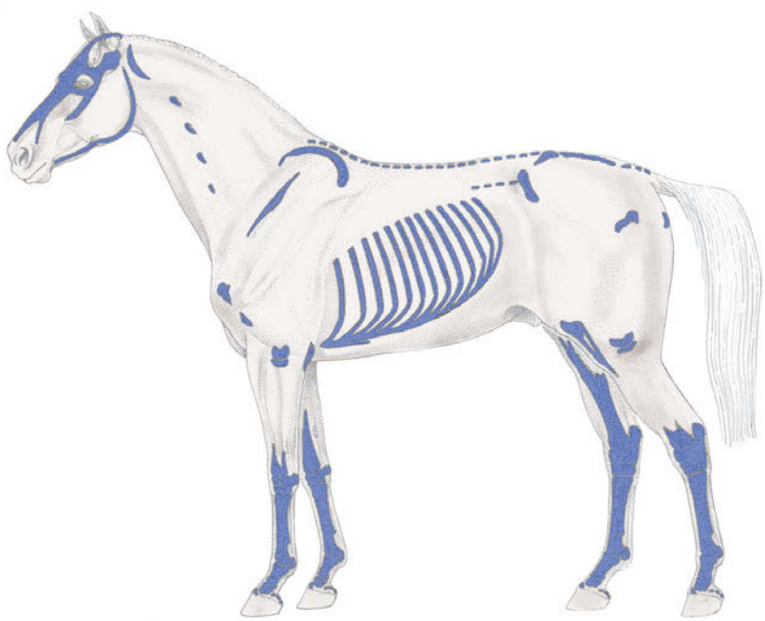


Fig. 20.59 Schematic illustration of palpable bony structures in the horse.

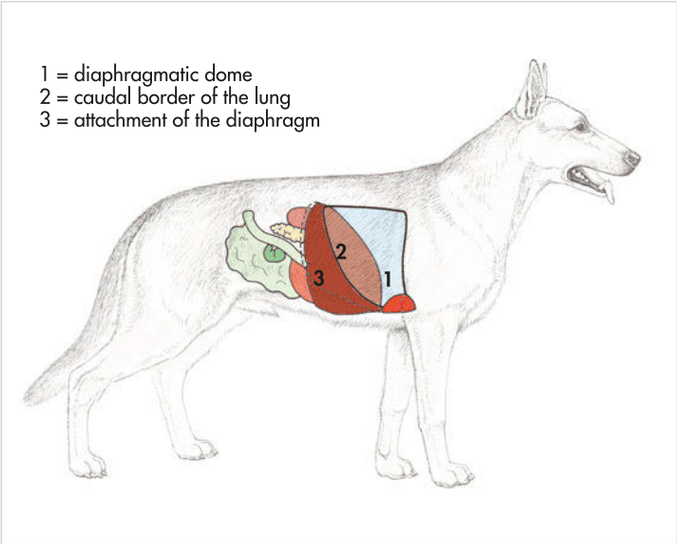


Fig. 20.60 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the dog (right side of the body).

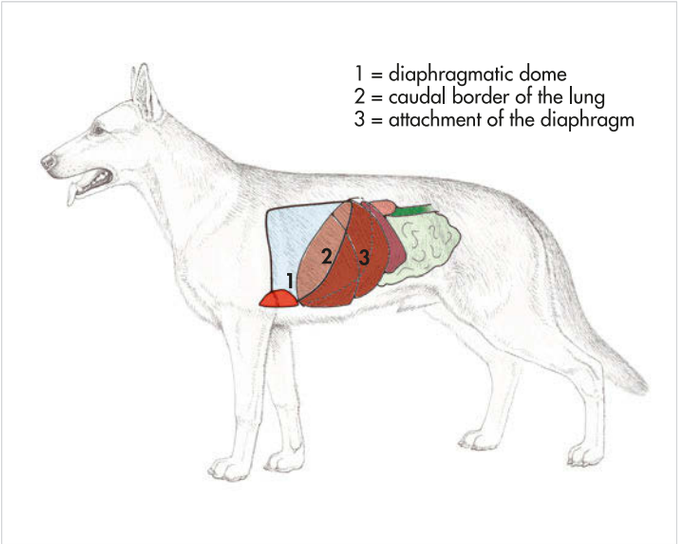


Fig. 20.61 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the dog (left side of the body).

Jejunum

When the stomach is empty, the jejunum lies to the right of the ascending colon.

Descending duodenum

The descending duodenum begins on the right side of the body at the middle level of the 11th rib and extends caudally to the level of the caudal pole of the right kidney. The right lobe of the pancreas is enclosed in the mesentery of the beginning section of the descending duodenum.

Left lateral body wall of the pig

Left kidney

The left kidney begins at the last rib.

Spleen

The spleen lies within the intrathoracic abdominal cavity when the stomach is empty. When the stomach is full, the spleen lies just caudally to the last rib.

Liver

The liver is situated at the 8th rib on the left side (▶ Fig. 20.63).

Jejunum

A filled stomach dislocates the jejunum to the left side of the abdominal cavity.

Caecum

The caecum is situated dorsally somewhat to the left of the median plane. The end of the caecum faces in a caudal direction.

Ascending colon

The ascending colon forms a cone-shaped organ that is located in the ventral abdominal cavity when the stomach is empty. The base of the cone is attached to the abdominal roof in the left half of the abdominal cavity. When the stomach is full, the apex of the cone-shaped ascending colon swings to the right side.

Ovaries

The ovaries lie in the middle of a line drawn from the coxal tuberosity to the ventral abdominal wall.

Uterus

The uterus lies in the middle of the abdominal cavity in non-bred animals. After a pregnancy, the uterine horns rest on the ventral abdominal wall. Although they resemble the jejunum coils, they display a thicker wall.

Right lateral body wall of the ox

Right kidney

The right kidney extends from the liver to the 3rd lumbar vertebra.

Left kidney

The left kidney lies centrally, in the median plane, suspended by the renal mesentery. Its cranial pole rests minimally beneath the right kidney and is located between the 2nd and 5th lumbar vertebrae.

Liver

The liver is located directly caudal to the diaphragm on the right side within the intrathoracic abdominal cavity and reaches dorsally as far as the last rib (▶ Fig. 20.64).

The sharp-edged border reaches a hand's width caudal to the last rib and cranially to the height of the 6th intrachondral articu-

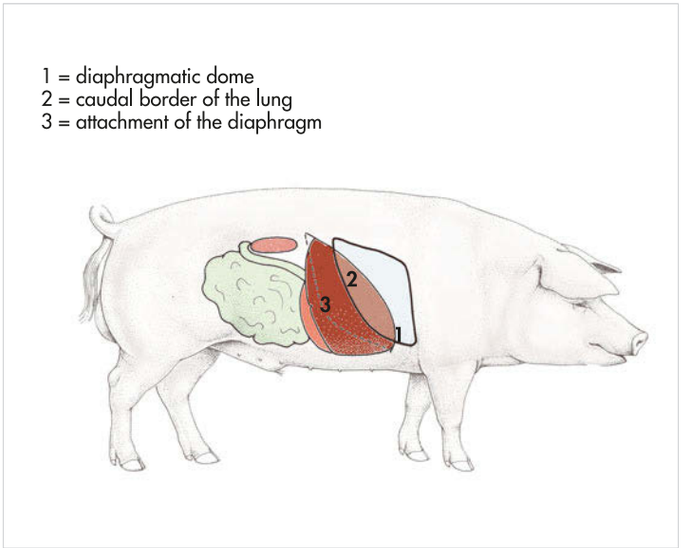


Fig. 20.62 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the pig (right side of the body).

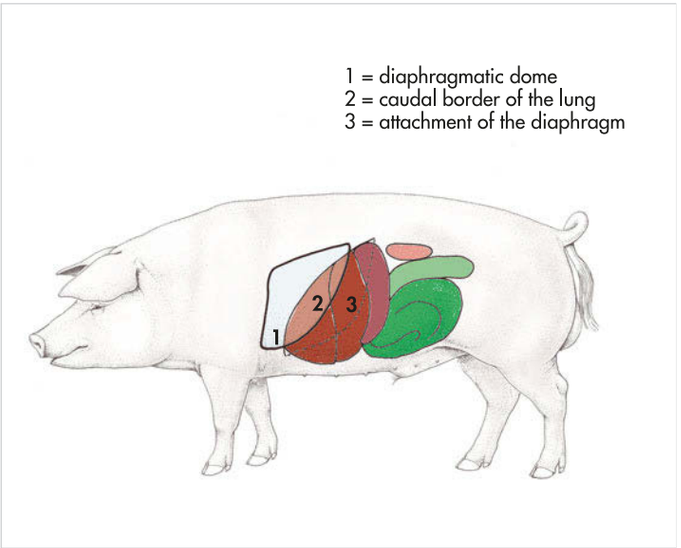


Fig. 20.63 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the pig (left side of the body).

lation. The pole of the right kidney impresses the dorsal segment of the liver (renal impression). The gallbladder extends over the sharp-edged ventral border to rest upon the abdominal wall within the 10th intercostal space.

Omasum

The omasum is situated in the ventral, intrathoracic abdominal cavity and comes to rest on the ventral abdominal wall between the 6th and 11th intercostal spaces. Ventrally, it extends slightly beyond the costal arch.

Abomasum

The abomasum sits on the ventral abdominal wall in the umbilical region and fills the space between the xiphoid cartilage and the last rib.

Ascending colon

The colon disc lies ventral to the caecum and caudoventral to the costal arch. The jejunum surrounds the edge of the colon disc like a wreath. Between the intestinal convolutions and the abdominal wall is the greater omentum with its superficial and deep layers.

Caecum

The caecum reaches from the costochondral junction of the last rib to the pelvic inlet. The blind-ending apex points caudally and can reach into the pelvic cavity when it is maximally filled.

Descending duodenum

The descending duodenum lies above the caecum from the middle of the last rib to the pelvic inlet. Secondary adhesion occurs between the duodenum and both layers of the greater omentum.

Left lateral body wall of the ox

Rumen

The left side of the abdominal cavity is almost entirely occupied by the rumen (▶ Fig. 20.65).

Reticulum

The reticulum lies ventrally on the sternum within the dome of the diaphragm from the 5th to the 6th intercostal space.

Ruminal atrium

The ruminal atrium is located at the level of the 9th intercostal space, caudal to the opening of the oesophagus. The oesphageal opening is in the 8th intercostal space at the transition between the dorsal and middle third of the lateral thorax wall.

Spleen

The spleen reaches from the dorsal end of the last rib to the costochondral junction of the 7th or 8th rib. The dorsal edge adheres to the dorsal diaphragm wall and the rumen through connective tissue.

Right lateral body wall of the horse

Right kidney

The right kidney is situated just caudal to the liver and occupies the last three intercostal spaces.

Liver

The liver lies completely within the intrathoracic part of the abdominal cavity and is for the most part covered laterally by both lungs (▶ Fig. 20.66). The caudal margin of the liver reaches the 15th intercostal space. At the level of the costochondral junction of the 15th rib, the liver forms a right angle and continues cranially to the 6th intercostal space. In healthy horses, relative per-

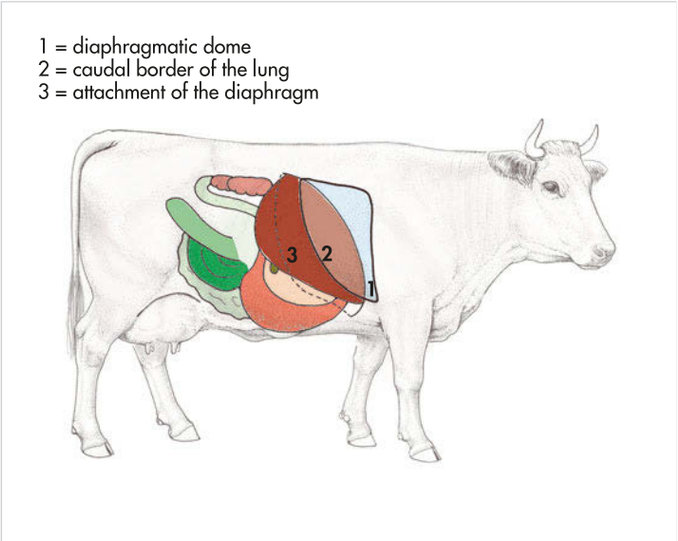


Fig. 20.64 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the cow (right side of the body).

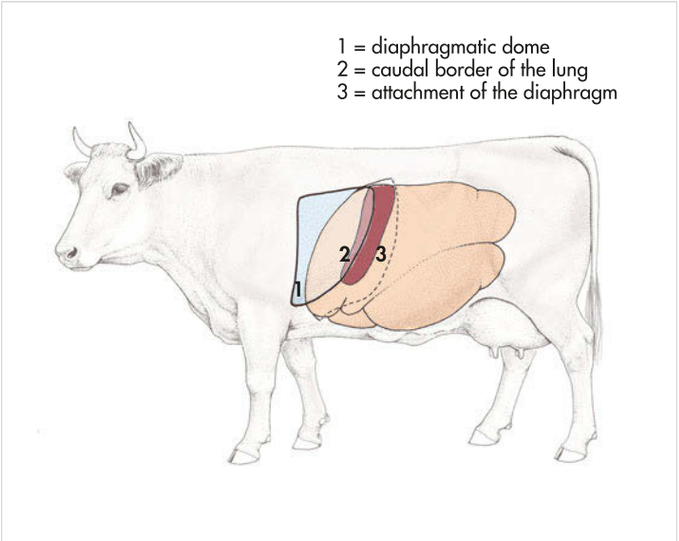


Fig. 20.65 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the cow (left side of the body).

cussion of the dullness of the lines is not present at all or is found only on the right side.

Duodenum

The duodenum is approximately 1 m long and ascends along the visceral surface of the right liver lobe. It turns caudally between the liver and the ampulla of the dorsal colon, where it has contact with the diaphragm and continues past the right kidney and the base of the caecum. The duodenum turns to the left at the level of the 3rd to 4th lumbar vertebrae.

Caecum

The caecum fills the entire right flank region, from the last intercostal space to the coxal tuberosity.

The greater curvature of the caecal body is caudally convex and disappears cranially beneath the right ventral colon. The apex of the caecum lies between the right and left ventral segments of the colon and points towards the left olecranon of the elbow.

Right ventral segment of the ascending colon

The right ventral colon projects onto the right ventral abdominal wall from the costochondral junction of the 18th rib (caecocolic orifice) to the 9th costal cartilage. Here, the sternal or ventral diaphragmatic flexure begins over the sternum.

Right dorsal segment of the ascending colon

The right dorsal colon begins at the 16th intercostal space from the diaphramatic flexure. The colon extends cranially to the 6th costal cartilage where the transverse colon begins.

Left lateral body wall of the horse

Left kidney

The left kidney is located between the 17th rib and the 2nd to 3rd transverse process of the corresponding lumbar vertebrae. The base of the spleen lies beneath the kidney on the lateral side where the renosplenic ligament, which creates the nephrosplenic space, is located. Segments of the jejunum or the descending colon enter this space and can become trapped by the ligament.

Stomach

The stomach of the horse is comparatively small and lies completely within the rib cage. The saccus caecus rises above the cardia and extends far in a caudal direction. It is located at the level of the 14th to 15th intercostal space.

Spleen

The location of the spleen is only slightly dependent on the amount of stomach content. The lateral surface of the spleen is in contact with the 10th to the 18th ribs. The base lies parallel to a line connecting the coxal tuber with the olecranon. The caudal, convex margin lies within the intrathoracic abdominal cavity approximately at a hand's width cranial and dorsal to the costal arch. The ventral extremity of the spleen is found in the 9th intercostal space at the height of the shoulder joint.

Jejunum

The jejunum loops together with those of the descending colon fill the entire dorsal, left quadrant of the abdominal cavity (▶ Fig. 20.67). They project onto the left flank between the last rib and the pelvic inlet. These intestinal loops are readily displaced in the abdominal cavity due to their long mesentery. Both jejunum and descending colon can become trapped in the nephrosplenic space.

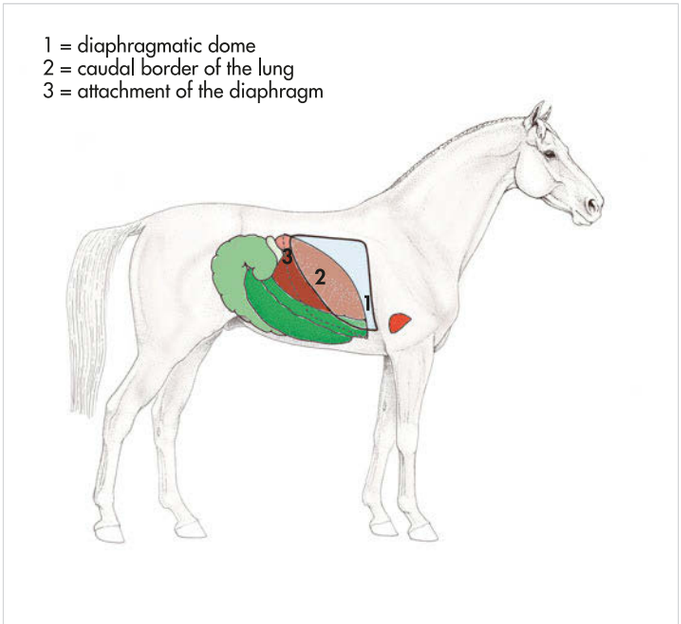


Fig. 20.66 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the horse (right side of the body).

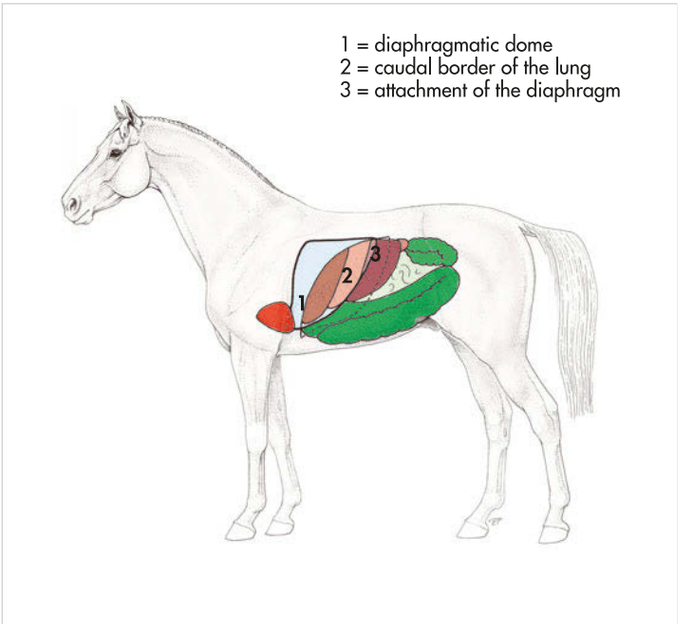


Fig. 20.67 Projection of the organs of the thoracic and abdominal cavities on the lateral body wall of the horse (left side of the body).

Left ventral segment of the ascending colon

The left ventral colon begins at the sternal flexure in the intrathoracic space at the level of the xiphoid cartilage. This segment follows the ventral abdominal wall, occupying a space about a hand's breadth reaching from the 9th costal cartilage to the pelvic inlet where the pelvic flexure begins.

The flexure is located in the midway between the coxal tuberosities and the ventral abdominal wall. The pelvic flexure can dislocate to the right behind the base of the caecum.

20.8.2 Organs of the thoracic cavity

The following **virtual horizontal lines** are useful as **aids to orientation in the thoracic cavity**:

- **coxal tuber line** (**CL**), a craniocaudal line through each coxal tuberosity parallel to the ground,
- **shoulder joint line or central thorax line** (**SL**), a craniocaudal line through the shoulder joint parallel to the ground, and
- **olecranon line or lateral line from the sternum** (**OL**), a craniocaudal line through each olecranon parallel to the ground.

Lungs

Caudal border of the lungs

The caudal lung border **differs in the domestic animals**. The projection of the caudal lung border on the body surface (▶ Table 20.1) can be defined with the help of the coxal tuber line (CL), the shoulder joint line (SL) and the olecranon line (OL). The border for each species is shown below.

Dorsal border of the lungs

The dorsal border of the lungs follows the coxal tuber line lateral to the iliocostal muscle.

Cranial border of the lungs

The cranial border of the lungs is formed by the caudal border of the long heads of the triceps muscle (anconeus muscle groove) of the thoracic limbs. In small animals, this border may be cranially displaced.

Dome of the diaphragm

The dome of the diaphragm can be outwardly traced through a cranial convex line passing through the second to last intercostal space, the 6th intercostal space (SL), and the costochondral junction of the 7th rib. The **vena cava foramen** is located at the transition of the dorsal to the middle third of the thoracic cavity diameter at a species-specific level:

- **dog**: 7th to 8th intercostal space,
- **pig**: 7th intercostal space,
- **ruminant**: 7th intercostal space, and
- **horse**: 7th to 8th intercostal space.

During inspiration, the foramen is caudally displaced approximately one intercostal space.

Table 20.1 Projection of the caudal lung border on the body surface.

	Dog	Pig	Ruminant	Horse
CL	11th Is	11th Is	11th Is	16th Is
SL	9th Is	9th Is	9th Is	11th Is
OL	6th Is	5th Is	5th Is	6th Is

Is = intercostal space.

Heart

Position of the heart

The heart reaches dorsally to a horizontal line through the middle of the first rib. It reaches from the 3rd to the 6th rib, sometimes reaching the 7th rib in dogs, or only the 5th rib in pigs and ruminants. In horses, the heart could fill the space between the 2nd and 6th rib. In dogs and horses, the position of the heart mainly depends on the animal's training condition.

Apex beat of the heart

Differences between different animal species are shown below.

Conclusion

- **Dog:**
  - left: 4th to 5th intercostal space (optimal is the 5th Is)
  - right: 4th to 5th intercostal space
- **Ruminant:**
  - left: 3rd to 5th intercostal space (optimal is the 4th Is)
  - right: —
- **Horse:**
  - left: 3rd to 6th intercostal space (optimal is the 5th Is)
  - right: 3rd to 4th intercostal space

Absolute dullness

The absolute dullness corresponds to the costomediastinal recess and is important during percussion.

Conclusion

- **Dog:**
  - left: 4th to 6th intercostal space
  - right: 4th to 6th intercostal space
- **Ruminant:**
  - left: 3th to 4th intercostal space
- **Horse:**
  - left: 3rd to 5th intercostal space
  - right: 3rd to 4th intercostal space

Maximum audibility of the heart valve sounds

The maximum audibility of the heart valve sounds in dogs, cattle and horses is shown in ▶ Table 20.2.

Table 20.2 Audibility of heart valve sounds in different animal species.

	Dog	Ox	Horse
Left side			
Left AV-valve	5th Is	4th Is	5th Is
Aortic valve	4th Is	4th Is	4th Is
Pulmonary valve	3rd Is	3rd Is	3rd Is
Right side			
Right AV-valve	4th Is	4th Is	4th Is

Is = intercostal space.

21 Avian anatomy

H. E. König and H.-G. Liebich

21.1 Introduction

Today, it is considered beyond question that birds evolved from dinosaurs. Morphological characteristics seen in modern birds were already evident in ichthyosaurs, which appeared 250 million years ago and became extinct around 33 million years before the dinosaurs. These include the osseous scleral ring of the eye.

In this context, the **discovery of the first fossil specimen of Archaeopteryx**, which lived ca. 150 million years ago, counts as the most well-known of all palaeontological discoveries. Among extant bird species, the claws on the wings of the southern lapwing (Vanellus chilensis chilensis, Molina 1782) represent an evolutionary remnant pointing to the descendancy of birds from flying dinosaurs (Fig. 21.5).

The capacity for flight, arguably the most significant characteristic of birds, has fascinated humankind through the ages and has inspired many attempts at imitation. Leonardo da Vinci was among those who took great interest in this topic.

The feather coat is doubtless the most defining feature of the external appearance of birds. During flight, the feathers serve to regulate flight direction and to increase the size of the air foil. Through their hard keratin composition, they also contribute to the aerodynamic nature of the contours of the avian body. The arrangement of feathers in layers of differing density allows birds to maintain a stable internal body temperature irrespective of environmental conditions (homeothermy). All known bird species are **endothermic** (generate heat internally) with a relatively high body temperature of 42 °C.

Like land mammals, birds have two pairs of extremities of which the cranial pair takes the form of **wings**. Most birds are capable of flight. Flightless birds, such as ratites and penguins, have developed from originally flighted species. As well as conferring upon birds the ability to fly, the specialised features of the avian body enable quick and agile movement on land and in water. In aquatic birds, the feather coat serves as highly effective water repellent.

A further distinctive feature of the avian feather coat is the role of colour in adornment, camouflage and sexual communication. The feather coat is not permanent, being replaced through the process of moulting. Feathers are absent from the lower legs of birds, which are covered instead with scales.

Most birds possess a **uropygial gland**, a specialised structure that produces an oily secretion used for maintenance of the feather coat. In some species (e.g. certain parrots, herons), the function of the uropygial gland is performed by **powder down feathers**. These are specialised structures in which the tip of the growing feather continually disintegrates into a fine, water-repellent powder.

The anatomy of birds is further characterised by several other distinctive features.

The **organs of the digestive tract** are concentrated around the **centre of gravity of the body**. In contrast to some extinct species, the beak of contemporary bird species **lacks teeth**. The avian beak typically consists of a bony foundation covered in a layer of horn.

In pigeons (Columbiformes) and geese (Anseriformes) the bone of the beak has a soft leathery coating. Both the upper jaw (maxilla) and lower jaw (mandibula) of birds are mobile, contrasting with other vertebrates in which only the lower jaw can be moved.

The **diaphragm muscle** is lacking in birds; pleural and peritoneal sacs are present.

Birds have a **cloaca**, a common opening for the expulsion of eggs, urine and faeces. Nitrogen compounds are eliminated in the urine of birds as **guanine** and **uric acid**. Guanine is richer in energy than uric acid, but its excretion requires very little water. Avian faecal deposits can reach considerable volumes; “guano”, composed of waste eliminated by sea birds, is used as a phosphate-rich natural fertiliser.

The **respiratory organs** are more complex than those of other vertebrates. They are also lighter and more efficient. In place of alveoli, the avian lung contains **air capillaries**, enabling exchange of gases during both inspiration and expiration.

The **air sacs**, extensions of the bronchial system, have an important role in respiration. They also cool the internal testes when these are enlarged during the breeding season and reduce the weight per unit volume of the avian body.

Vocalisation in birds does not originate from the larynx, as vocal folds are absent. The organ responsible for producing sound in birds is the **syrinx** (also referred to as the **lower larynx**) located at the tracheal bifurcation.

As in reptiles, a **portal system** is present in the **kidneys**. There is **no bladder**. During the breeding season, the **ovaries** and **testes** undergo substantial changes in size. These organs are located near the centre of the body.

The **avian egg** is coated in a calcified shell. In wild birds, the shell colour contributes to camouflage but also has additional functions. Spots and patches contribute to the structural integrity of the egg by increasing the elasticity of the shell. Birds have **nucleated erythrocytes**; the number of erythrocytes is far greater in birds than in mammals.

Relative to body weight, the **brain** of birds is considerably **larger than that of reptiles**. The central nervous system (CNS) is highly developed. Among the sense organs, the functional capacity of the avian eye is particularly well recognised. Several bird species are probably capable of **pentachromatic perception of light**, i.e. they have five types of colour-sensitive photoreceptors (cones). The region of the cerebral cortex dedicated to visual processing is markedly enlarged. The relative size of the sense organs, particularly the eye, is greater in birds than in mammals. **Bird migration** ranks among the most colossal relocation events undertaken by animal species. Orientation and navigation techniques used by birds during migration (**magnetic compass**) remain incompletely understood.

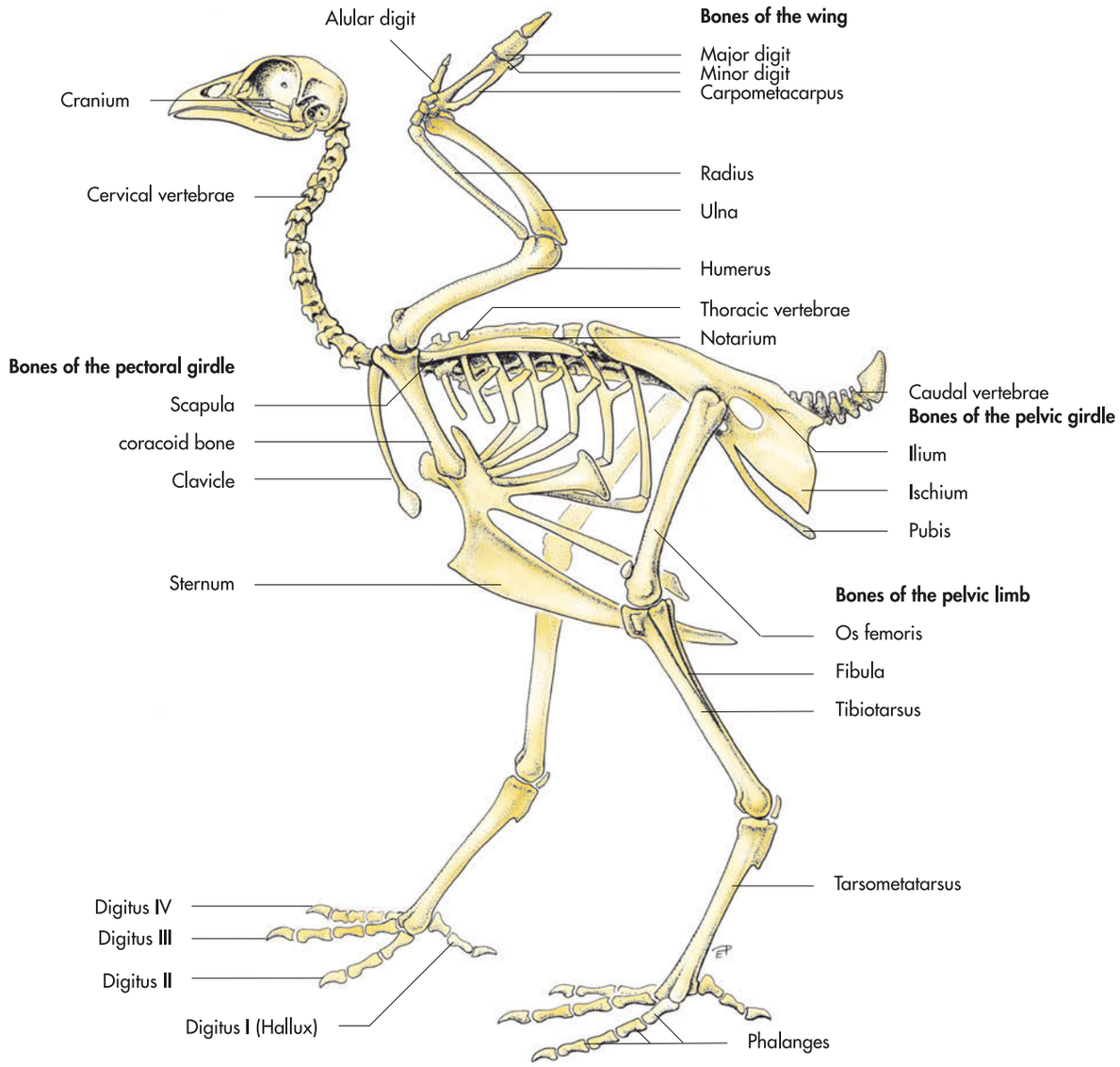


Fig. 21.1 Skeleton of the chicken (schematic, left lateral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.2 Musculoskeletal system

The bird skeleton exhibits **several adaptations** that aid in facilitating flight. The bones of the limbs are usually pneumatised and the number of bones is reduced. Consequently, the skeleton accounts for only 4.5% of total body weight (▶ Fig. 21.1, ▶ Fig. 21.2, ▶ Fig. 21.3, ▶ Fig. 21.4 and ▶ Fig. 21.5).

In the skull, the **unpaired occipital condyle** (condylus occipitalis) permits a particularly large range of movement of the atlantooccipital joint. Interposition of the **quadrate bone** (os quadratum) and **quadratojugal bone** (os quadratojugale) between the mandible and the skull allows for limited movement of the maxilla when the mandible is lowered.

The vertebral column includes a relatively large number of cervical vertebrae. In the thoracic region, several vertebrae fuse to form the **notarium**. Fusion of lumbar and sacral vertebrae gives rise to the **synsacrum**. The **pygostyle** is formed by merging of the terminal caudal vertebrae. The ribs feature an **uncinate process** (processus uncinatus) that extends caudally from the proximal end of one rib, ending near the subsequent rib.

Birds have a complete pectoral girdle consisting of the **scapula**, **coracoid bone** (os coracoideum) and **clavicle** (clavicula) (the paired clavicles are termed the **furcula**). Between the bones of the pectoral girdle is the **triosseal canal** (canalis triosseus), which is traversed by the tendons of the elevator of the wing, the supracoracoid muscle (m. supracoracoideus). Through the coracoid bone, a firm **connection is formed between the pectoral girdle and the sternum**.

21.2.1 Pectoral limbs (wings)

A **pneumatic foramen** (foramen pneumaticum) is present in the proximal humerus. The ulna is larger than the radius and the carpus consists of only two bones, the **ulnar carpal bone** (os carpi

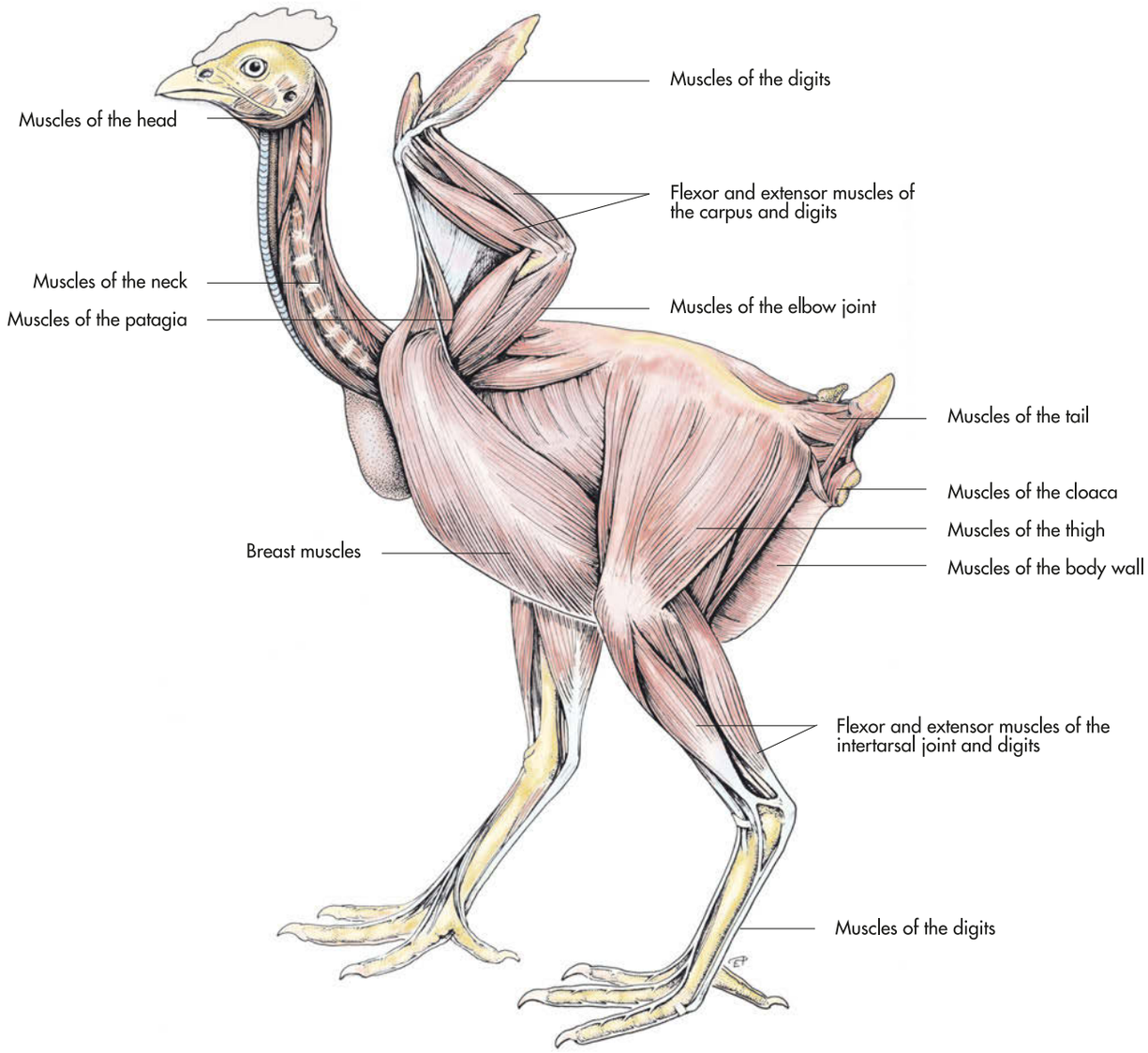


Fig. 21.2 Superficial and middle muscle layers of the chicken (schematic, left lateral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

ulnare) and the **radial carpal bone** (os carpi radiale). The metacarpal bones are **reduced to three elements** and there are three digits.

Clinical note

A procedure known as **pinioning** is used in North America and Australia for limiting flight in birds displayed in zoological gardens. In this surgical procedure, the tendon of the **radial extensor muscle of the carpus** (m. extensor carpi radialis) is severed at its subcutaneous location on the cranial aspect of the carpal joint. An alternative technique used in Australia involves **amputation** of the tip of the wing by sectioning the metacarpal bones. Restriction of flight can be achieved in a less invasive manner by **cutting eight to ten primary and secondary remiges** at the transition from the vane to the shaft.

21.2.2 Pelvic limbs

The **bones of the pelvic girdle**, comprising the **ilium** (os ilium), **ischium** (os ischii) and **pubic bone** (os pubis), are dorsally **fused**. As is the case in mammals, these three bones give rise to the **acetabulum**. The pelvis (fused pelvic bones) is fused with the vertebral column; ventrally the pelvis **retains a wide opening**. The two pelvic bones are also referred to as **laying bones**, as the egg passes between their caudal extremities during oviposition.

The bones of the pelvic limb consist of the:

- femur (os femoris),
- tibiotarsus and fibula,
- tarsometatarsus and
- phalanges.

The femur resembles that of mammals; the proximal end is palpable. The tibia is fused with the proximal tarsal bones to form

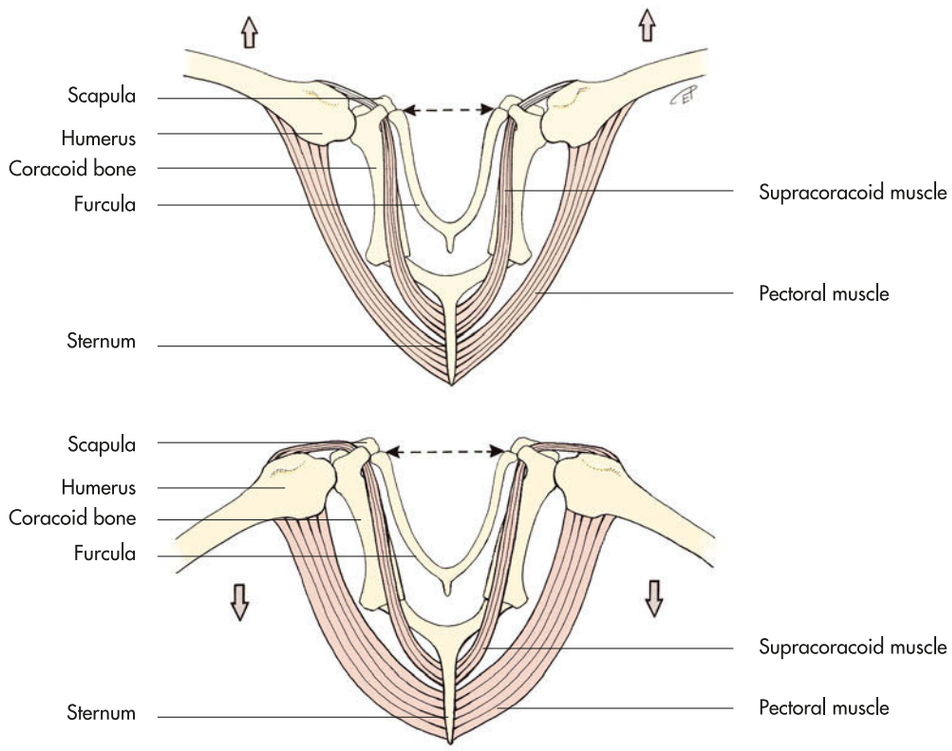


Fig. 21.3 Actions of the pectoral muscle (m. pectoralis) (down arrows) and the supracoracoid muscle (m. supracoracoideus) (up arrows) during flapping of the wings (schematic). On the downstroke (pectoral muscles), the distance between the shoulder joints increases. During the upstroke (supracoracoid muscles), the pectoral girdle springs back to its original position (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

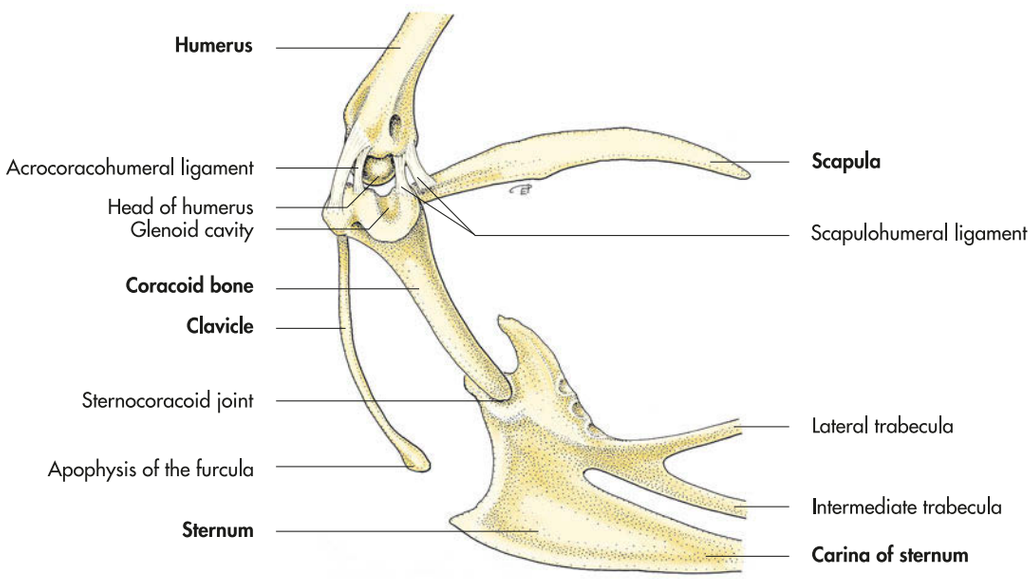


Fig. 21.4 Left shoulder joint of the chicken (schematic, lateral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

the **tibiotarsus**. The **fibula** is thin and tapers distally, ending before the distal extremity of the tibiotarsus.

The **tarsometatarsus** is formed by the fusion of the **central** and **distal tarsal bones** and **metatarsal bones II–IV**. Thus, no individual tarsal bones are present in the adult skeleton. Only the first metatarsal bone remains as a separate structure; the fifth metacarpal bone has been lost. The tarsometatarsus bears a bony process for the **spur** (calcar), which is more developed in males than in females.

Distally, the tarsometatarsus articulates with the phalanges of the digits (I to IV). The digits of the pelvic limb generally conform to one of two **basic arrangements**: **anisodactyly**, where only the first digit is directed plantarly, and **zygodactyly** in which both the first and fourth digits extend in a plantar direction.

The muscles of birds are adapted to support both flight and land-based locomotion (e.g. the muscle bellies are located near the trunk, towards the centre of gravity; ▶ Fig. 21.35). The flight muscles count among the most powerful muscles in the body. They take their origin from a **wide area on the sternum**.

The depressor of the wing, the **pectoral muscle** (m. pectoralis), is considerably more developed than the **supracoracoid muscle** (m. supracoracoideus), which raises the pectoral limb.

Clinical note

From the distal end of the tibiotarsus, the muscles consist only of tendons. The flight muscles are used for **intramuscular injection** of medication.

21.3 Body cavities

The **diaphragm is absent** in birds. Thus, the use of terms such as thoracic, abdominal and pelvic relates only to relevant bones or muscles. Several discrete spaces are nevertheless distinguishable within the avian coelom. These include **serosa-lined cavities** and **air sacs**. The coelomic cavity is also partitioned by **horizontal** and **oblique septa** (▶ Fig. 21.6, ▶ Fig. 21.7 and ▶ Fig. 21.8).

The **horizontal septum** (septum horizontale) passes ventral to the lungs (▶ Fig. 21.7), extending from the ventral crest (crista ventralis) of the thoracic vertebrae to the ribs. The **oblique septum** (septum obliquum), formed by ingrowth of the air sacs, also commences at the ventral crest of the thoracic vertebrae but follows a more ventral course to the lateral edge of the sternum (▶ Fig. 21.7).

In birds, the serosa-lined subdivisions of the **coelomic cavity** consist of:

- two pleural cavities (cava pleurae),
- four hepatic peritoneal cavities (cava hepatici peritonei),
- an intestinal peritoneal cavity (cavum intestinale peritonei) and
- a pericardial cavity (cavum pericardii).

Complete **pleural cavities** (cava pleurae) exist only **during embryonic development**. By the time of hatching, much or all of the cavity is lost. The lung merges on all sides with surrounding tissues. Consequently, the volume of the avian lung remains relatively constant.

The **four hepatic peritoneal cavities** are bounded caudally by the transversely oriented posthepatic septum (septum posthepaticum). This double serosal layer encloses the muscular stomach on the left side of the body. The liver has a dorsal and ventral mesentery; the ventral portion is the equivalent of the falciform ligament (ligamentum falciforme) of mammals. In addition, the laterally positioned **right** and **left hepatic ligament** (ligamentum hepaticum dextrum and ligamentum hepaticum sinistrum), connect the liver with the oblique septum. This gives rise to the four hepatic peritoneal cavities.

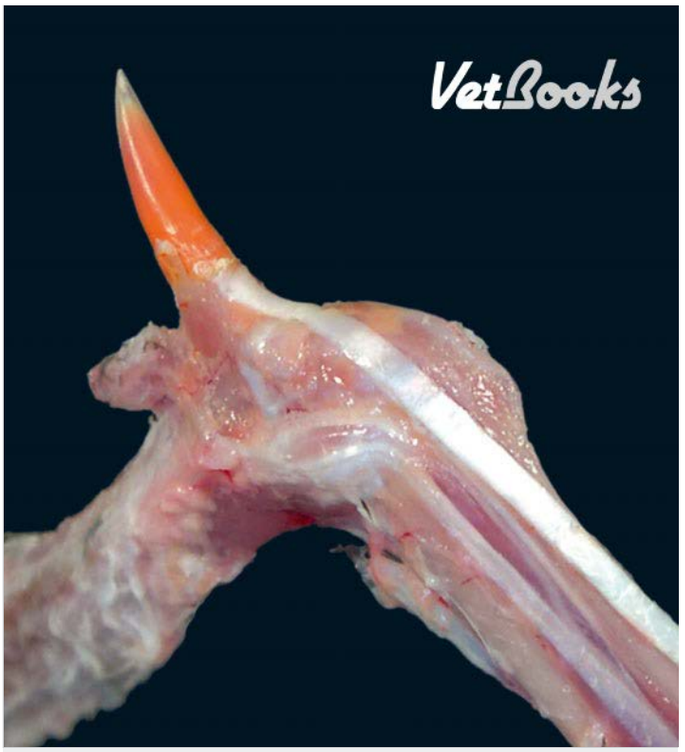


Fig. 21.5 Claw on the wing of a southern lapwing (Vanellus chilensis chilensis, Molina 1782) (source: courtesy of Dr. Sergio Donoso, Chillan, Chile).

The largest of the peritoneal cavities, the **intestinal peritoneal cavity**, lies caudal to the posthepatic septum. In addition to the intestine, it houses the ovary and oviduct or the testes. The intestine has only a dorsal mesentery. The two abdominal air sacs project caudally into the intestinal peritoneal cavity.

The structure of the **pericardial cavity** is similar to that of mammals.

The coelomic cavity of the domestic chicken contains **eight air sacs** (▶ Fig. 21.23 and ▶ Fig. 21.24), see Chapter 21.5 “Respiratory system” (p. 758).

21.4 Digestive system (systema digestorium)

The digestive tract of birds (▶ Fig. 21.9, ▶ Fig. 21.10, ▶ Fig. 21.11, ▶ Fig. 21.12, ▶ Fig. 21.13, ▶ Fig. 21.14, ▶ Fig. 21.15 and ▶ Fig. 21.16) is distinguished from that of mammals by the following features:

- the beak,
- the lack of separation of the oral and pharyngeal cavities (oropharynx),
- the absence of teeth, lips, cheeks and the soft palate,
- the presence of two caeca and
- the cloaca.

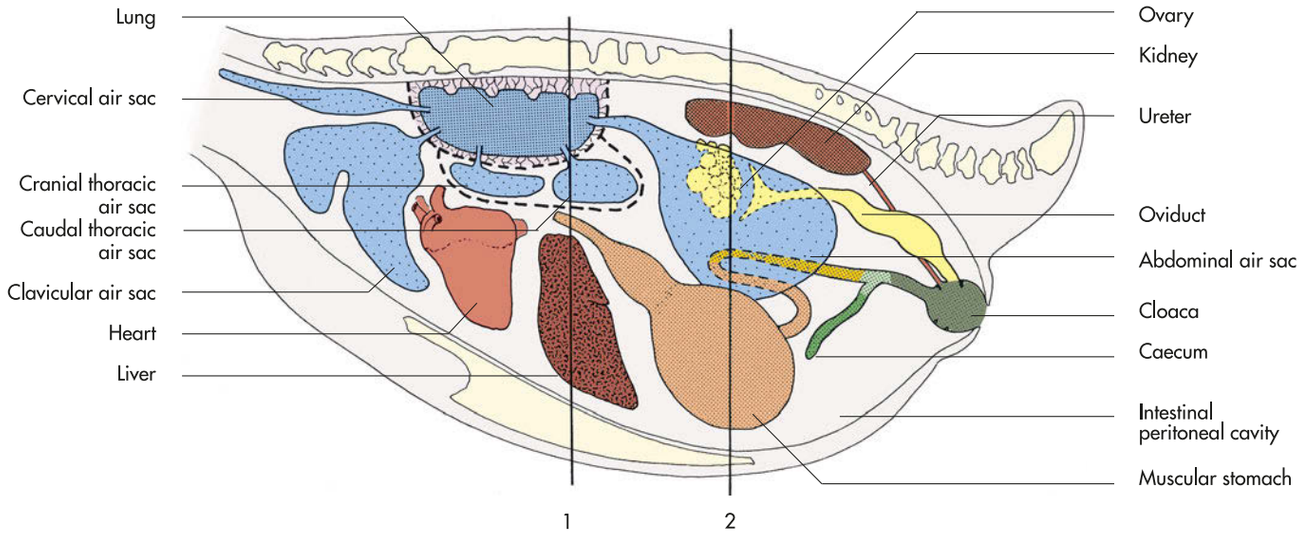


Fig. 21.6 Coelomic cavity of the chicken (schematic); 1 and 2 indicate the level of the sections shown in Figures 21.7 and 21.8; fig. based on data from Vollmerhaus, 1992 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

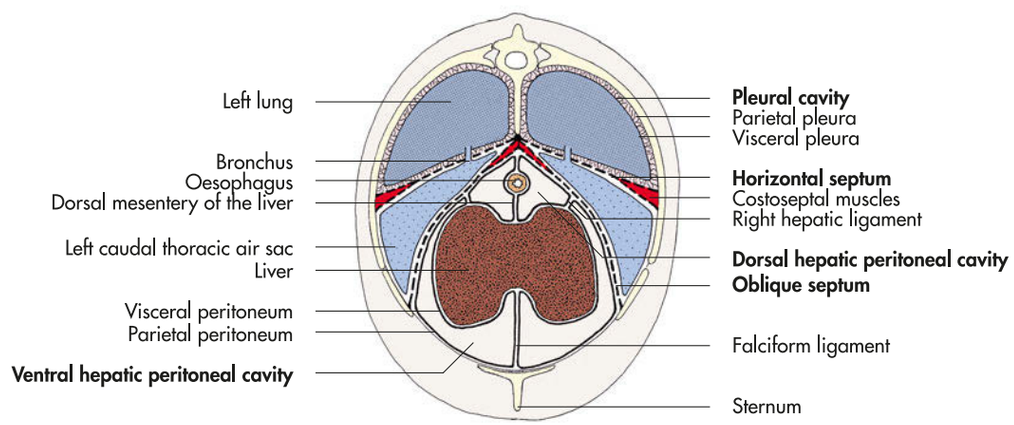


Fig. 21.7 Transverse section of the coelomic cavity of the chicken at the level of the liver (see Fig. 21.6, section 1; caudal view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

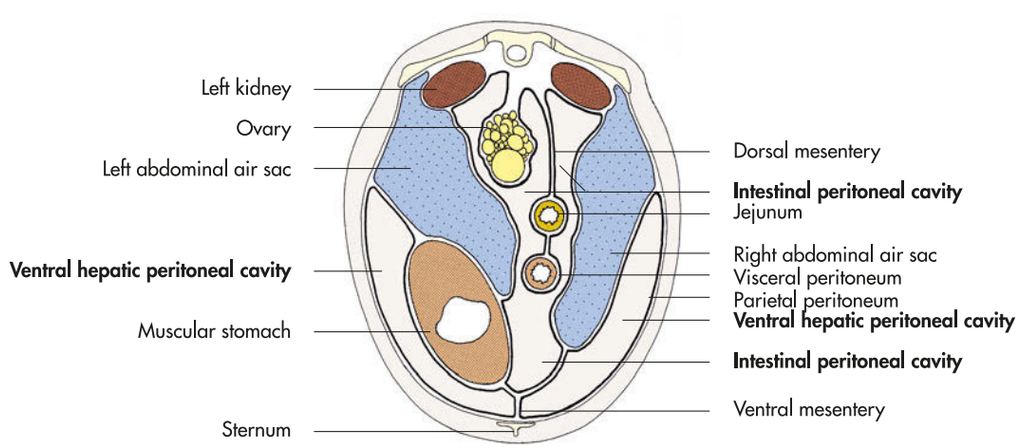


Fig. 21.8 Transverse section of the coelomic cavity of the chicken at the level of the muscular stomach (see Fig. 21.6, section 2; caudal view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

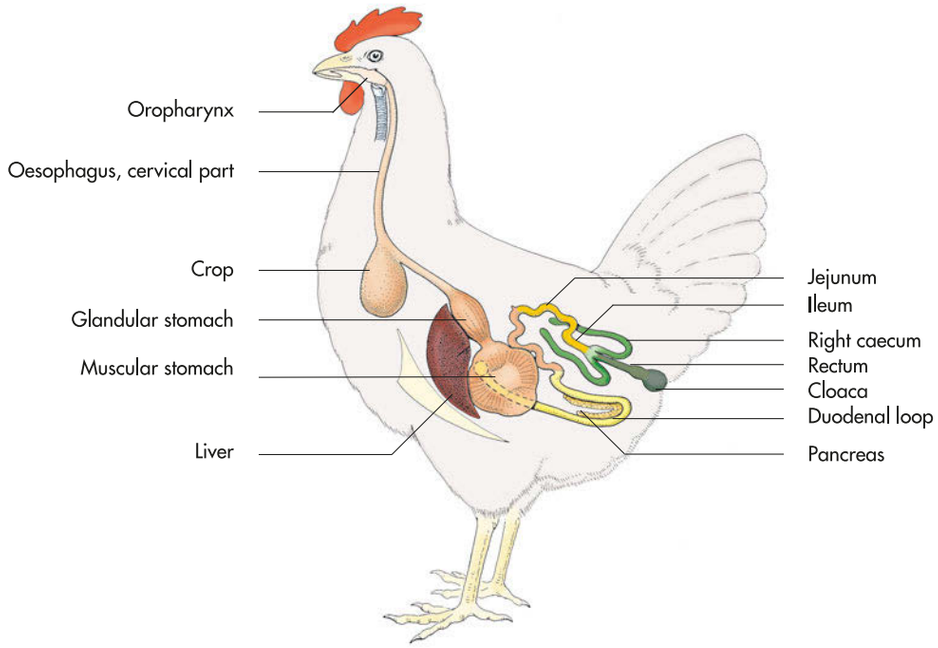


Fig. 21.9 Digestive system of the chicken (schematic) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.4.1 Proximal digestive tract

The oral and pharyngeal cavities are combined to form a common space, the **oropharynx**, surrounded dorsally and ventrally by the **beak** (**rostrum**). The morphology of the beak varies with genus and species. As well as being used in prehension, it has an aerodynamic function. In most bird species, the beak also serves as a **sense organ** (**bill tip organ**) via sensory corpuscles (touch papillae) embedded in the keratinised tissue of the beak and associated lamellae.

The **tongue** (lingua) of domestic birds lies in the ventral oropharynx and is **relatively immobile**. Morphologically, the tongue is adapted to the diet of the various avian species. The body of the tongue is supported by the **entoglossum** (os entoglossum); the intrinsic musculature is poorly developed. Mechanical and gustatory papillae are present on the dorsum of the tongue.

The **salivary glands** are conspicuously **well developed** in birds. Mixing of food with saliva is particularly important in granivores. Salivary glands are present in the upper and lower jaw, at the angle of the mouth and in the tongue.

21.4.2 Gastrointestinal tract

The gastrointestinal tract (▶ Fig. 21.9 and ▶ Fig. 21.11) is divided into the following components:

- **oesophagus** with:
  - crop (ingluvies);
- **stomach** (**gaster**) with:
  - glandular stomach (pars glandularis) and
  - muscular stomach (pars muscularis);
- **intestine** (**intestinum**) with:
  - small intestine (intestinum tenue) with:
    - duodenum,
    - jejunum and
    - ileum;
  - large intestine (intestinum crassum) with:
    - caeca and
    - rectum;
- **cloaca** with:
  - coprodeum,
  - urodeum and
  - proctodeum.

Oesophagus

The **oesophagus** (▶ Fig. 21.20) is a thin-walled tube that extends from the caudal end of the laryngeal mound to the glandular stomach. Its **proximal portion** (pars cervicalis) initially lies **dorsal to the trachea**. As it courses distally, it comes to lie mainly on the **right side of the neck**. At the level of the thoracic inlet, the oesophagus dilates to form the **crop**. It then passes **ventral to the lung** over the base of the heart before opening, at the level of the third to fourth intercostal space, into the **glandular stomach**.

Crop (ingluvies)

Shortly before its entry into the body cavity, the oesophagus dilates to form the crop. The crop primarily serves to provide temporary storage of ingesta. It also allows for softening and pre-digestion of poorly digestible foodstuffs. A **"crop channel"**, located in the dorsal wall of the crop, represents the continuation of the oesophagus.

In grain-eating birds, the crop can become markedly enlarged. Powerful contractions of the muscles of the crop and crop channel propel ingesta into the stomach. In pigeons, the crop produces **"crop milk"** which is used to nourish the young.

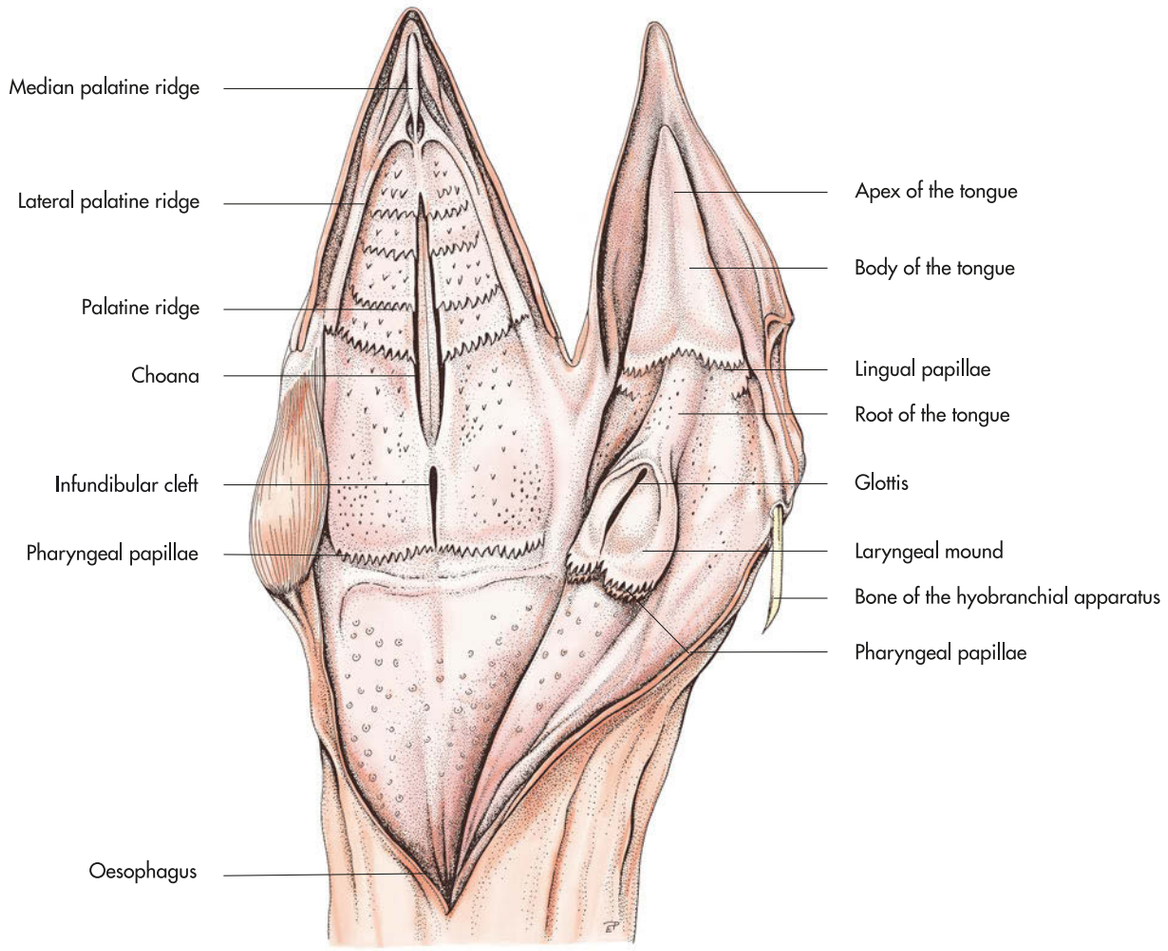


Fig. 21.10 Oral cavity and pharynx of the chicken (schematic, opened and reflected); fig. based on data from Dyce, Sack and Wensing, 2002 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Stomach (gaster)

Among the many different bird speciesthe structure of the stomach varies considerably with diet. In granivores and herbivores, including chickens, pigeons, geese and ducks, the stomach is divided into two clearly distinguishable components, the **glandular stomach** and the **muscular stomach** (▶ Fig. 21.11, ▶ Fig. 21.12, ▶ Fig. 21.13, ▶ Fig. 21.14, ▶ Fig. 21.15 and ▶ Fig. 21.30).

Glandular stomach (proventriculus, pars glandularis)

The **glandular stomach**, lies against the parietal surface (facies parietalis) of the liver, in a pouch of the intestinal peritoneal sac. Prominent aggregations of superficial and deep tubular glands produce pepsinogen, H^+, Cl^- and a hydrogen carbonate-rich secretion that serves to pre-digest the ingesta. The glandular secretion also contains intrinsic factor that facilitates uptake of vitamin B_{12} (▶ Fig. 21.11, ▶ Fig. 21.12, ▶ Fig. 21.13, ▶ Fig. 21.14 and ▶ Fig. 21.15).

Muscular stomach (ventriculus, pars muscularis)

The **muscular stomach**, (▶ Fig. 21.11, ▶ Fig. 21.12, ▶ Fig. 21.13, ▶ Fig. 21.14 and ▶ Fig. 21.15) lies between the two layers of the posthepatic septum, to the left of the intestinal peritoneal sac in the left ventral quadrant of the coelomic cavity. Due to its mechanical functions it is sometimes referred to as a **"masticatory organ"**; in a sense, it replaces the missing teeth. The mucosa of the muscular stomach is covered by a coarse layer that resembles a grinding plate. This layer consists of solidified secretions of tubular glands. Known as **koilin**, it comprises a carbohydrate-protein complex. Small stones and other hard foreign particles (**grit**) swallowed with the feed further assist with the mechanical breakdown of ingesta.

Tunica muscularis gastris

The **wall of the muscular stomach** (▶ Fig. 21.11, ▶ Fig. 21.12 and ▶ Fig. 21.13) consists primarily of smooth muscle that is subdivided into four layers. The **two main muscles**, extending between lateral tendinous centres, are the:

- thick caudodorsal muscle (m. crassus caudodorsalis) and
- thick cranioventral muscle (m. crassus cranioventralis).

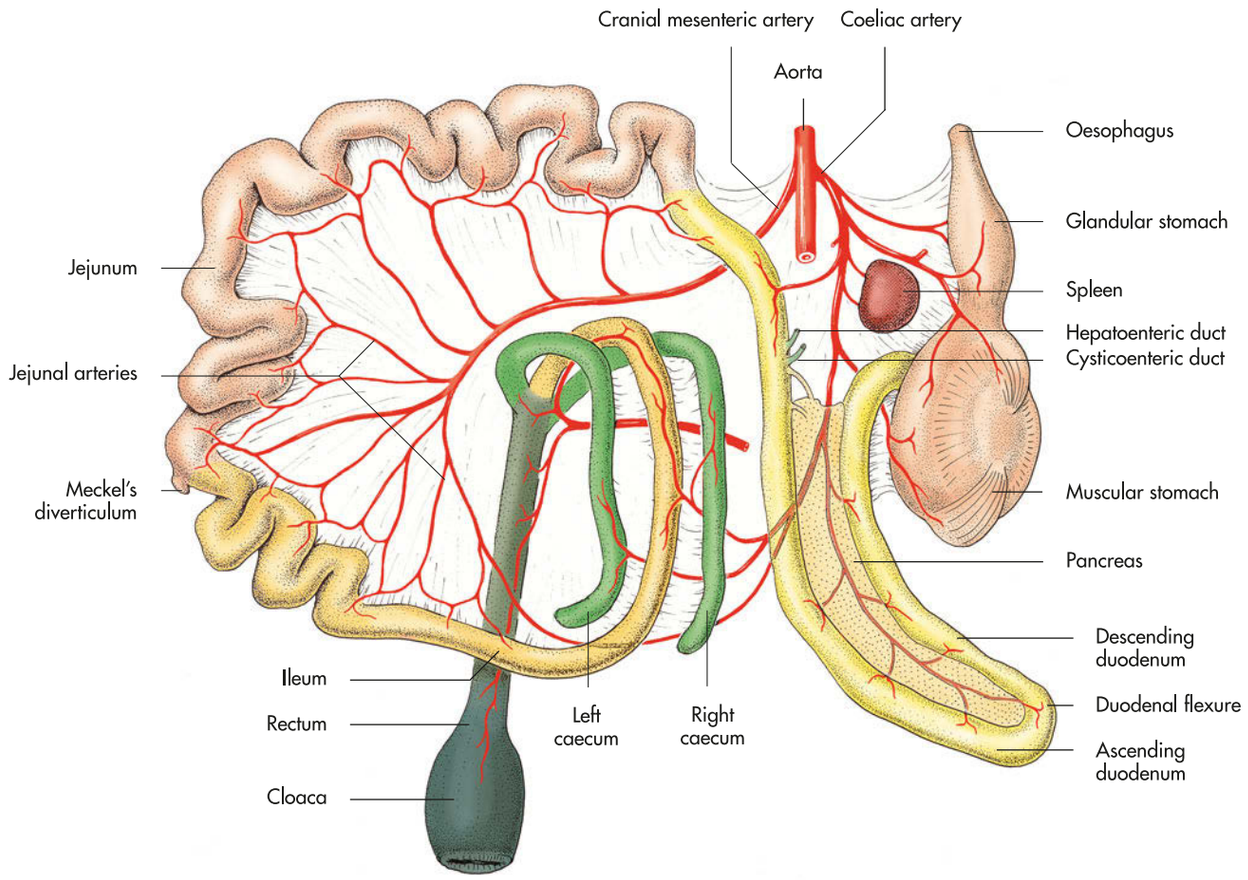


Fig. 21.11 Gastrointestinal tract and major associated arteries of the chicken (schematic); fig. based on data from McLelland, 1975 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

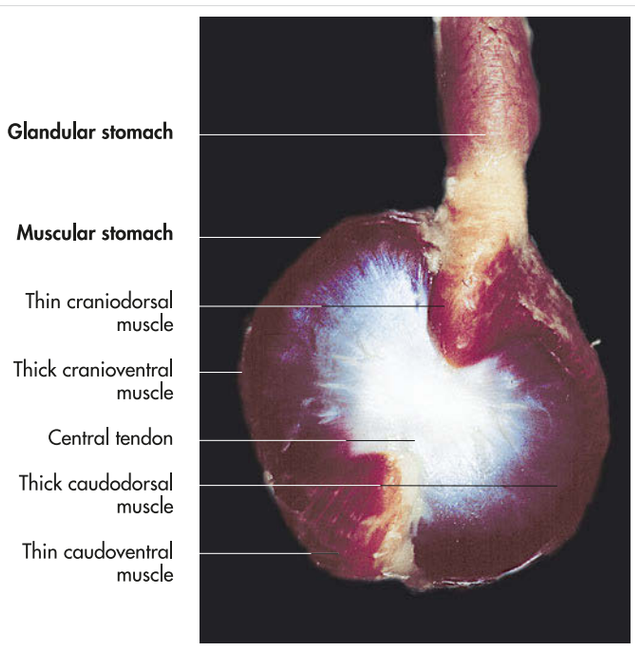


Fig. 21.12 Glandular stomach (gaster, pars glandularis) and muscular stomach (gaster, pars muscularis) of a chicken (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

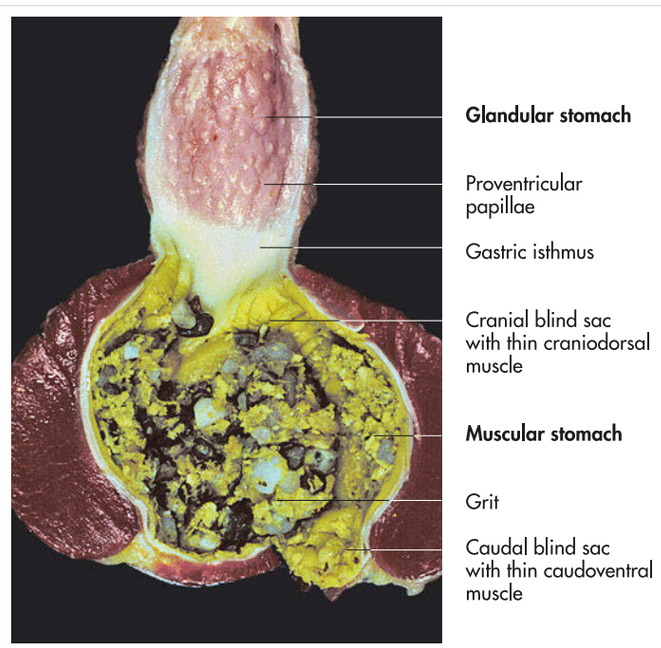


Fig. 21.13 Glandular stomach (gaster, pars glandularis) and muscular stomach (gaster, pars muscularis) of a chicken (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

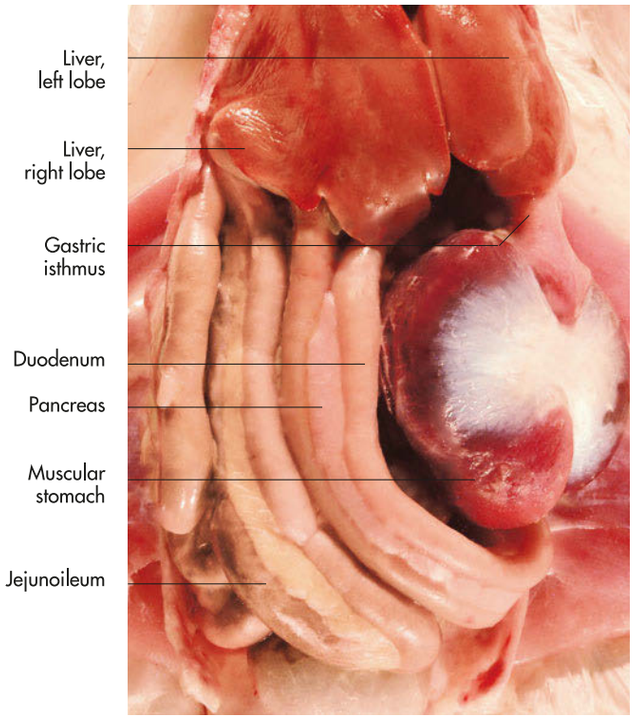


Fig. 21.14 Organs of the peritoneal cavity of a chicken (ventral view, intestinal peritoneal cavity exposed) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

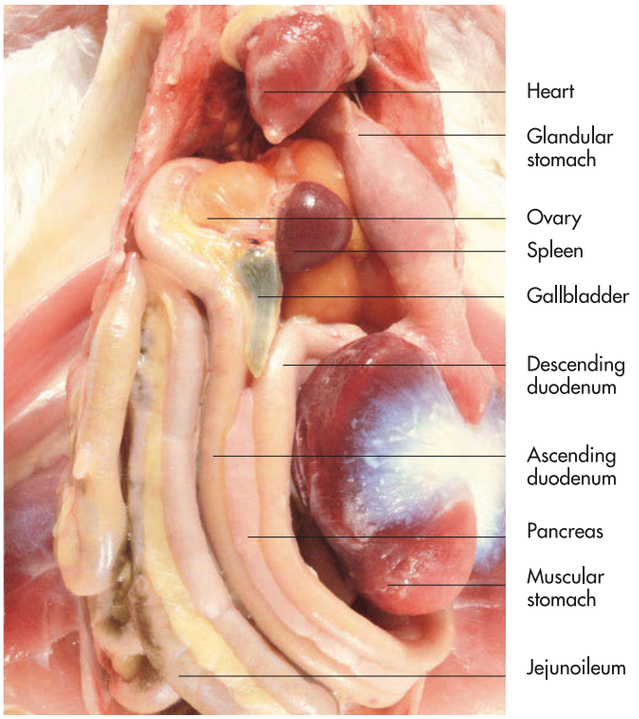


Fig. 21.15 Organs of the peritoneal cavity of a chicken (ventral view, intestinal peritoneal cavity exposed and liver removed) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Lying between these thick muscles, and passing over the cranial and caudal blind sacs, are the weaker:
- thin craniodorsal muscle (m. tenuis craniodorsalis) and
- thin caudoventral muscle (m. tenuis caudoventralis).

Intestine (intestinum)

In most birds, the **intestine** is relatively short compared with that of mammals. The intestine is longer in grain- and grass-feeding bird species than in carnivores. In birds, **villi are present in all segments of the intestine** (▶ Fig. 21.11, ▶ Fig. 21.14, ▶ Fig. 21.15 and ▶ Fig. 21.16).

Small intestine (intestinum tenue)

The individual segments of the small intestine are difficult to distinguish from one another; the middle and distal portions are sometimes referred to collectively as the **jejunoileum**.

Duodenum

The duodenum (▶ Fig. 21.11, ▶ Fig. 21.14 and ▶ Fig. 21.15) forms a long, U-shaped loop (ansa duodeni) comprising the **descending duodenum** (pars descendens) and the **ascending duodenum** (pars ascendens). The **pancreas** lies between these two segments. The ascending duodenum contains openings for the pancreatic ducts and bile ducts (usually three and two openings respectively in the chicken).

Jejunum and ileum

The jejunum and ileum (▶ Fig. 21.11) are arranged in loops in the right quadrants of the body cavity. Located at the mid-point of the jejunoileum is **Meckel's diverticulum** (diverticulum vitellinum), a remnant of the embryonic yolk sac. This is often lacking in chickens and pigeons and is found only infrequently in ducks and geese.

Large intestine (intestinum crassum)

The large intestine is composed of the **caeca** and the **rectum** (▶ Fig. 21.11).

Caeca and rectum

In contrast to mammals, domestic birds have **two large caeca** (caecum) dextrum and caecum sinistrum). They are connected to the terminal portion of the ileum by the **ileocaecal ligaments** (ligamenta ileocaecalia). The caeca are particularly well developed in the chicken. Each caecum begins at the transition from the ileum to the rectum. In purely herbivorous and frugivorous species, plant polysaccharides such as cellulose are digested in the caeca.

The **rectum** is the straight terminal portion of the intestine that extends to the cloaca.

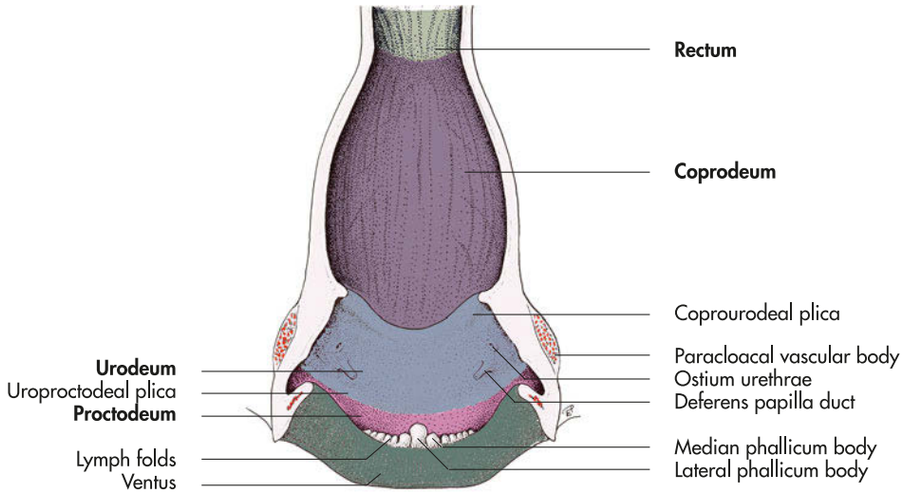


Fig. 21.16 Cloaca of the male chicken (schematic); fig. based on data from Waibl and Sinowatz, 2004 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Cloaca

In birds, the cloaca receives the **end-products of digestion** as well as **urine** and **products of the reproductive tract**. Two mucosal folds divide the cloaca into **three segments** (▶ Fig. 21.16 and ▶ Fig. 21.27) termed the:

- coprodeum,
- urodeum and
- proctodeum.

In the chicken, the rectum merges without any clear demarcation with the proximal segment of the cloaca, the **coprodeum**. The villi of the coprodeum are particularly broad and become shorter caudally.

The dorsal wall of the second portion of the cloaca, the **urodeum**, contains the openings of the ureters and, in males, the deferent ducts. In females, the left side of the urodeum receives the left oviduct. In the terminal segment of the cloaca, the **proctodeum**, the rectal mucosa transforms into nonglandular mucosa that is continuous with the external skin. The **bursa cloacalis** (**bursa Fabricii**) opens into the dorsal proctodeum, see Chapter 14 "Immune system and lymphatic organs" (p. 501). In males, the floor of the proctodeum is occupied by the **copulatory organ** (**phallus**).

21.4.3 Accessory organs of the intestinal tract

The accessory organs of the intestinal tract are comprised of the **liver** and the **pancreas**. As in mammals, these organs are both derived from a common embryonic anlage, the hepatopancreatic ring. In birds, as in other animals, the liver is the **largest gland in the body**.

Liver (hepar)

Surrounded by the hepatic peritoneal sacs, the liver (▶ Fig. 21.14, ▶ Fig. 21.17 and ▶ Fig. 21.30) lies over a large portion of the sternum; its sides contact the sternal ribs. The cranioventral segments of the liver surround the pericardium, forming a **deep cardiac impression** (impressio cardiaca) in the hepatic parenchyma. Dorsally, the liver contacts the lungs; its left lateral surface lies against the glandular and muscular stomachs and the spleen. The caudal vena cava (v. cava caudalis) passes through the right lobe of the liver.

The liver consists of a **left lobe** (lobus sinister hepatis) and a **right lobe** (lobus dexter hepatis). Depending on species, these lobes may be further subdivided to form smaller processes (processus intermedius dexter, processus intermedius sinister, processus papillaris).

Porta hepatis

In contrast to mammals, the **nutritional blood supply** entering the liver at the **hepatic porta** comprises two vessels, the left and right hepatic arteries (a. hepatica sinistra et dextra). The **functional supply** to the liver also consists of two vessels, the **left and right hepatic portal veins** (v. portalis hepatica sinistra et dextra).

The **left hepatic vein** (v. hepatica sinistra), **middle hepatic vein** (v. hepatica media) and **right hepatic vein** (v. hepatica dextra) collect blood from the **central veins** (vv. centrales) **of the liver lobules** (lobuli hepatici). These vessels (**vv. hepaticae**) form the efferent veins of the liver, conveying blood to the **caudal vena cava**.

Attachments of the liver

The liver is held in place by double-layered serous lamellae. Additional support is provided by extensions of the **oblique septum** (**hepatic ligaments**; ligamenta hepatica), the **hepatoduodenal ligament** (ligamenta hepatoduodenalis) and the **falciform ligament** (ligamentum falciforme hepatis).

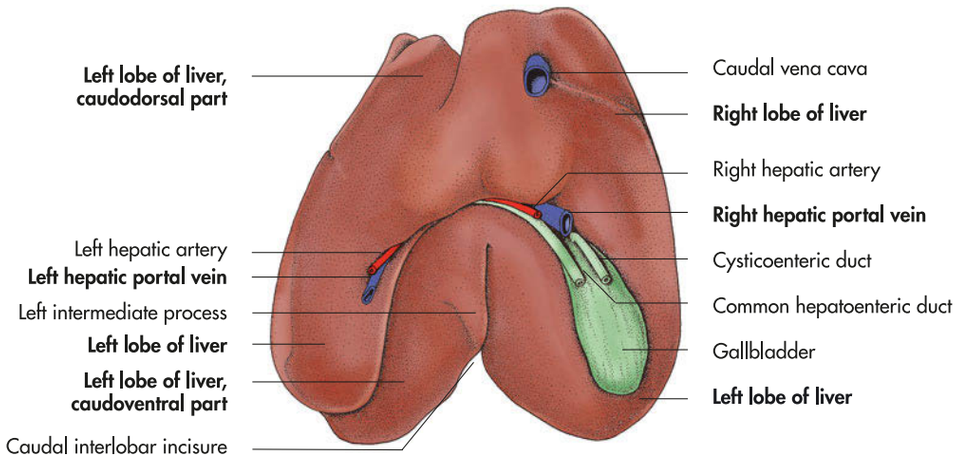


Fig. 21.17 Visceral surface (facies visceralis) of the liver with hepatic porta in the chicken (schematic); fig. based on data from Vollmerhaus and Sinowatz, 2004 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Gallbladder (vesica fellea)

The **gallbladder** lies against the visceral surface (facies visceralis) of the right lobe of the liver (▶ Fig. 21.15). It is **absent in most pigeon and parrot species**.

Each liver lobe is drained by a dedicated **bile duct** (ductus hepatics dexter, ductus hepaticus sinister). The ducts pass to the hepatic porta and merge to form the **common hepatoenteric duct** (ductus hepaticoentericus communis), which continues to the duodenum. In chickens and ducks, in which the gallbladder is present, bile travels from the right bile duct to the gallbladder through the **hepatocystic duct** (ductus hepatocysticus). From the gallbladder, bile passes to the duodenum through the **cysticoenteric duct** (ductus cysticoentericus).

21.5 Respiratory system (systema respiratorium)

The respiratory tract of birds (▶ Fig. 21.18, ▶ Fig. 21.19, ▶ Fig. 21.20, ▶ Fig. 21.21, ▶ Fig. 21.22, ▶ Fig. 21.23, ▶ Fig. 21.24, ▶ Fig. 21.28 and ▶ Fig. 21.30) differs from that of mammals in several ways. Distinguishing features of the avian respiratory tract include:

- the presence of both a larynx and a syrinx,
- ossification of the tracheal cartilages in some birds,
- a relatively constant lung volume,
- the absence of pleura post-hatching and
- the presence of air sacs.

21.5.1 Nasal cavity (cavum nasi)

In most birds, the nasal cavity houses **three nasal conchae** (conchae nasales). The conchae are arranged in a rostrocaudal sequence, contrasting with the dorsoventral arrangement seen in mammals.

The cranial portion of the **nasal cavity** (**nasal vestibule**; regio vestibularis) is lined with nonglandular mucosa. This is continued caudally by a small **respiratory region** (regio respiratoria) and a typically poorly developed **olfactory region** (regio olfactoria).

The nasal cavity communicates with a **single paranasal sinus**, the **infraorbital sinus** (sinus infraorbitalis). **Nasal glands** (glandulae nasales) are **present** in the nasal vestibule.

21.5.2 Larynx

The larynx manifests as a visible mound in the ventral oropharynx, caudal to the tongue. Two rows of **conical papillae** (papillae pharyngeales) are present at its caudal margin. The **laryngeal opening** (glottis) presents as a longitudinal slit in the midline of the laryngeal mound. **Laryngeal cartilages** (cartilagines laryngis) (▶ Fig. 21.18) serve to support the larynx. These are comprised of the:

- cricoid cartilage (cartilago cricoidea),
- procricoid cartilage (cartilago procricoidea) and
- arytenoid cartilage (cartilago arytenoidea).

The glottis is opened and closed by two laryngeal muscles, the **dilator and constrictor muscles of the glottis** (m. dilatator and m. constrictor glottidis). Reflex closure of the larynx prevents entry of foreign material into the lower airways. The **larynx does not contribute to phonation**.

21.5.3 Trachea

Beginning at the cricoid cartilage of the larynx, the trachea accompanies the oesophagus on its course on the right side of the neck. At the level of the thoracic inlet, it returns to the median plane. The shape of the **tracheal rings** resembles a signet ring. Considerable species variation is observed with respect to the number of rings (120 in the chicken). Several band-like tracheal muscles (**mm. tracheales**) extend along the trachea.

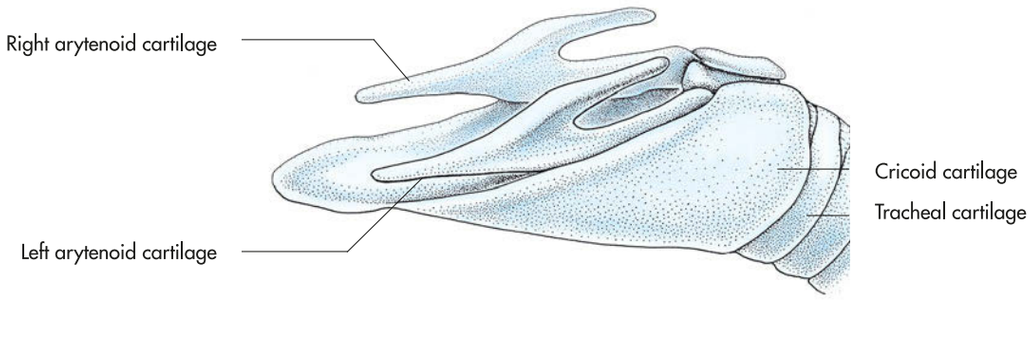


Fig. 21.18 Laryngeal cartilages of the chicken (schematic); fig. based on data from Ghetie, 1976 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

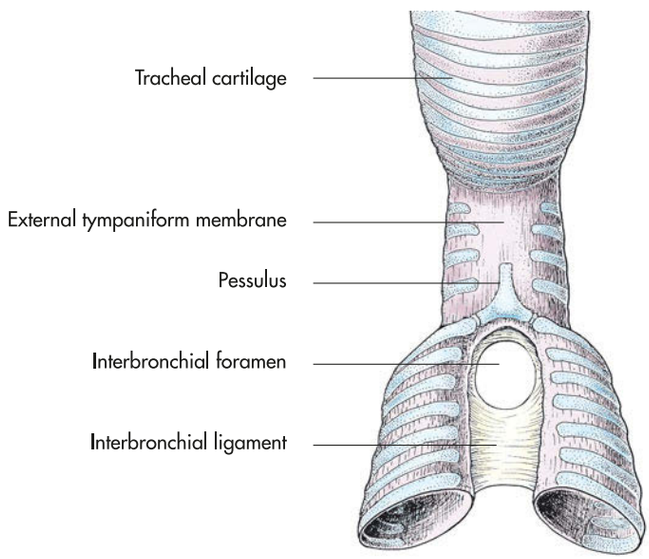


Fig. 21.19 Syrinx of the chicken (schematic); fig. based on data from Ghetie, 1976 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.5.4 Syrinx

The syrinx (▶ Fig. 21.19 and ▶ Fig. 21.20) is situated at the level of the bifurcation of the trachea into the primary bronchi. In the chicken, the last four tracheal rings are considered to be part of the syrinx. The subsequent rings are incomplete and are joined at one or both ends to the **pessulus**, located in the midline.

Together, the cartilaginous components of the syrinx form the **tympanum**, to which **lateral and medial tympaniform membranes** (membrana tympaniformis lateralis and medialis) are attached. Elastic pads known as **labia** project from the membranes into the interior of the syrinx. Their function is similar to that of the **vocal fold** (plica vocalis) of mammals.

In songbirds, the syrinx is associated with **syringeal muscles**. These are absent in domestic poultry.

21.5.5 Lung (pulmo)

The **left** and **right lung** (pulmo sinister and pulmo dexter) are positioned dorsally, to the left and right of the vertebral column. They are **not lobed**. Deep impressions (**sulci costales**) in the dorsomedial portion of the lung give rise to distinct transverse segments (**tori intercostales**) between the ribs. The ventral surface of the lung is fused with the **septum horizontale** and contains openings that communicate with the air sacs. In chickens, the lung is approximately rectangular. There is **little or no pleural cavity** (▶ Fig. 21.21, ▶ Fig. 21.22, ▶ Fig. 21.28 and ▶ Fig. 21.30).

The lung is prevented from collapsing by its connective tissue attachments to the **ribs** and **sternum** and its adherence to the **horizontal septum**. Consequently, the bronchi and air capillaries remain permanently open to the passing air. The **volume of the avian lung** is just one-tenth that of mammals of comparable size.

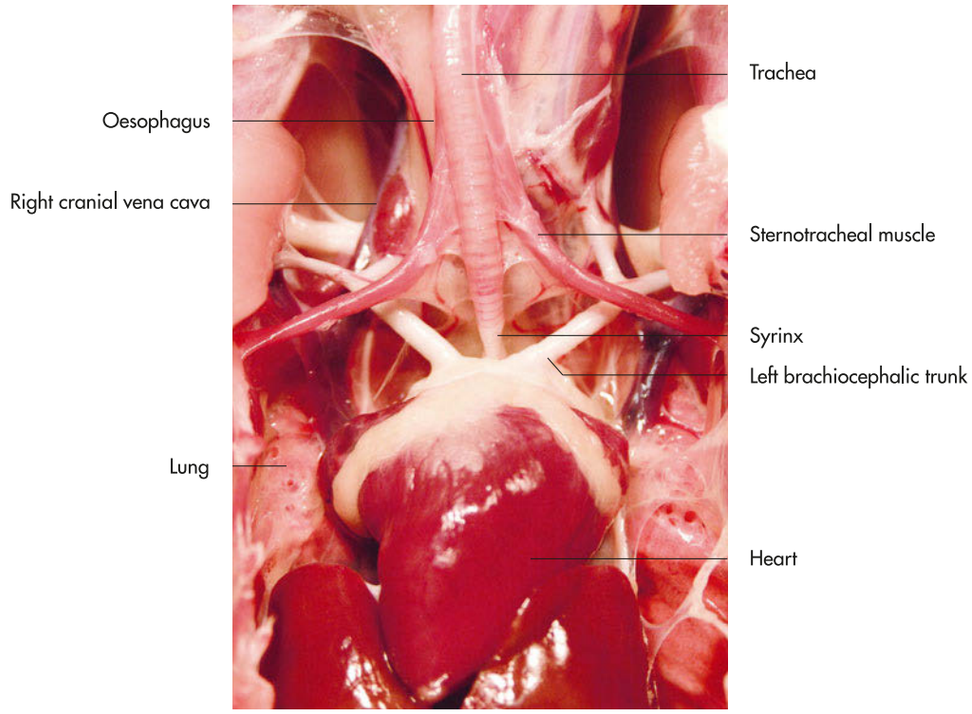


Fig. 21.20 Anatomical relationships of the trachea and syrinx in a chicken (source: courtesy of Dr. Annette Kaiser, Munich; in: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.5.6 Bronchial system and gas exchange

The divisions of the **bronchi** in the avian lung are as follows:
- two primary bronchi (bronchi primarii),
- secondary bronchi (bronchi secundarii),
- parabronchi and
- air capillaries (pneumocapillares).

The **primary bronchi**, also referred to as **first-order bronchi**, penetrate the **horizontal septum** and traverse the lung to its caudal border. **Secondary bronchi**, or **second-order bronchi**, are given off from the primary bronchi. Based on the direction in which they pass, they are classified as:
- laterodorsal secondary bronchi,
- 7–10 mediodorsal secondary bronchi,
- 4–7 lateroventral secondary bronchi and
- 4 medioventral secondary bronchi.

The secondary bronchi serve to ventilate the lung. The laterodorsal sector of the lung is present in birds that are more highly developed, hence is termed the **neopulmo**. The remaining three sectors are referred to as the **palaeopulmo**.

The **parabronchi**, or **third-order bronchi**, are also known as **"air pipes"**. Parabronchi are **elongated tubes** arranged in a hexagonal parallel array. In the chicken, they have a diameter of 1–1.5 mm (0.5 mm in most species). Parabronchi have **several characteristic features**:
- they form anastomoses with one another,
- their walls contain outpouchings known as atria,
- they contain tissue in which gas exchange occurs and,
- their diameter is uniform within species.

Parabronchi are the **functional elements of the avian lung**. Numerous small chambers (**atria**) bulge outwards from the central lumen. Several funnel-shaped **infundibula** open from the atria and lead into **air capillaries**. The diameter of the air capillaries (pneumocapillares) is constant within species and ranges from 3 to 10 µm. The air capillaries are closely associated with a dense **capillary network**, where exchange of gas with the blood takes place. Inspired gases pass from the parabronchi to the air capillaries by diffusion. The **blood-air barrier** is considerably thinner in birds than in mammals.

21.5.7 Air sacs (sacci pneumatici, sacci aerophori)

The air sacs are **deformable**, **thin-walled cavities** attached to the lungs. They provide mechanical ventilation of the lungs by acting as a bellows. The air sacs are fused by connective tissue to adjacent organs or muscles. In some sections, they may be covered by a serosa. By penetrating the bones, the air sacs also act to **pneumatise the skeleton**.

Eight air sacs are present in the domestic chicken (▶ Fig. 21.6, ▶ Fig. 21.7, ▶ Fig. 21.8, ▶ Fig. 21.23 and ▶ Fig. 21.24):
- an unpaired cervical air sac (saccus cervicalis),
- an unpaired clavicular air sac (saccus clavicularis),
- paired cranial thoracic air sacs (sacci thoracici craniales),
- paired caudal thoracic air sacs (sacci thoracici caudales) and
- paired abdominal air sacs (sacci abdominales).

Except for the **abdominal air sacs**, which are joined directly to the terminal ends of the **primary bronchi**, the air sacs communicate with the **secondary bronchi**. All of the connections between

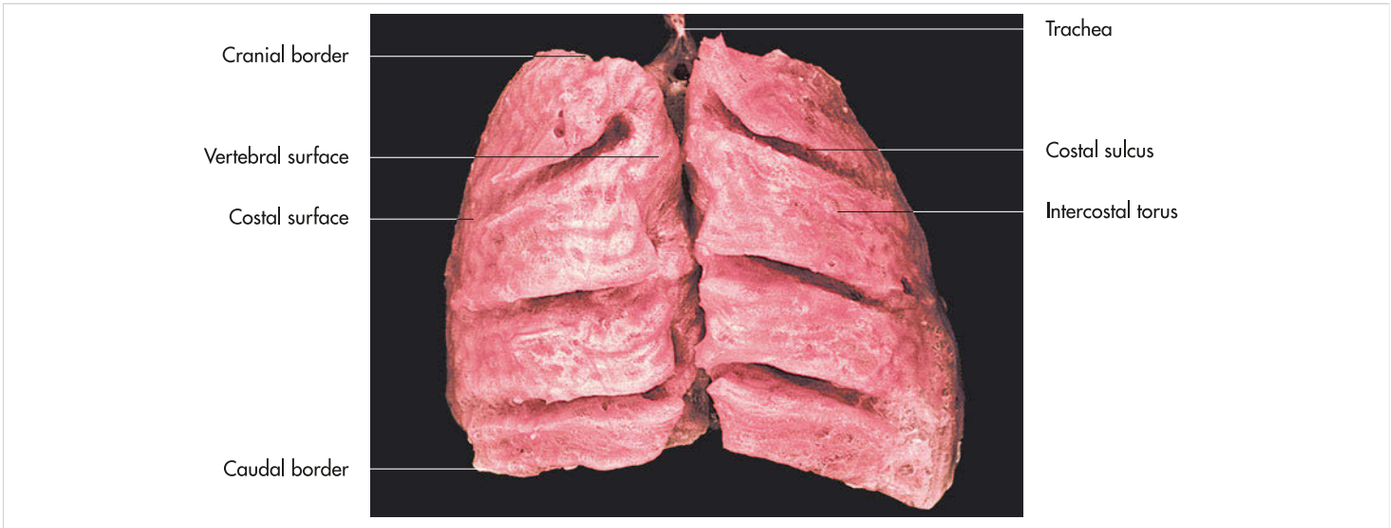


Fig. 21.21 Right and left lung of a chicken (ex situ, dorsal view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

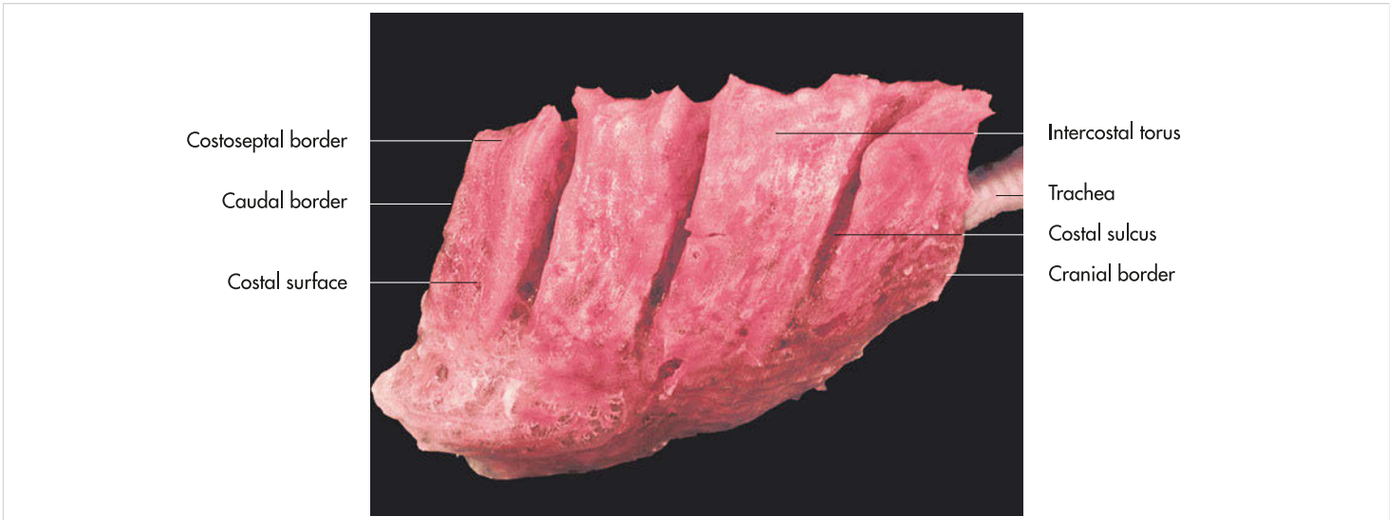


Fig. 21.22 Right lung of a chicken (ex situ, lateral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

the bronchi and the air sacs involve penetration of the horizontal septum (▶ Fig. 21.7).

Based on the movement of air during inspiration and expiration, the air sacs are divided into **two functional groups**:

- the **cranial air sacs**, comprising:
  - the cervical air sac,
  - the clavicular air sac and
  - the cranial thoracic air sac;
- the **caudal air sacs**, consisting of:
  - the caudal thoracic air sac and
  - the abdominal air sac.

The unpaired **cervical air sac** consists of a median chamber and two elongated diverticula that extend cranially into the vertebral canal of the cervical vertebrae and into the transverse canal (canalis transversarius).

The **clavicular air sac** (also unpaired) is voluminous and complex. As well as enveloping the heart, the great vessels at the heart base and the syrinx, it penetrates bones including the humerus. The paired **cranial thoracic air sacs** lie between the horizontal and oblique septa.

The **caudal thoracic air sacs** lie caudal to the cranial thoracic air sacs, also between the horizontal and oblique septa. The paired **abdominal air sacs** project extensively between the intestinal loops, reaching the kidneys and the hip joint, and penetrating the synsacrum and ilium. The abdominal air sacs play a **central role in breathing**. Movement of air through the lung-air sac system is brought about by lowering and elevation of the caudal edge of the sternum, supported by movement of the ribs.

During **inspiration**, air passes into the cranial and caudal air sacs. The air entering the **cranial air sacs** is partly used, having already passed through the parabronchi and participated in gas exchange in the air capillaries. Air passing into the **caudal air sacs** is mainly fresh (▶ Fig. 21.24).

In the **expiratory phase**, air is expelled from the **cranial air sacs** through the trachea. The relatively fresh air in the **caudal air sacs** is directed through the parabronchi and air capillaries before being expelled through the trachea.

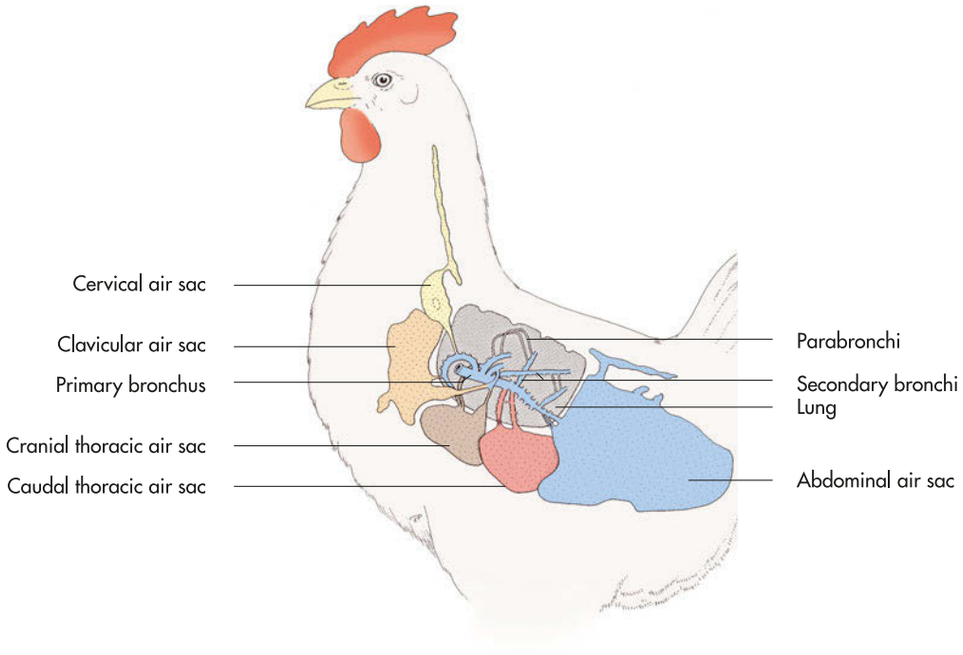


Fig. 21.23 Relationship between the air sacs and the bronchial system in the chicken (schematic) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

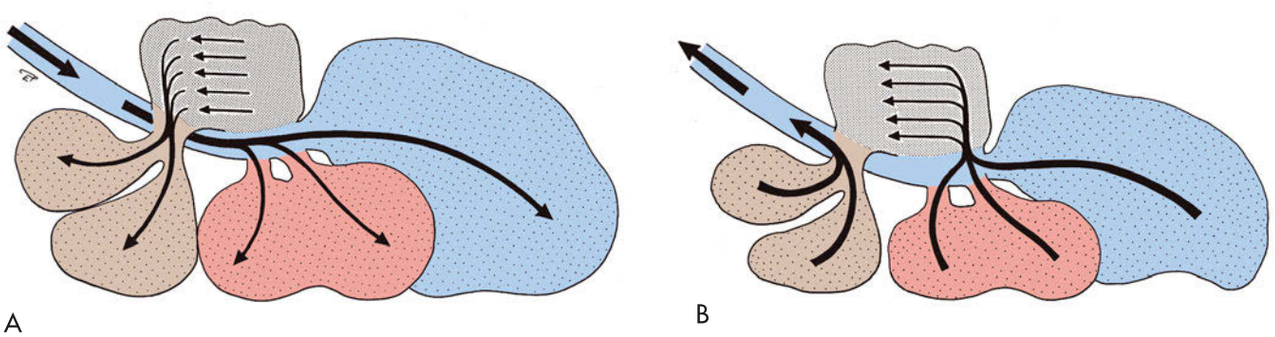


Fig. 21.24 **A)** Schematic representation of air flow in the avian respiratory system during **inspiration**: the caudal air sacs (caudal thoracic air sac and abdominal air sac) receive unused inspired air from the primary bronchi, while partially used air from the lungs flows into the cranial air sacs (cranial thoracic air sac and clavicular air sac).
B) Schematic representation of air flow in the avian respiratory system during **expiration**: unused air from the caudal air sacs flows into the lung, while used air is expelled from the cranial air sacs via the primary bronchi and the trachea (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

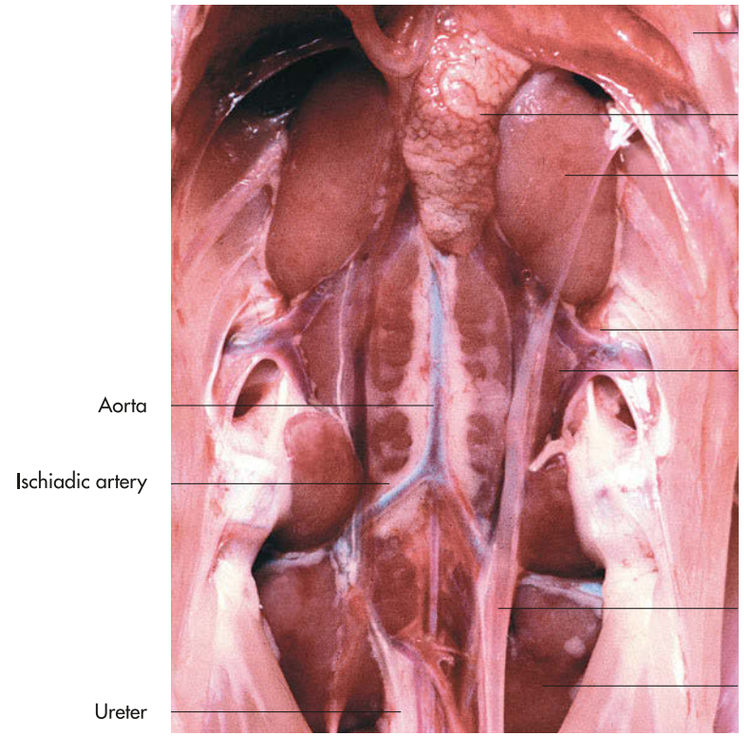


Fig. 21.25 Anatomical relationships of the kidneys and ureter in the chicken (ventral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Clinical note

To avoid **asphyxiation** of avian patients during physical examination, it is important to avoid placing pressure on the sternum and abdomen.

21.6 Urinary system (systema urinarium)

In terms of structure, function and organisation, there are several differences between the urinary system of birds and that of domestic mammals. In birds:

- the kidneys are composed of three divisions (divisiones renales),
- a renal portal system is present,
- uric acid is excreted (the enzyme uricase is lacking),
- there is no bladder and
- the ureter empties into the cloaca.

The kidneys of birds (▶ Fig. 21.25, ▶ Fig. 21.26 and ▶ Fig. 21.27) are divided into **three, cranio-caudally arranged divisions** (divisiones renales) that, in most species, are connected by parenchymal bridges. They are referred to as the:

- cranial renal division (divisio renalis cranialis),
- middle renal division (divisio renalis media) and
- caudal renal division (divisio renalis caudalis).

The separation of the kidneys into divisions results from the formation of impressions in the parenchyma by the passage of vessels and nerves. **Renal lobules** (renculi) may be visible on the surface of the kidney. These appear macroscopically as small, dome-shaped bulges.

The **renal portal system** (▶ Fig. 21.26) is formed by a second, venous capillary bed that facilitates intensive filtration of blood. A renal portal system is also found in other non-mammalian vertebrates.

In birds, the loops of Henle are considerably shorter and have a narrow lumen, compared with mammals. Thus, the capacity of the avian kidney to concentrate urine is markedly lower.

Uric acid (**urate**) is excreted as the end-product of **avian purine metabolism**; the enzyme uricase is lacking in birds. **Mucin- and mucopolysaccharide-containing material** secreted by ureteric glands prevents the formation of large urate crystals.

As there is **no bladder** in birds, the viscous, mucous stringy urine passes through the **ureteric orifice** (ostium cloacale ureteris) directly into the middle segment of the **cloaca** (urodeum).

21.7 Male genital organs (organa genitalia masculina)

21.7.1 Testis (orchis)

The paired testes of birds are located **within the coelomic cavity**. They are situated on the left and right sides of the body, occupying (with some species variation) a dorsal position near the cranial renal division and the abdominal air sac (▶ Fig. 21.27). Adjacent structures include the adrenal glands, aorta and caudal vena cava. **Testicular descent** (descensus testis) **does not occur** in birds.

The **size** and **development** of the testes vary considerably with season, climatic factors, age and breed. During the breeding sea-

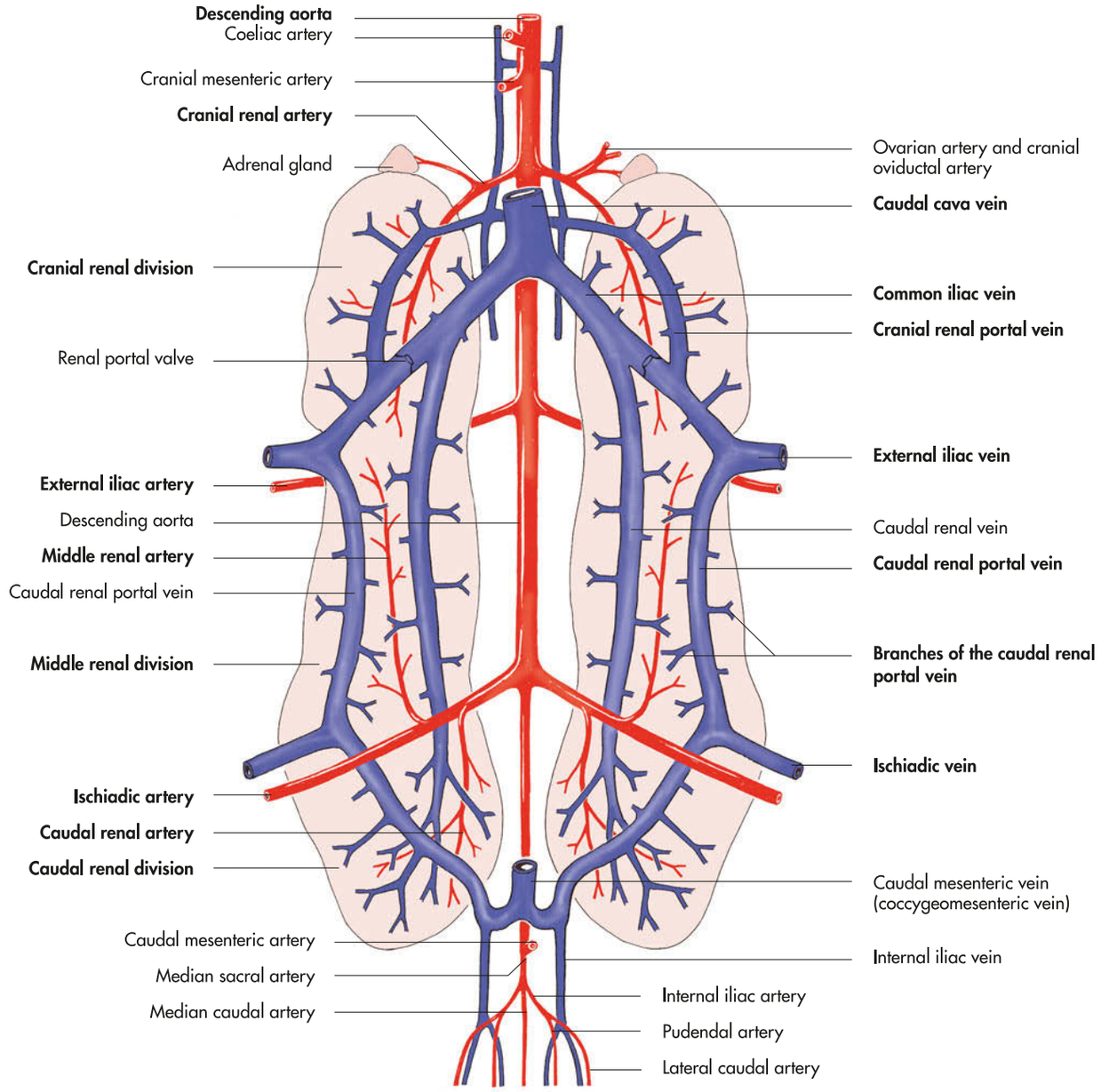


Fig. 21.26 Vascular supply of the kidneys and pelvis in the chicken (schematic); fig. based on data from Rickart-Müller, 1968 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

son, the volume of the testes increases substantially. The onset of **sexual maturity**, occurring in the **chicken** at about 16 to 24/26 weeks (depending on breed), is marked by the development of the spermatogenic epithelium. **Spermatogenesis**, up to delivery of spermatozoa into the lumen of the convoluted seminiferous tubule, usually takes no more than 12 days in the chicken.

Strongly branching vessels are visible on the **surface of the testis**. Connecting branches extend between the **testicular veins** (vv. testiculares) to form a **rete venosum** that aids in **regulating the temperature of the testicular parenchyma**.

21.7.2 Epididymis

The epididymis lies on the dorsomedial surface of the testis, extending along two thirds of the medial testicular border. It is relatively short; even during the breeding season, the epididymis of the chicken reaches only 3–4 mm in length. Ductuli efferentes emerging from the testis enter the epididymis along its entire length.

The **epididymal duct** (ductus epididymidis) gradually increases in thickness along its course. At the caudal end of the epididymis, it is continued by the **deferent duct** (ductus deferens).

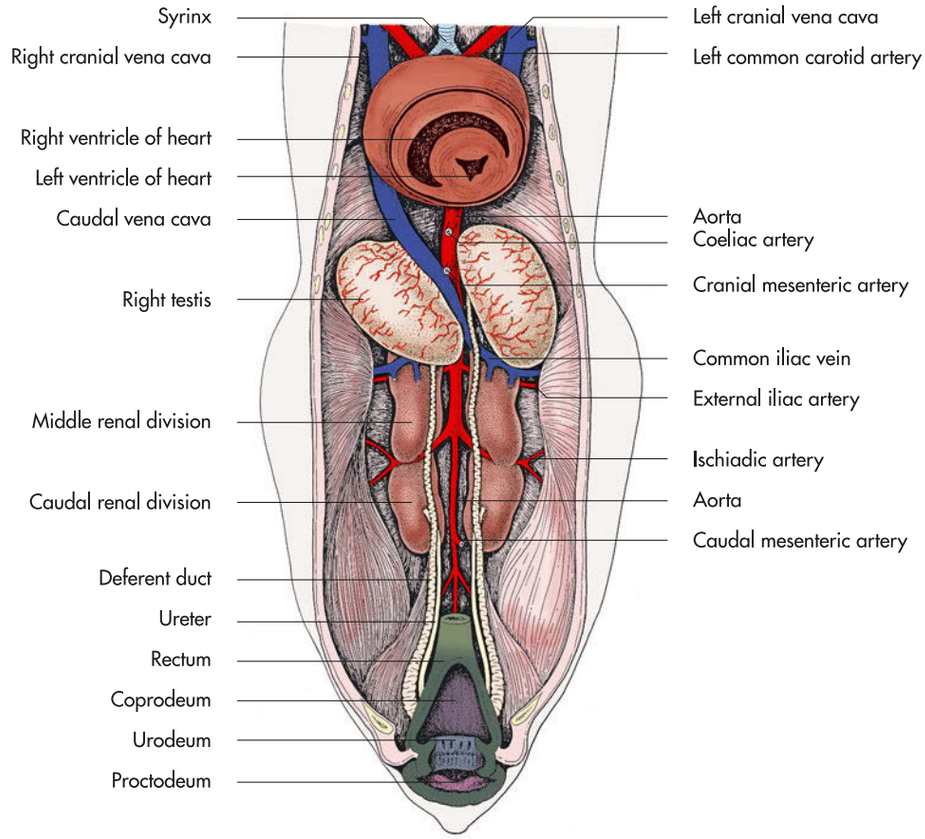


Fig. 21.27 Male genital organs of the chicken (schematic); fig. based on data from Ghetie, 1976 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.7.3 Deferent duct (ductus deferens)

The **two deferent ducts** (▶ Fig. 21.27) follow a meandering course, passing ventral to the kidneys. Shortly before entering the urodeum of the cloaca, each deferent duct straightens into the **pars recta ductus deferentis**, which opens into an **ampulliform segment** (receptaculum ductus deferentis). The opening of the deferent ducts into the cloaca is located on a conical papilla (**papilla ductus deferentis**).

21.7.4 Phallus (penis, phallus masculinus)

The phallus of male birds is a **component of the cloaca**. Galliformes are characterised by a **non-protrusible phallus** (**phallus nonprotrudens**) consisting of:

- an unpaired median phallic body (corpus phallicum medianum), flanked by
- paired lateral phallic bodies (corpora phallica lateralia).

In chickens, the **median phallic body is visible** in day-old chickens (rounded in males, conical in females). This inconspicuous difference permits experienced operators, so-called **"sexers"**, to determine the sex of chicks.

In ducks, geese and ratites, the penis is **protrusible** (**phallus protrudens**).

21.8 Female genital organs (organa genitalia feminina)

Symmetrically positioned paired ovaries and oviducts develop in female birds, but in most species only the left anlage reaches **functional maturity**. The right-sided structures rapidly **regress** after hatching (▶ Fig. 21.28, ▶ Fig. 21.29, ▶ Fig. 21.30, ▶ Fig. 21.31 and ▶ Fig. 21.32).

21.8.1 Ovary (ovarium)

The left ovary occupies a craniodorsal position within the **intestinal peritoneal cavity** (▶ Fig. 21.28 and ▶ Fig. 21.30). In the non-laying bird, the ovary is a relatively small, compact triangular structure. As the egg-laying period commences, the ovary grows in just a few days to reach a size of 110 mm by 70 mm and a weight of over 60 g (chicken). During the laying period, variably sized follicles develop to **full maturity**, reaching 40 mm in diameter.

The **mature oocyte** of birds (▶ Fig. 21.30 and ▶ Fig. 21.31) is the largest female gamete in the animal kingdom. After ovulation, which occurs under the influence of luteinising hormone (LH), the oocyte is received by the infundibulum of the oviduct.

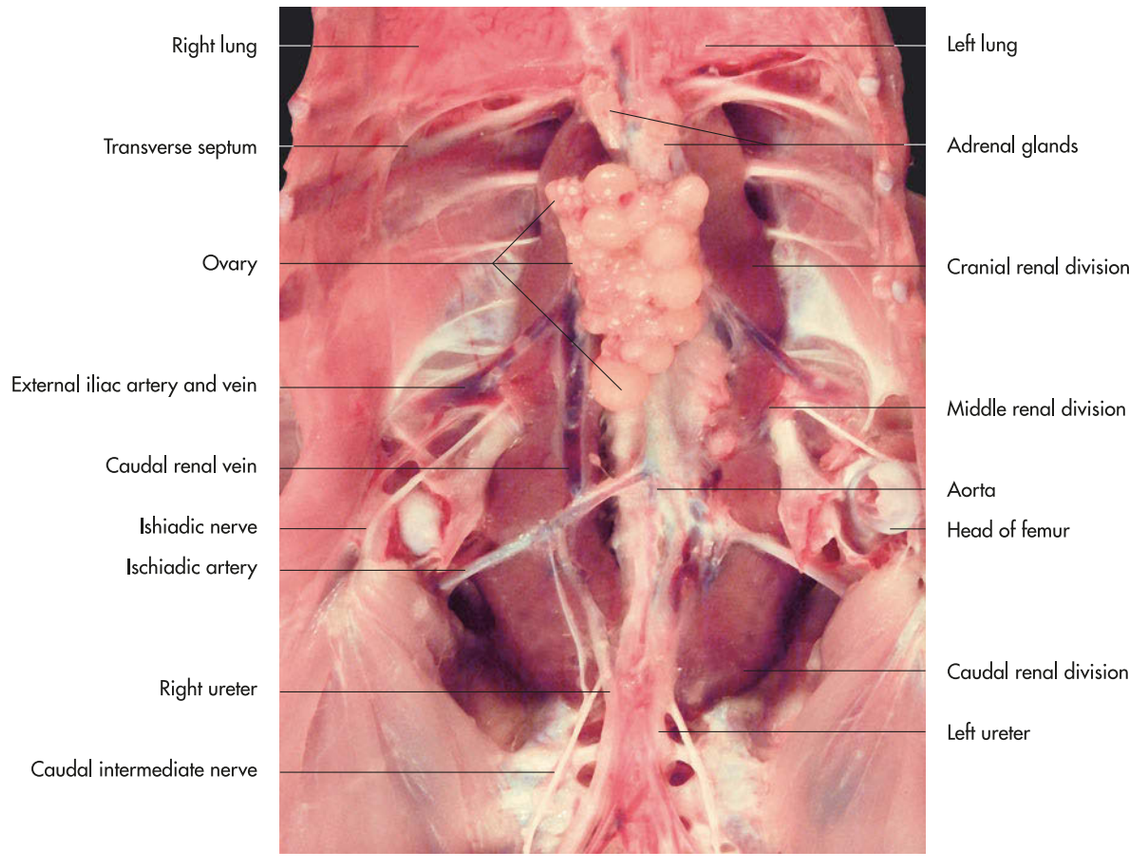


Fig. 21.28 Anatomical relationships of the ovary of a female chicken. The ovary occupies a dorsal position adjacent to the vertebral column (ventral view, intestines removed) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.8.2 Oviduct (oviductus)

As with the ovary, only the **left avian oviduct** (▶ Fig. 21.29 and ▶ Fig. 21.31) develops fully in most birds. Located within the intestinal peritoneal cavity, it consists of the following components:

- infundibulum,
- magnum,
- isthmus,
- uterus and
- vagina.

Infundibulum

The infundibulum (▶ Fig. 21.29 and ▶ Fig. 21.31) is initially non-glandular. **Fossae glandulares infundibuli** appear in the distal portion of the funnel. More distally, these structures increase in size and number, becoming the **glandulae tubi infundibulares**.

Transit of the oocyte through the infundibulum takes approximately 15 minutes in the chicken (▶ Fig. 21.29). During this time, glycoproteins and phospholipids **secreted by the infundibular glands** form a coating around the oocyte, part of which later condenses to form the **chalazae**.

Magnum

The magnum (▶ Fig. 21.29 and ▶ Fig. 21.31) reaches a length of around 34 cm in the chicken. It contains large aggregations of glands that secrete **ovalbumin**, **ovotransferrin** and **ovomucoid**. These secretory products constitute the main components of what eventually becomes the fully formed **albumen** (**egg white**). The egg spends approximately 3 hours in the magnum.

Isthmus

The egg passes through the isthmus (▶ Fig. 21.29 and ▶ Fig. 21.31) in around **1.5 hours**. Glands found in the isthmus are similar to those of the magnum. Their secretory product, composed of stable, heat-resistant sulphur-containing keratin-type proteins, forms the **double layered shell membrane**. The **air cell** later forms between these membranes at the blunt end of the egg.

21.8.3 Uterus (metra)

The **glands of the uterus** (glandulae uterinae) (▶ Fig. 21.29 and ▶ Fig. 21.31) resemble those of the isthmus. In this portion of the oviduct, a large amount of water is added to the albumen, resulting in **"plumping up"** of the egg white. The egg spends 20 hours in the uterus, longer than in any other segment of the oviduct. During this time, **calcium carbonate** and other **calcium salts** required for the calcareous shell are produced.

The **cuticle** (cuticula) is also produced in the uterus.

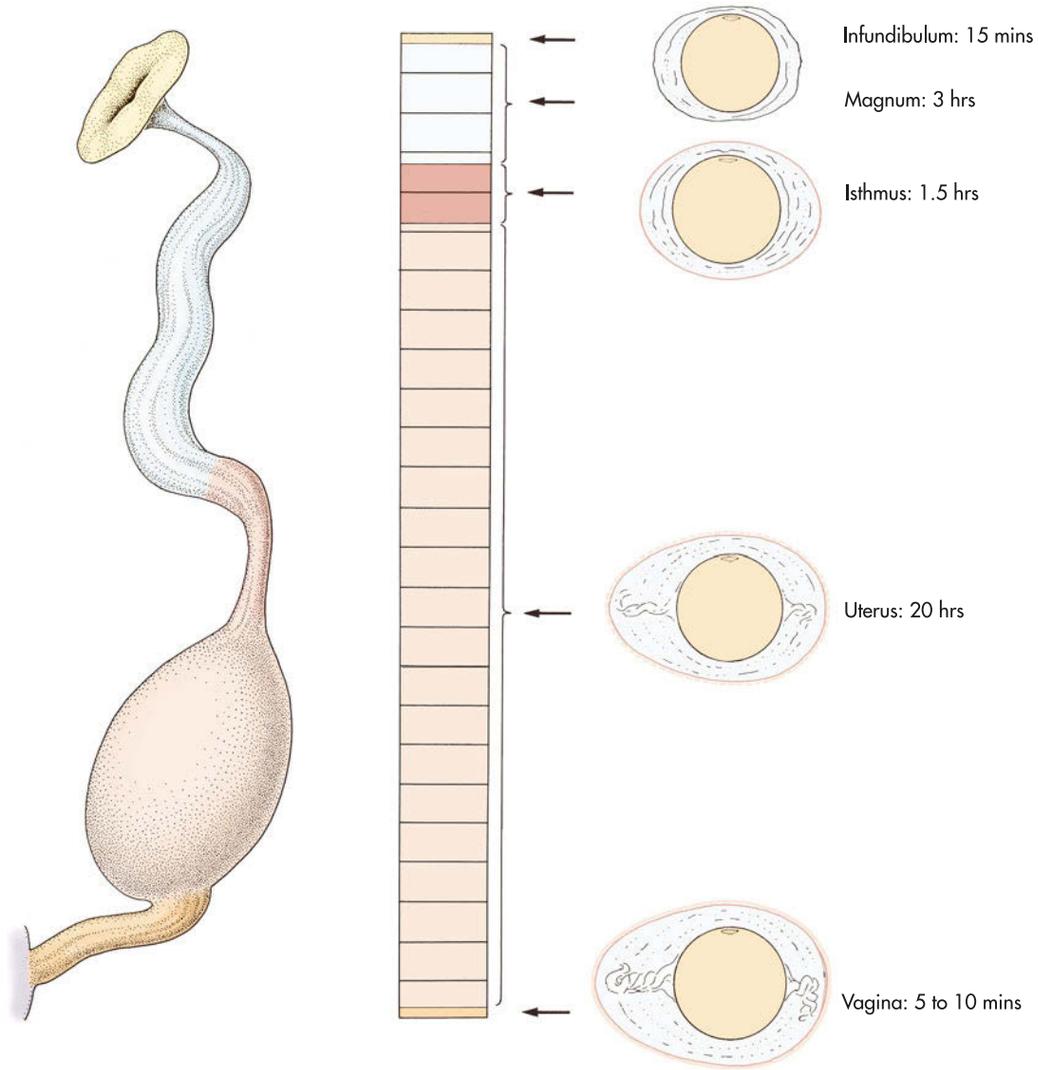


Fig. 21.29 Development of the egg of the chicken in the segments of the oviduct (schematic) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.8.4 Vagina

The vagina (▶ Fig. 21.29) is approximately 8 cm long in the chicken. Its muscular layer is well developed. The vagina contains branched, tubular **utero-vaginal glands** (fossulae spermaticae) in which sperm may be stored for several weeks. These glands represent the most **remarkable sperm reservoir** found in the female genital tract of any animal species.

21.9 Structure of the avian egg

The avian oocyte is the **largest female gamete** in the animal world. Upon ovulation, the oocyte, surrounded by the yolk membrane, enters the infundibulum of the oviduct. Within the oviduct, a series of layers is added (▶ Fig. 21.32). The **albumen component** consists of the stratum chalaziferum with:

- inner thin albumen,
- middle dense albumen and
- outer thin albumen.

The **egg membranes** (membranae testae) are comprised of the:

- inner shell membrane and
- outer shell membrane.

The shell membranes separate at the blunt end of the egg, forming the **air cell**. The calcareous shell consists of:

- an inner mammillary layer (stratum mammillarium),
- a connecting palisade layer (stratum spongiosum) with calcium carbonate crystals (> 40 µm wide) with pores (ca. 10 µm wide) and
- an outer cuticle (cuticula).

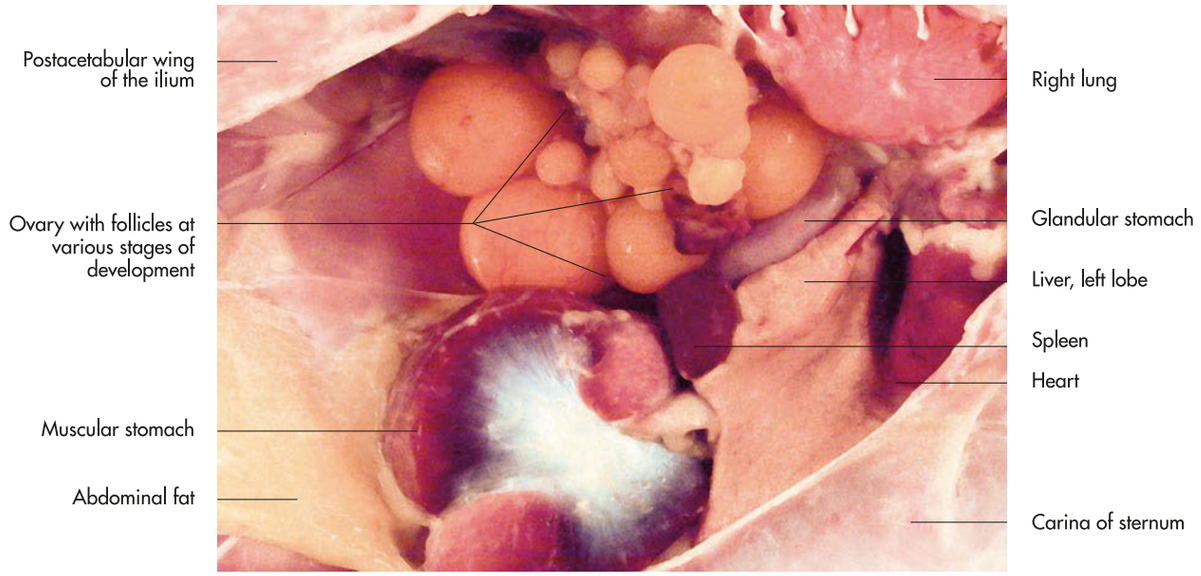


Fig. 21.30 Anatomical relationships of the ovary, oviduct and stomach in a female chicken (right aspect, deep view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

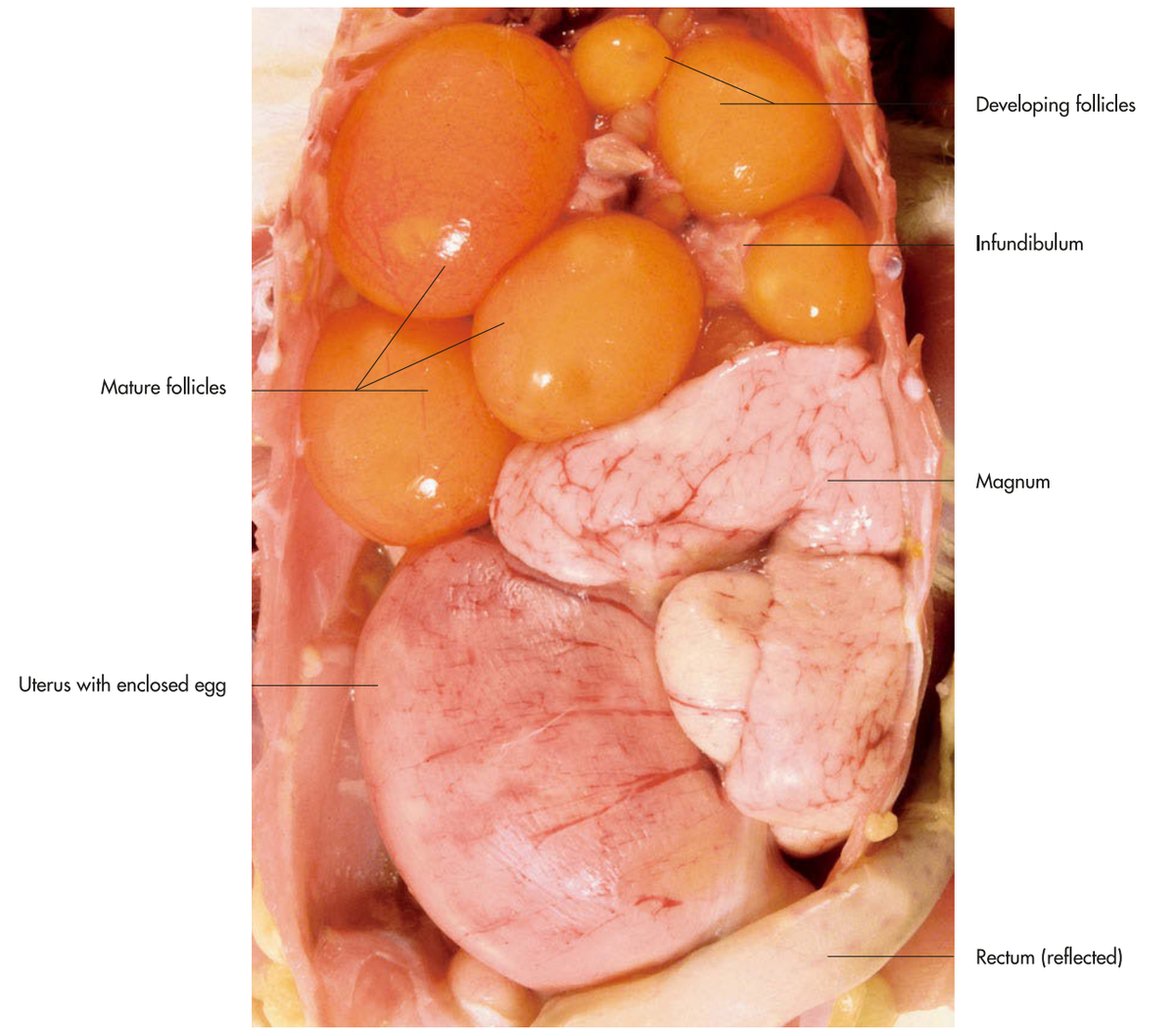


Fig. 21.31 Genital apparatus of a laying female chicken (ventral view, gastrointestinal tract removed) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

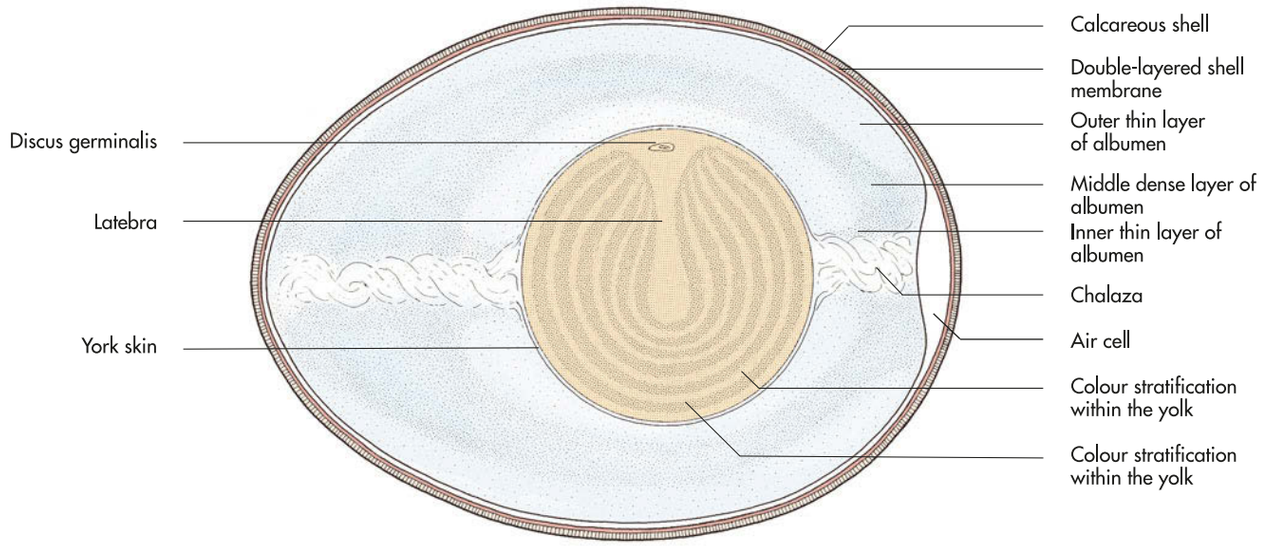


Fig. 21.32 Longitudinal section of the egg of a chicken (schematic); fig. based on data from Waibl and Sinowatz, 2004 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

The **cuticle** (cuticula) is a semi-permeable barrier that plays an important role in preventing bacterial penetration of the egg.

21.10 Cardiovascular system (systema cardiovasculare)

The organs of the cardiovascular system of birds are structurally similar to those of mammals (▶ Fig. 21.15, ▶ Fig. 21.20, ▶ Fig. 21.27 and ▶ Fig. 21.30). The left and right coronary arteries arise from the **ascending aorta** (aorta ascendens), which lies to the right of the midline. Thereafter, the ascending aorta divides into the **left and right brachiocephalic trunk** (truncus brachiocephalicus sinister et dexter) and the **descending aorta** (aorta descendens; located on the right side of the body).

The veins accompany the arteries. In the cervical region, the **right jugular vein** (v. jugularis) is considerably larger than the left.

Clinical note

Jugular venipuncture is thus performed on the right side of the neck. Suitable vessels for **intravenous injection** include the **ulnar vein** (v. ulnaris), which passes medially over the humerus, and the **medial superficial plantar metatarsal vein** (v. metatarsalis plantaris superficialis medialis), which courses along the medial aspect of the tarsometatarsus.

A **renal portal system** is **present** in birds.

Avian erythrocytes are **nucleated**. Blood pressure is higher in birds than in mammals.

21.11 Immune system and lymphatic organs (organa lymphopoetica)

The immune system and lymphatic organs (▶ Fig. 21.33) constitute a complex network composed of:

- a unidirectional system of lymphatic vessels,
- lymph hearts (cor lymphaticum),
- lymphoreticular formations with or without reactive centres,
- lymphatic organs (thymus, bursa cloacalis, spleen, bone marrow) and
- tonsils associated with the head and neck.

Lymph nodes are **absent** in chickens. These structures are only present in water birds, marsh birds and geese in the form of cervical and lumbar lymph nodes.

21.11.1 Lymphatic vessels (systema lymphovasculare)

In addition to a **unidirectional** network of lymphatic vessels, the avian lymphatic system includes alternative routes for the passage of lymph. Lymph drains not only into the **paired venous angle** but also, via paired lymph hearts, into the **dorsal pelvic veins**. **Post-capillary vessels** (vasa lymphatica fibrotypica, **"pre-collector vessels"**) convey lymph to **transport vessels** (vasa lymphatica myotypica, **"collector vessels"**), which empty into **large lymphatic vessels**. Morphologically, transport vessels resemble a **"string of pearls"**.

Lymph from the caudal region of the body flows to the **paired lymph hearts** (see below), predominantly via the **pudendal** and **cloacal lymphatic vessels** (vasa lymphatica pudendalia and cloacalia), which unite to form the **internal iliac lymph vessel** (vas lymphatica iliacum internum).

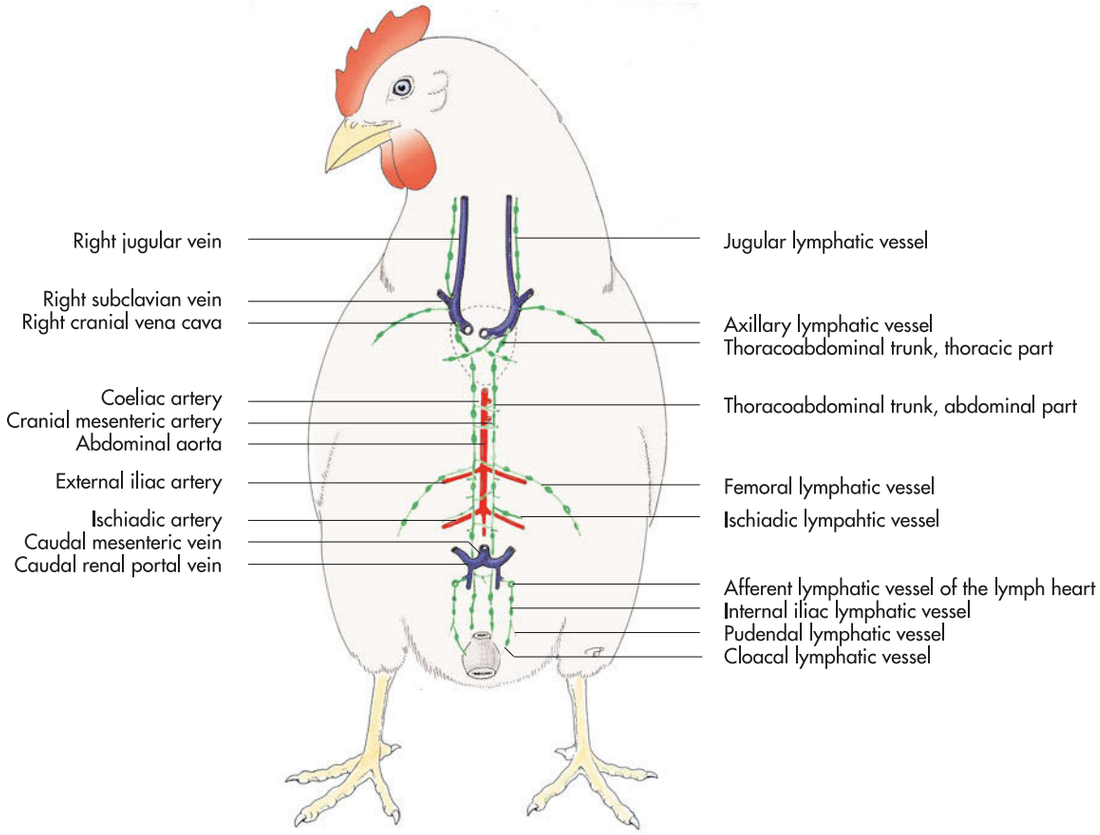


Fig. 21.33 Large lymphatic vessels of the chicken (schematic, not to scale) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Proximal to the lymph hearts, the **internal iliac lymphatic vessel** becomes the **afferent vessel of the lymph heart** (vas lymphaticum cordis afferens) which, before exiting the pelvic cavity, forms an extensively branching network.

21.11.2 Lymph heart (cor lymphaticum)

The lymph heart (▶ Fig. 21.33) is an elongated, dorsoventrally flattened organ located outside the body cavity. It is situated at the caudal end of the synsacrum, dorsal to the transverse process of the first free caudal vertebra.

The **function** of the lymph heart is dependent upon age and species. In the **embryo** and **foetus**, its sole function is to **pump systemic lymph**. In species with a well-developed copulatory apparatus and a protrusible phallus, such as ratites and water birds, the lymph heart is usually integrated into the **specialised lymphatic system of the copulatory organ**. After erection, the lymph heart pumps substantial amounts of lymph from the phallus and directs it towards the venous system. The lymph heart also has an ancillary role in **regulating blood pressure in the internal vertebral sinus** (sinus vertebralis internus) and in the **renal portal system of the kidney**.

21.11.3 Lymphoreticular formations

In the chicken, lymphoreticular formations are present in all the larger lymphatic vessels. These **spindle-shaped thickenings of the walls of the lymphatic vessels** can be regarded as modified miniature manifestations of avian lymph nodes. Through their large population of lymphocytes, lymphoreticular formations have **considerable immune potential**.

21.11.4 Lymphatic organs (thymus, bursa cloacalis and spleen)

Thymus

The thymus is a lobated lymphoepithelial organ situated caudal to the third cervical vertebra. During embryonic development, **lymphocytic stem cells** migrate to the thymus from the wall of the yolk sac and later (in the foetal stages) from the bone marrow. Within the thymus, these cells mature into **immunocompetent T cells**.

Bursa cloacalis (bursa Fabricii)

The cloacal bursa (bursa cloacalis) is the site of maturation of **B lymphocytes**. It is peculiar to the **class Aves**.

The bursa cloacalis is a pedunculated **dorsal appendage of the proctodeum** (▶ Fig. 21.27). Bone marrow-derived lymphocytes

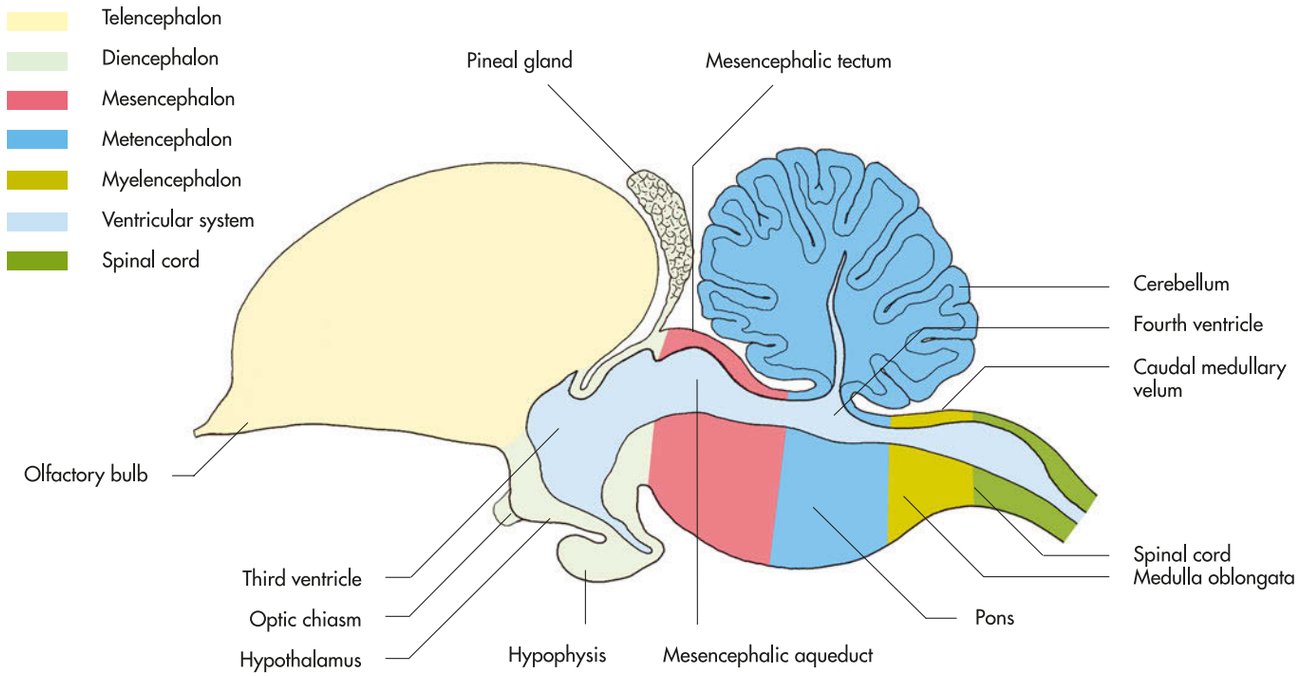


Fig. 21.34 Brain of the chicken (schematic, median section); fig. based on data from Romer, 1966 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

mature within the bursa cloacalis into **B lymphocytes** that are subsequently responsible for **humoral immunity**. The **bursa cloacalis undergoes involution** at sexual maturity.

Spleen (lien)

The spleen (▶ Fig. 21.11 and ▶ Fig. 21.30) is a brown to cherry coloured organ. In chickens, it is spherical. The spleen is integrated with both the **blood vascular system**, through its **red pulp**, and the **lymphatic system**, by its **white pulp**. It lies medial to the stomach.

21.12 Central nervous system (systema nervosum centrale, CNS)

As in mammals, the central nervous system of birds consists of the **brain** and **spinal cord** (▶ Fig. 21.34). Aside from this organisational similarity, several distinguishing morphological features are evident.

The brain of birds is **lissencephalic** (smooth, lacking gyri). The total weight of the brain is less than that of the two eyes combined, and that of the spinal cord. Many functions regulated by the brain in mammals are mediated at **the level of the spinal cord** in birds, occurring as **reflex arcs**. Birds are **strongly visual animals**.

21.12.1 Brain (encephalon)

The brain of birds has the same subdivisions as that of mammals. There are also **twelve pairs of cranial nerves**, though these exhibit considerable species variation.

The **optic nerve** (n. opticus) transmits nerve impulses from the retina to the diencephalon. It is formed from the initially unmyelinated axons of the multipolar ganglion cells of the retina. The nerve fibres acquire a myelin sheath upon penetrating the sclera. The optic nerve is the **largest of the cranial nerves**; the combined cross-sectional surface area of the two optic nerves is greater than that of the cervical spinal cord. At the substantial **optic chiasm** (chiasma opticum), located just rostral to the hypophysis, **complete decussation of nerve fibres** takes place.

21.12.2 Spinal cord (medulla spinalis)

The spinal cord of birds is the same length as the vertebral column, coursing from the foramen magnum to the last caudal vertebra. The spinal nerves extend laterally from the spinal cord; there is **no cauda equina**.

The grey matter of the spinal cord is arranged in layers. **Segmentation** can be distinguished to **some degree**.

The **cervical intumescence** (intumescentia cervicalis) is larger in flying birds; in ratites, the **lumbosacral intumescence** (intumescentia lumbosacralis) is the more substantial of the two. At the level of the lumbosacral intumescence, the left and right dor-

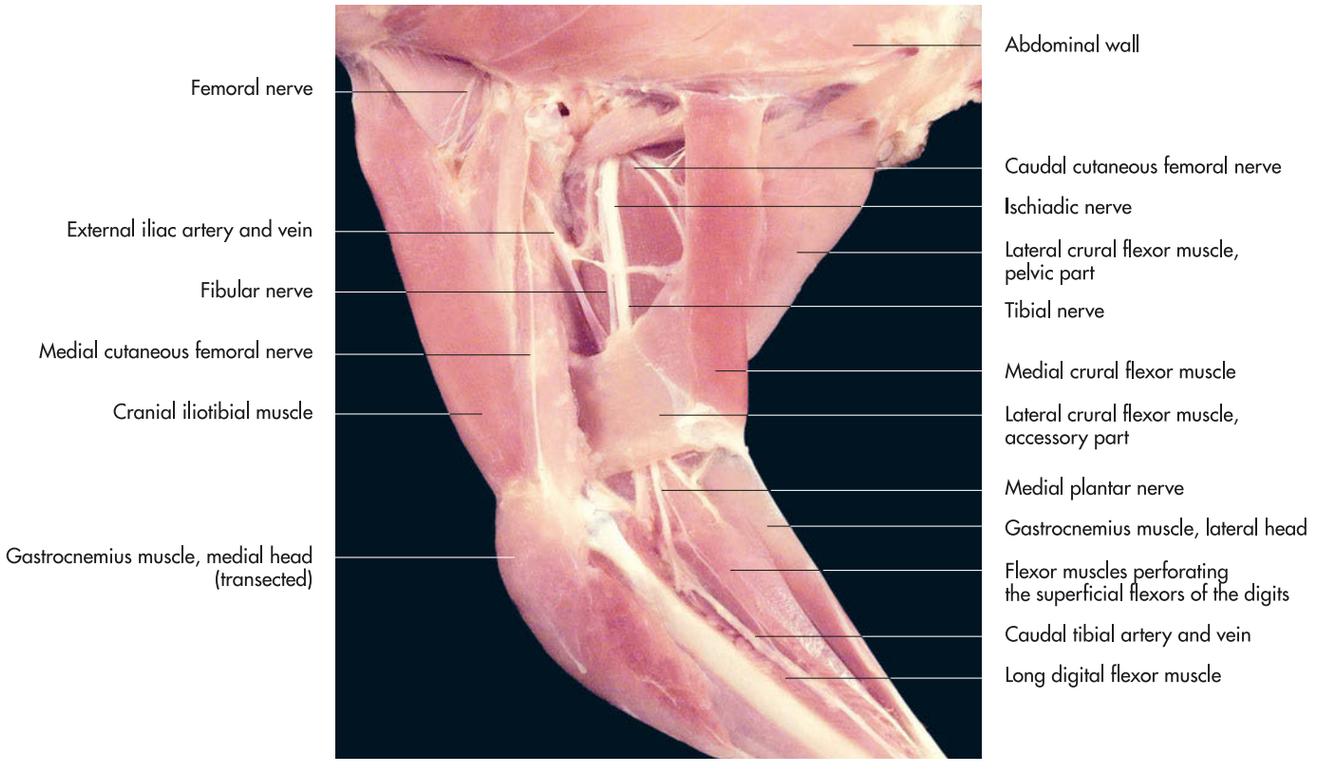


Fig. 21.35 Muscles of the proximal pelvic limb of the chicken (medial view, iliofibular muscle [m. iliofibularis] and medial portion of gastrocnemius muscle [m. gastrocnemius, pars medialis] partly resected) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

sal funiculi of the white matter diverge. The intervening space, known as the **rhomboidal sinus** (sinus rhomboideus), is occupied by the **gelatinous body** (corpus gelatinosum). The nerves of the lumbosacral plexus (plexus lumbosacralis), the lumbar plexus (plexus lumbalis) and the pudendal plexus (plexus pudendus) are closely associated with the kidneys, coursing through the renal parenchyma (▶ Fig. 21.35).

Clinical note

Virally induced damage of the lumbosacral plexus and ischiadic nerve (n. ischiadicus) **("Marek's disease")** results in paralysis of the pelvic limbs. Vagus nerve damage may result in overfilling of the crop **(pendulous crop)**, which becomes grossly enlarged.

21.13 Endocrine glands (glandulae endocrinae)

The avian endocrine organs (▶ Fig. 21.36), like those of mammals, are characterised by a **glandular structure**, a **rich vascular supply** and the **absence of excretory ducts** (glandulae sine ductibus). Some minor modifications are observed in birds.

As in mammals, the **pituitary gland** (hypophysis) and **pineal gland** (epiphysis) are closely associated with the brain. The thyroid gland is situated near the base of the neck at the thoracic inlet. The parathyroid glands and ultimobranchial bodies lie caudal to the thyroid gland.

The **adrenal glands** are located at the caudal border of the lung.

21.14 Eye (organum visus)

Birds rely heavily on sight; thus, the **visual sense** is particularly **well developed**. Although the basic structure of the avian and mammalian eye is similar, several distinguishing features are evident in birds (▶ Fig. 21.37 and ▶ Fig. 21.38).

In most birds, the **eyeball** (bulbus oculi) constitutes a greater proportion of the weight of the head than it does in mammals (1% in humans, 7–8.5% in chickens, 17–21.5% in pigeons and up to 22–32% in raptors and owls). The bony orbits of birds are correspondingly large.

The **bulbus oculi** of birds resembles a rotational ellipsoid, in which the diameter at the equator is greater than the longitudinal diameter. Its **anterior portion** (bulbus oculi anterior) has a smaller radius of curvature than the **posterior portion** (bulbus oculi posterior), which incorporates the dish-like fundus.

The shape of the bulbus oculi varies with species; **flat**, **globose** and **tubular forms** are recognised (▶ Fig. 21.38).

As the eyeballs occupy a relatively lateral position on the head, the **visual field** is **monocular**. In many bird species, the mobility of the cervical vertebrae allows the field of vision to be expanded (up to 360° in some cases).

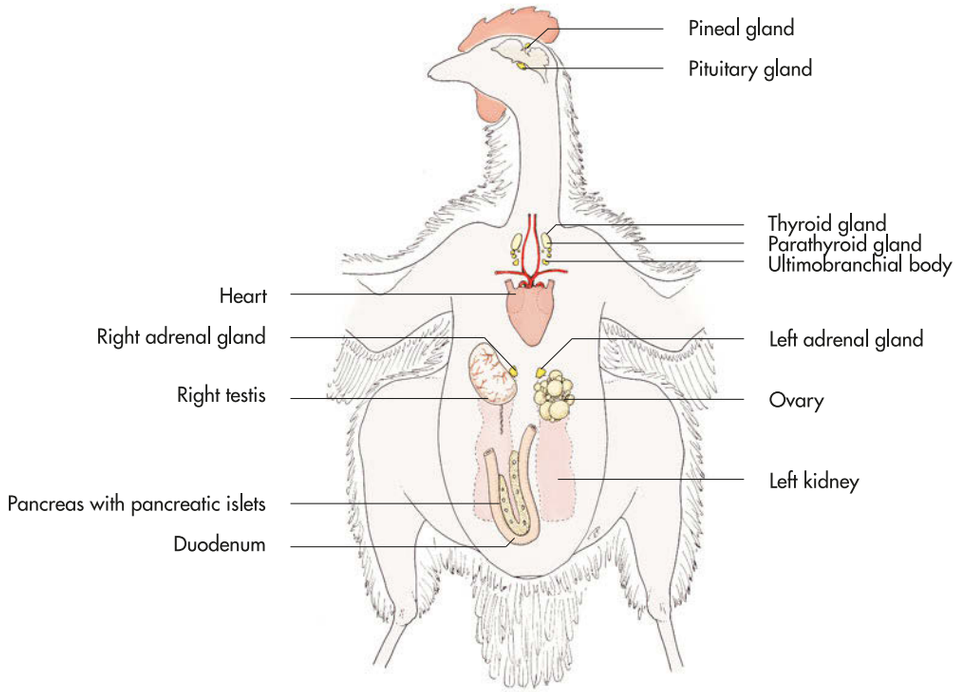


Fig. 21.36 Endocrine glands of the chicken (schematic, ventral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

21.14.1 Sclera

In birds, the sclera (white portion of the outer tunic of the eyeball [tunica fibrosa bulbi]) incorporates an **osseous scleral ring** (anulus ossicularis sclerae). Consisting of 10–18 **individual ossicles** (ossicula sclerae) (▶ Fig. 21.39), the osseous scleral ring connects the anterior and posterior portions of the eyeball across its anular concave region. It serves as a buttress during active compression of the lens in the process of accommodation. A **lamina of hyaline cartilage** (lamina cartilaginea sclerae) is embedded in the posterior portion of the sclera. At the point of entry of the optic nerve, the cartilaginous lamina may become ossified forming the horseshoe-shaped **os nervi optici**.

21.14.2 Middle layer (tunica media)

As in mammals, the diameter of the pupil is regulated by the **sphincter** and **dilator muscles of the iris** (mm. sphincter and dilatator pupillae). In birds, these muscles are predominantly **striated**, enabling them to be voluntarily controlled and thus to **adjust more quickly to changes in light exposure**. Representing a further contrast with mammals, the **ciliary muscle** (m. ciliaris) is **also striated** in birds. The ciliary muscle consists of an **anterior component** (m. ciliaris anterior) and a **posterior component** (m. ciliaris posterior). Contraction of the **m. ciliaris anterior** primarily reduces the radius of curvature of the cornea (**corneal accommodation**). The **m. ciliaris posterior** acts on the lens to increase its convexity (**lenticular accommodation**).

21.14.3 Inner layer (tunica interna bulbi, retina)

The avian retina (▶ Fig. 21.37) contains several **types of cone cells** that exhibit different species-specific absorption spectra. They are believed to act as intraocular chromatic filters. This function, considered to be attributable to coloured oil droplets within the cone cells, confers upon birds the capacity for **tetrachromatic** (possibly **pentachromatic**) **perception of light**. Additional colourless oil droplets have been linked with the ability to perceive **ultraviolet light**.

A further distinguishing characteristic of the avian eye is the complete decussation of the optic nerves at the optic chiasm. Thus, a true **consensual pupillary light reflex** is **not observed** in birds. In addition, efferent nerve fibres pass from the nucleus isthmo-opticus in the mesencephalon to the retina. These have been associated with an increase in visual acuity and performance.

Pecten (pecten oculi)

The pecten (pecten oculi), a structure that projects into the vitreous body from the oval entry point of the optic nerve (▶ Fig. 21.37), is a highly distinctive feature of the eye of birds. Only the **"conus papillaris"**, found in the eye of many reptiles, bears **similarity with the avian pecten**.

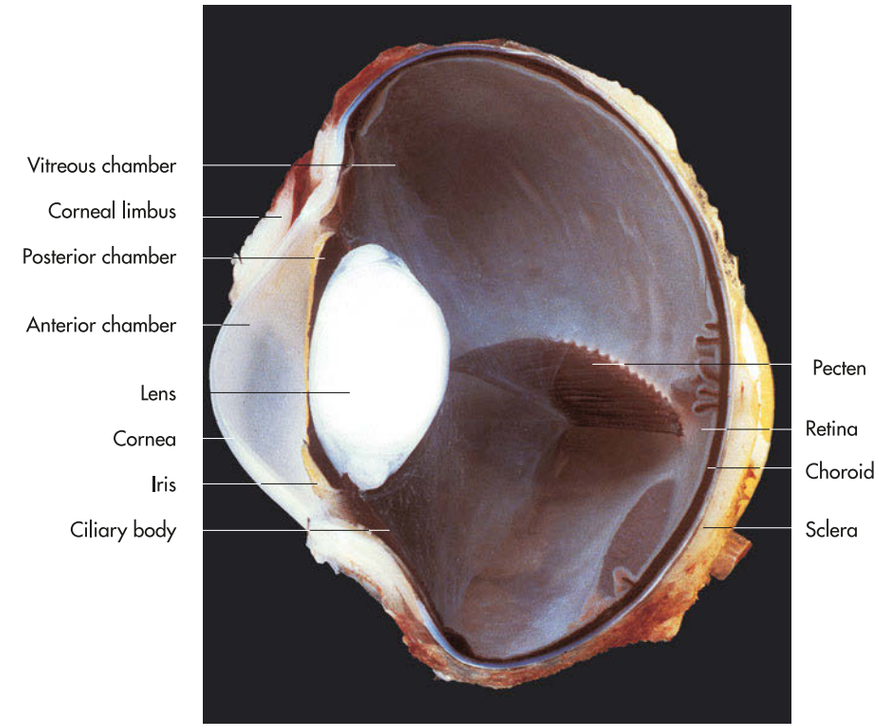


Fig. 21.37 Eyeball of a chicken (meridional section) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

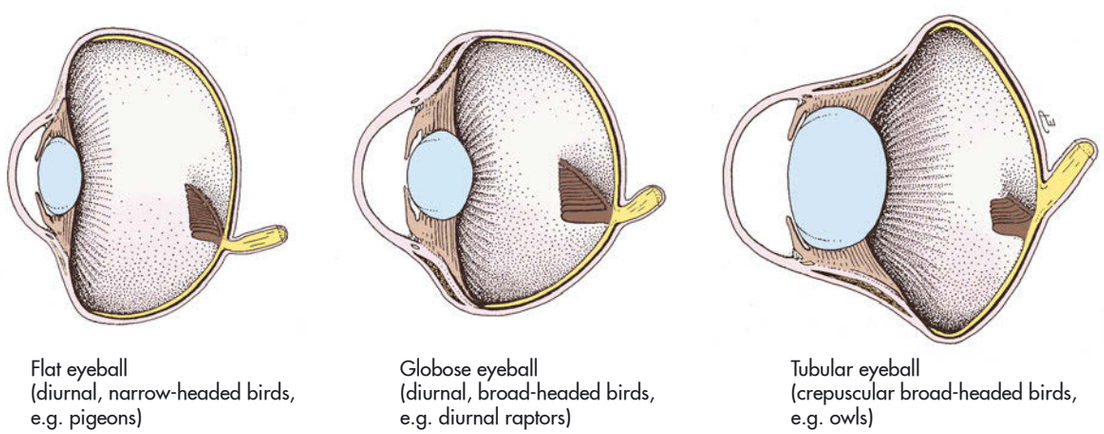


Fig. 21.38 Flat (left), globose (middle) and tubular (right) forms of the eyeball (meridional section) and anatomical relationships and appearance of the pecten (schematic); fig. based on data from Walls, 1942 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

The pecten consists of a glial scaffold that houses a dense network of capillaries. In most species, it is pigmented (brown or black).

The functions of the pecten include **nourishment** of the vitreous body (corpus vitreum) and avascular retina and **regulation of intraocular pressure and temperature**.

21.15 Ear (organum vestibulocochleare)

The senses of hearing and balance are well developed in birds; both are of considerable importance in **flying**, **swimming** and **recognition** (e.g. of young) (▶ Fig. 21.39, ▶ Fig. 21.40 and ▶ Fig. 21.41).

21.15.1 External ear (auris externa)

The **pinna** is **absent in birds**. In the chicken, the **auditory aperture** (apertura auris externae) is surrounded by a **red** or **white ear lobe**. In most birds, this opening is covered by **modified contour feathers**. The **tympanic membrane** (membrana tympanica) is fused to the surrounding bone and is tensioned by the **muscle of the columella** (m. columellae).

21.15.2 Middle ear (auris media)

The middle ear (▶ Fig. 21.40) encloses the air-filled **tympanic cavity** (cavitas tympanica), into which the **auditory tube** (tuba auditiva) opens. The auditory tube connects the tympanic cavity with the oropharynx, via the infundibular cleft. A **single auditory ossicle**, the **columella**, spans the tympanic cavity. In birds, the

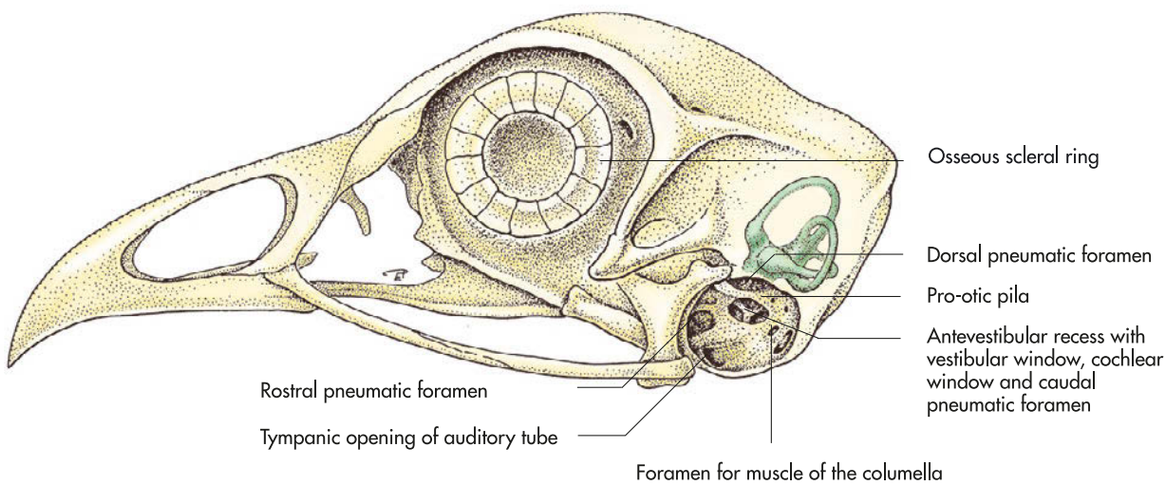


Fig. 21.39 Anatomical relationships of the vestibulocochlear organ in the chicken (schematic) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

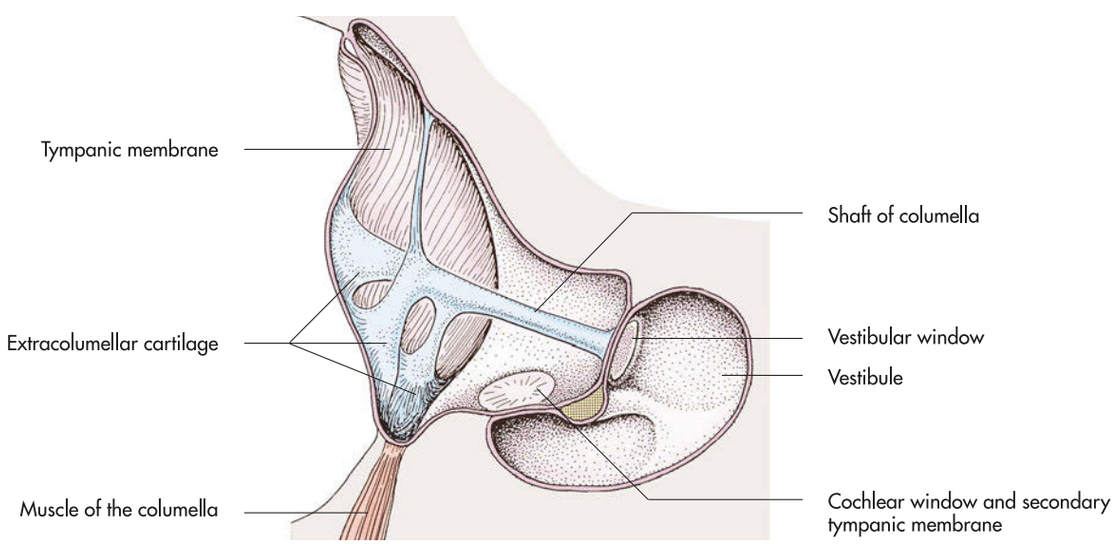


Fig. 21.40 Section of the left middle ear of a chicken (schematic); fig. based on data from Schwarze and Schröder, 1978 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

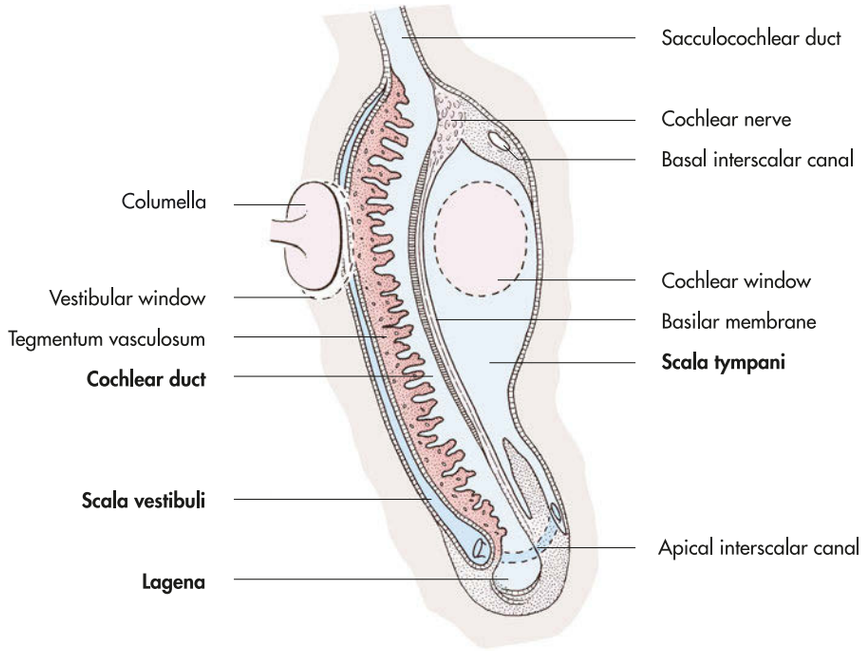


Fig. 21.41 Internal ear of the chicken (schematic); fig. based on data from Evans, 1982 (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

(**round**) **cochlear window** is located immediately adjacent to the (**oval**) **vestibular window**. Pressure from sound waves is transmitted by the base of the columella to the perilymph. Compression of the perilymph results in bulging of the **secondary tympanic membrane** (membrana tympanica secundaria).

21.15.3 Internal ear (auris interna)

The internal ear encloses the entire vestibular organ and the components of the auditory apparatus that participate in the transduction of sound waves. Its structure is similar to that of mammals. Features that distinguish the internal ear of birds are primarily associated with the cochlear duct (▶ Fig. 21.41).

The **cochlear duct** (ductus cochlearis) extends ventrally from the **sacculus** via the sacculocochlear duct (ductus sacculocochlearis). It is a **tubular structure** that ends, at the tip of the cochlea, in the **vesicular lagena**. The cochlear duct is bordered by rostral and caudal cartilaginous ledges. This arrangement gives rise to the narrow **scala vestibuli** and the **scala tympani**. At the apex of the cochlea, the scalae communicate via the **apical interscalar canal** (canalis apicalis), the equivalent of the helicotrema of mammals. The **cochlear duct** is separated from the scala vestibuli by the **tegmentum vasculosum** (corresponds to Reissner's membrane in mammals).

The **sensory cells** of the cochlea are located on the **basilar membrane** (membrana basilaris). Bipolar cells of the **cochlear ganglion** (ganglion cochleare) give rise to a neural fibre network at the base of the sensory cells.

21.16 Common integument (integumentum commune)

Most of the avian body is covered with **feathers** (**pennae**) (▶ Fig. 21.43 and ▶ Fig. 21.44). Feathers enable flight and contribute to thermoregulation by providing insulation. They also serve as a barrier against irradiation and mechanical, thermal, chemical and biological environmental insults.

21.16.1 Skin and skin appendages

In birds, the following skin and skin appendages can be found:
- skin glands (glandulae cutis),
- accessory structures (appendices integumenti),
- skin folds of the wings (patagia) and
- interdigital webs (telae interdigitales).

Skin glands

Sweat glands are **absent in birds**. **Sebaceous glands** are found in only **three locations**: over the tail (**uropygial gland**, glandula uropygialis) (▶ Fig. 21.42), in the external acoustic meatus (**glandulae auriculares**) and in the cloaca (**glandulae venti**). The cloacal glands produce a mucous secretion.

The **uropygial gland** is present in all chickens and water birds. It is composed of **two lobes**, each with an excretory duct that opens on the unpaired **uropygial papilla** (papilla uropygialis). The oily, holocrine glandular secretion covers the feathers in a fatty film.

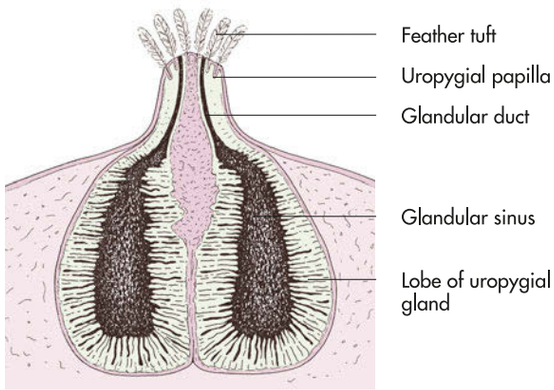


Fig. 21.42 Cross section of the uropygial gland (glandula uropygialis) (schematic) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Accessory structures

Numerous **species-specific accessory cutaneous structures** (appendices integumenti) are found on the head and neck of birds. In domestic birds, these include the:

- comb (crista carnosa),
- wattle (palea),
- cheek- or ear lobe (lobus auricularis),
- snood or frontal process (processus frontalis),
- caruncles (carunculae cutaneae),
- crest or helmet (galea, crista ossea) and
- cutaneous papillae (papillae cutaneae).

The tough, elastic consistency of the **comb**, **wattle** and **ear lobes** is the product of a substantial deep dermal layer (stratum profundum dermidis) incorporating fibromucoid tissue. Networks of sinusoidal capillaries in the superficial layer of the dermis (stratum superficiale dermidis) are responsible for the red colour of these structures.

Patagia

The patagia are membranous folds of skin that span the flexor surfaces of the joints of the wings. At the shoulder, the folds are present on both the extensor and flexor surfaces of the joint. Elastic fibres embedded within the patagia permit the wings to be rested against the body without muscular effort.

Interdigital webs

Particularly in water birds, the spaces between the second, third and fourth toes are bridged by **interdigital webs** (telae interdigitales) that facilitate swimming. In waterfowl, such as geese and ducks, the interdigital webs extend to the tips of the toes.

21.16.2 Featherless body regions

The epidermis is thicker in featherless regions to accommodate the mechanical forces to which these areas are subjected. **Epidermal specialisations** occurring in these regions include the:

- rhamphotheca,
- cere (cera),
- scales (scuta) and small scales (scutella),
- pads (pulvini),
- claws (ungues) and
- spur (calcar metatarsale).

A **horny sheath (rhamphotheca)** forms the epidermal covering of the beak. Its hardness varies with diet. A soft, variably coloured region of skin, the **cere** (cera), is present on the upper beak. In functional terms, the beak replaces the lips, teeth and cheeks of mammals.

An **egg tooth** is present at the rostral end of the upper beak of **newly hatched chicks**. The egg tooth is used to break open the egg shell during hatching. Through the presence of **touch-sensitive receptors** embedded in the rhamphotheca (**bill tip organ**), the beak serves as a **highly sensitive sensory organ**.

Scales (scuta) cover the dorsal surface of the tarsometatarsus and digits; **smaller scales (scutella)**, usually hexagonal in shape, are present on the plantar surface. Scales and scutella constitute the **podotheca**.

When the toes are flexed, the **metatarsal pad** (pulvinus metatarsalis) and **digital pads** (pulvini digitales) conform closely to the underlying surface (branch, perch). The **claws** (ungues) form cone-shaped coverings over the distal phalanx. They are composed of a **dorsal plate** (scutum dorsale) and a **plantar plate** (scutum plantare). **Claws on the wings** (ungues digiti manus) are an occasional atavistic finding in domestic chickens and geese (see also ▶ Fig. 21.5).

The **spur** (calcar metatarsale) is well developed in males. In females, it usually takes the form of a wart-like scale. The spur grows approximately 10 mm per year and can thus be used in estimating age.

21.16.3 Feathered body regions

Feathers

Feathers (▶ Fig. 21.43 and ▶ Fig. 21.44) are a distinguishing feature of all birds. They are related phylogenetically to the scales of reptiles. Due to their many specialised characteristics (lightweight construction, interlocking of the vanes, compliance and conformability), feathers confer upon birds the capacity for flight.

In the following description, a mature contour feather is used to illustrate **basic feather structure** (▶ Fig. 21.44). The components of the contour feather include the:

- shaft (scapus),
- calamus,
- rachis (rhachis) and
- internal and external vexillum.

The feather **shaft** is subdivided into the rounded, hollow **calamus** and the **rachis** (rhachis). A small opening, the **distal umbilicus** (umbilicus distalis) marks the boundary between these two segments. An additional opening, the **proximal umbilicus** (umbilicus proximalis) is present at the proximal end of the calamus.

The **rachis** is **convex-concave** in cross section and contains pith formed from epithelial cells. **Two rows of slender barbs (rami)** extend from the rachis. Each barb bears **two rows of barbules (radii, barbulae)**. The barbules are interconnected, giving rise to the **vexillum**.

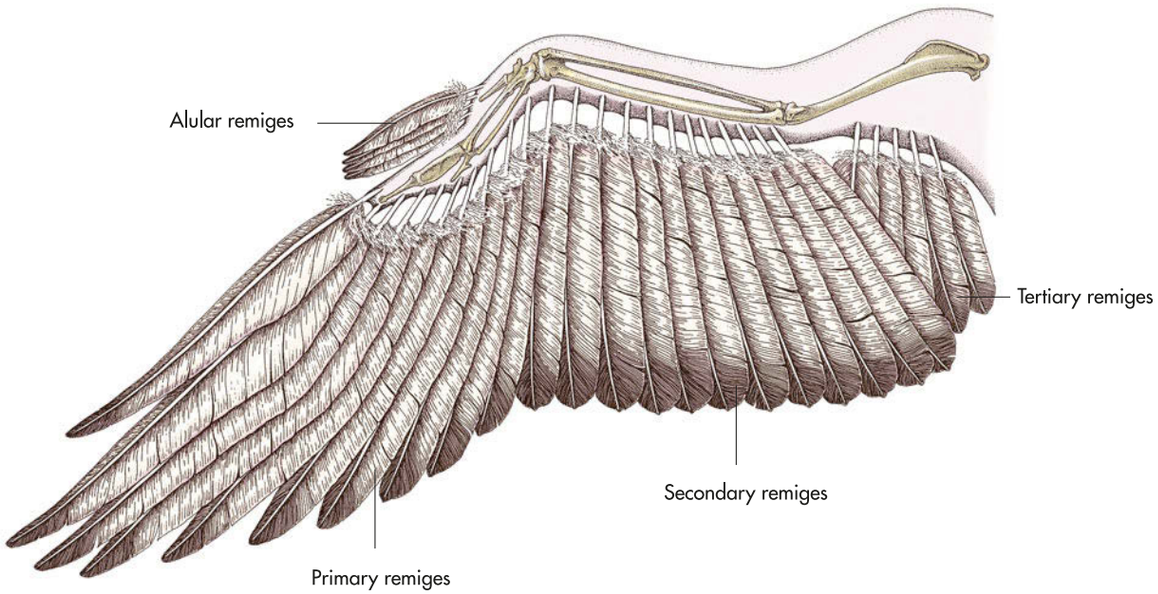


Fig. 21.43 Right wing of a peregrine falcon (Falco [Hierofalco] peregrinus) with skeleton and remiges (schematic, ventral view) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

Types of feathers

Feathers can be classified as follows:

- contour feathers (pennae contornae) with:
  - coverts (tectrices),
  - flight feathers of the wings (remiges) and
  - tail feathers (rectrices);
- down feathers (plumae),
- semiplumes (semiplumae),
- powder down feathers (pluvipulmae or plumae pulveraceae),
- filoplumes (filoplumae) and
- bristles (setae).

Coverts are the most numerous feathers, covering most of the surface of the body. Their size, shape and colour vary greatly depending on their location and function.

The **remiges** are located on the antebrachium (**secondary remiges**), manus (**primary remiges**) and the alula (**alular remiges**). Tertiary or humeral remiges are observed in some birds. The number of remiges is consistent within species.

The remiges have a slightly curved shaft and asymmetrical vexillae. Together, the remiges located in different regions form a continuous surface.

The **rectrices** are the feathers of the tail. **Down feathers** have a large tuft of keratinised filaments at their tip. Definitive (adult) down feathers are particularly numerous in water birds. **Bristles** are found on the head, where they line the base of the beak and form the eyelashes.

Most birds replace their feather coat once a year, commonly after the breeding season. This process, known as **moulting**, is regulated by thyroid hormones.

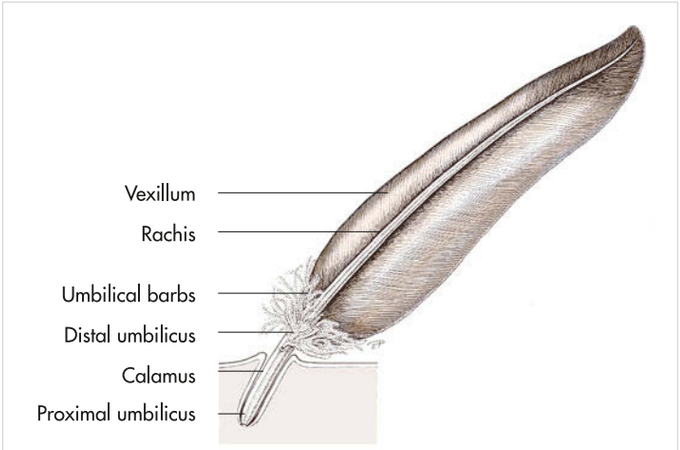


Fig. 21.44 Structure of a feather (penna) based on a flight feather (remex) (schematic) (source: König HE, Korbel R, Liebich H-G. Anatomie der Vögel. 2. Aufl. Stuttgart: Schattauer; 2009).

22 Sectional anatomy and imaging processes

E. Ludewig, Chr. Mülling, S. Kneissl, M.-C. Sora and H. E. König

22.1 Plastination in science

The ancient human need to remind posterity of ourselves is as old as humanity itself: prehistoric rock paintings, Egyptian mummy cults, ancient art collections or historical monuments provide sufficient testimonials of this tradition to this day. It is also not surprising that in all civilisations there is an additional desire to protect one's own body and the bodies of relatives from decomposition, or at least to slow down the process. The body should not suddenly become something utterly transitory just because of death.

At the same time humans, especially in modern times, tend to suppress thoughts of death. In turn, the wish to preserve one's body beyond death also declines.

The deceased are burned, buried, or embalmed. After burial, the body decays within the life span of the next generation. Embalmment with formalin solutions delays the onset of decomposition and drying by several months, and in an air-tight crypt even by several years.

With the development of **plastination** by Gunther von Hagens (Professor for Anatomy, Dalian Medical University, China), a new era in the conservation of human (and in recent years also animal) bodies has begun. Plastination developed in the 1980s as an answer to new requirements on section modelling which were confronting anatomy. Today, further development of the plastination process can produce permanent preparations of organs and whole bodies which are far superior in quality to conservation methods previously known, such as plastic block moulding or wax impregnation.

Plastination is a very elaborate and complex process which requires a great deal of knowledge and experience. In the course of this preparation technique, a high-grade polymer replaces the body's own tissue fluids in a vacuum and the polymerisation process ultimately permanently protects every body cell of the specimen, and hence the entire body of the person or animal, from decomposition.

Body cells and natural surface relief remain in their original form and are preserved into the microscopic range, and the structural state after plastination is largely identical to the state before conservation.

Today, plastination is applied world-wide in more than 400 institutes of anatomy, pathology, biology and zoology.

The International Society for Plastination was founded in 1986. The journal of the society, the "Journal of the International Society for Plastination", has appeared since 1987.

Plastination, a **process for preserving dead human or animal organs and organ systems up to whole bodies**, has also been employed for commercial purposes in recent years. Anatomical preparations have been presented in public exhibitions which are often quite remote from academic presentations. These practices have often met with harsh criticism from ethical as well as legal perspectives.

However, the plastination process can be employed far more suitably for the **production of teaching and demonstration material**, which is of great didactic value in anatomical exercises of human and veterinary medicine. There are a multitude of process technologies that can be applied today – from whole-body plastination to plastination of individual organs or organ systems up to the plastination of sections.

With the help of diamond saws, anatomical slices with a width as small as 0.5 mm can be produced by **slice plastination**, permitting close examination of the finest anatomical structures in the **three-section dimensions of space** (transversal, sagittal, and longitudinal) even with the naked eye (▶ Fig. 22.1, ▶ Fig. 22.3, ▶ Fig. 22.8, ▶ Fig. 22.18, ▶ Fig. 22.19, ▶ Fig. 22.40 and ▶ Fig. 22.42).

Slice plastination is also a suitable process for more easily and precisely assigning the anatomical basic structures of organs and organ systems by using the findings collected with the help of modern imaging processes such as computer tomography (CT), magnetic resonance imaging (MRI), or ultrasound sonography (US). In addition, three-dimensional images can also be created from a sequence of plastination slice series, which then can serve as **anatomical templates** to interpret **digital 3-D reconstructions** of CT and MRI images.

This technology is enormously helpful for teaching purposes and in clinics, since it opens up the possibility of creating interrelationships between topographic-anatomical structure images and digitally-created images for students as well as for medical professionals in practice.

In sectional anatomy, regions for improved didactic understanding are also reproduced by schematic drawings in various cutting planes (▶ Fig. 22.5, ▶ Fig. 22.6, ▶ Fig. 22.7, ▶ Fig. 22.10, ▶ Fig. 22.11, ▶ Fig. 22.12, ▶ Fig. 22.13, ▶ Fig. 22.14, ▶ Fig. 22.15, ▶ Fig. 22.16, ▶ Fig. 22.17, ▶ Fig. 22.20, ▶ Fig. 22.21, ▶ Fig. 22.22 and ▶ Fig. 22.23).

Slice plastination can also be employed for **scientific research purposes**. The great advantage of this process is that it does not alter the position of anatomical structures relative to one other. Structures of the connective tissue and their integration in the periosteum, for example, remain preserved.

The connective tissue between the structures is also not destroyed as it would be, for example, with conventional dissection or with corrosion preparations. Plastinated preparations also preserve the individual anatomical structures to a high degree and permit a more precise representation of the topographic-anatomical location. In addition, lumen-containing structures such as blood and lymphatic vessels, cavities in the area of the central nervous system or synovial cavities can also be filled before plastination and be made better visible.

A certain structural three-dimensionality can already be recognised for transparent, colour-fast fine sections with a thickness of only 2 mm. Plastinated fine sections can be examined at low optical magnification, scanned in directly, photographed, interpreted and statistically processed. Slice plastination is the method of choice, especially for the representation of fine anatomical structures that lie within a size range between microscopic and macroscopic. The expression **"mesoscopy"**, which is not recognised everywhere, was created for this range.

Large-scale overviews and detailed measurements of the structures of entire regions and bodily parts can also be created with

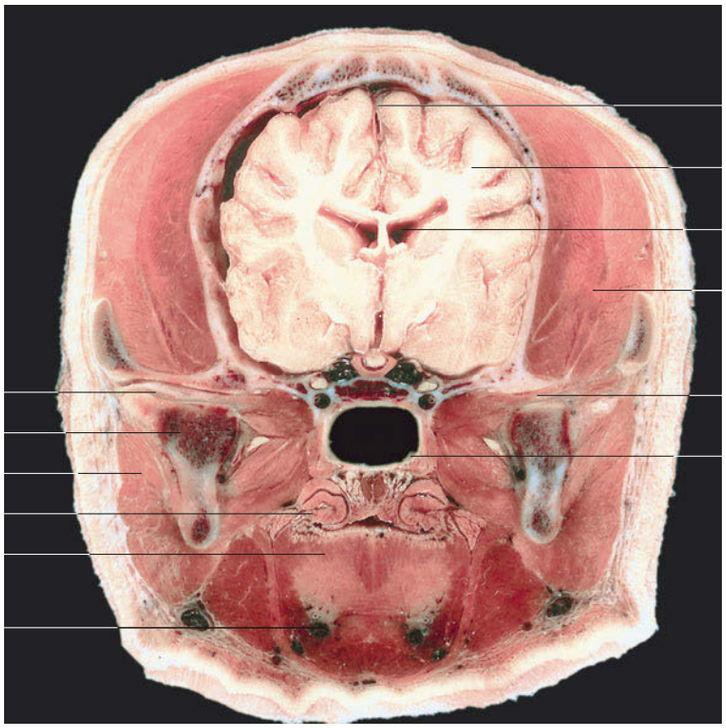


Fig. 22.1 Transverse section through the head of a dog at the level of the temporomandibular joint (S-10 slice plastination); preparation Prof. Dr. W. Künzel, Vienna.

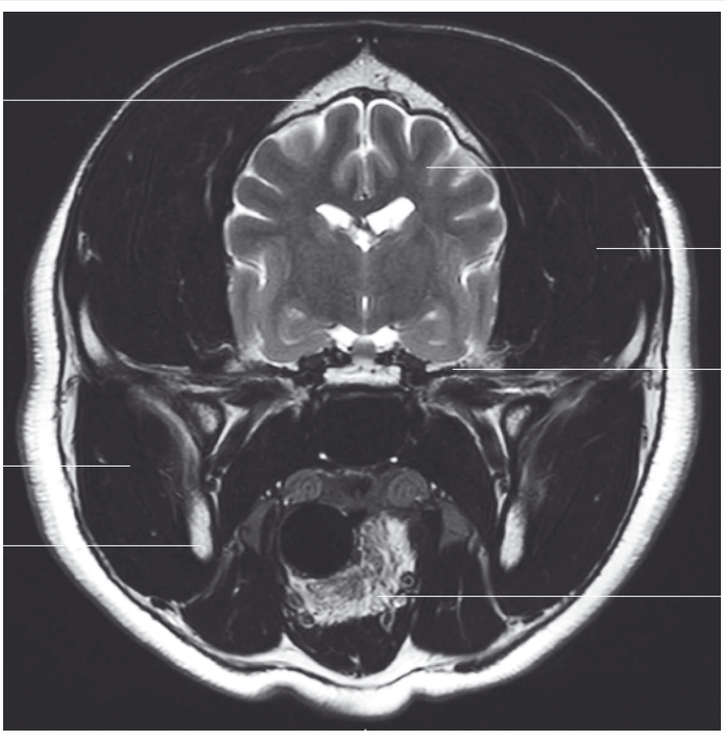


Fig. 22.2 Magnetic resonance imaging (MRI) of the head of a dog (transverse section at the level of the temporomandibular joint, T1-weighted image).

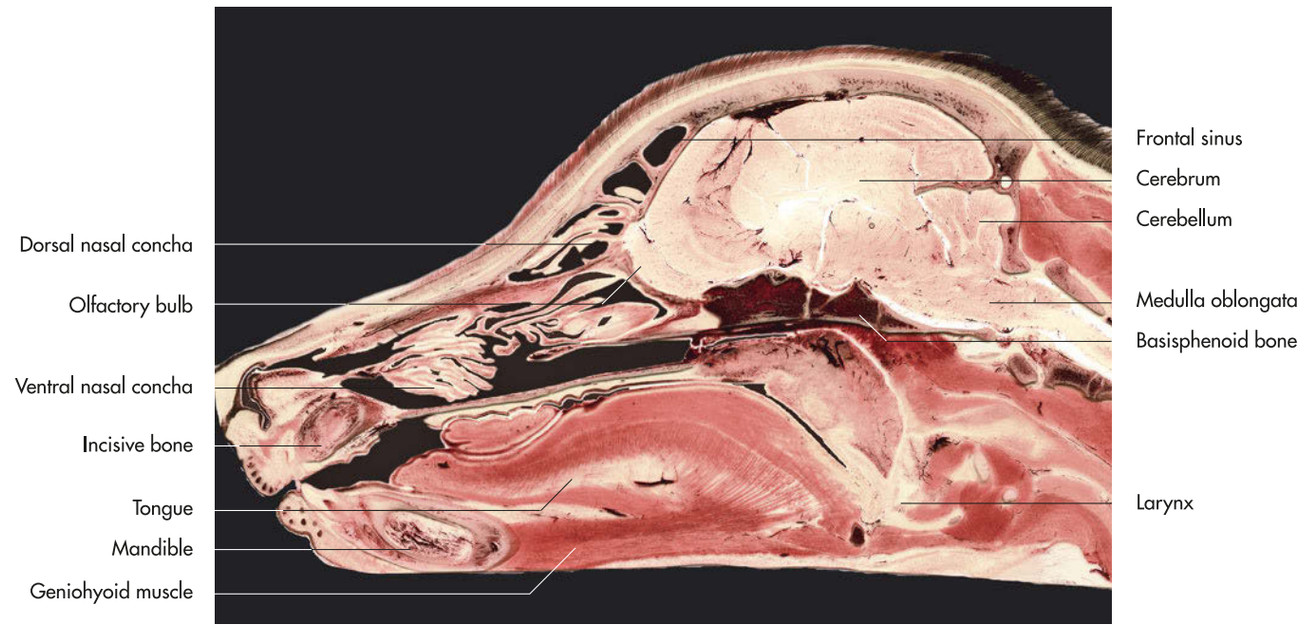


Fig. 22.3 Paramedian section through the head of a dog (E-12 slice plastination).



Fig. 22.4 Magnetic resonance imaging (MRI) of the head of a dog (paramedian section, T1-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

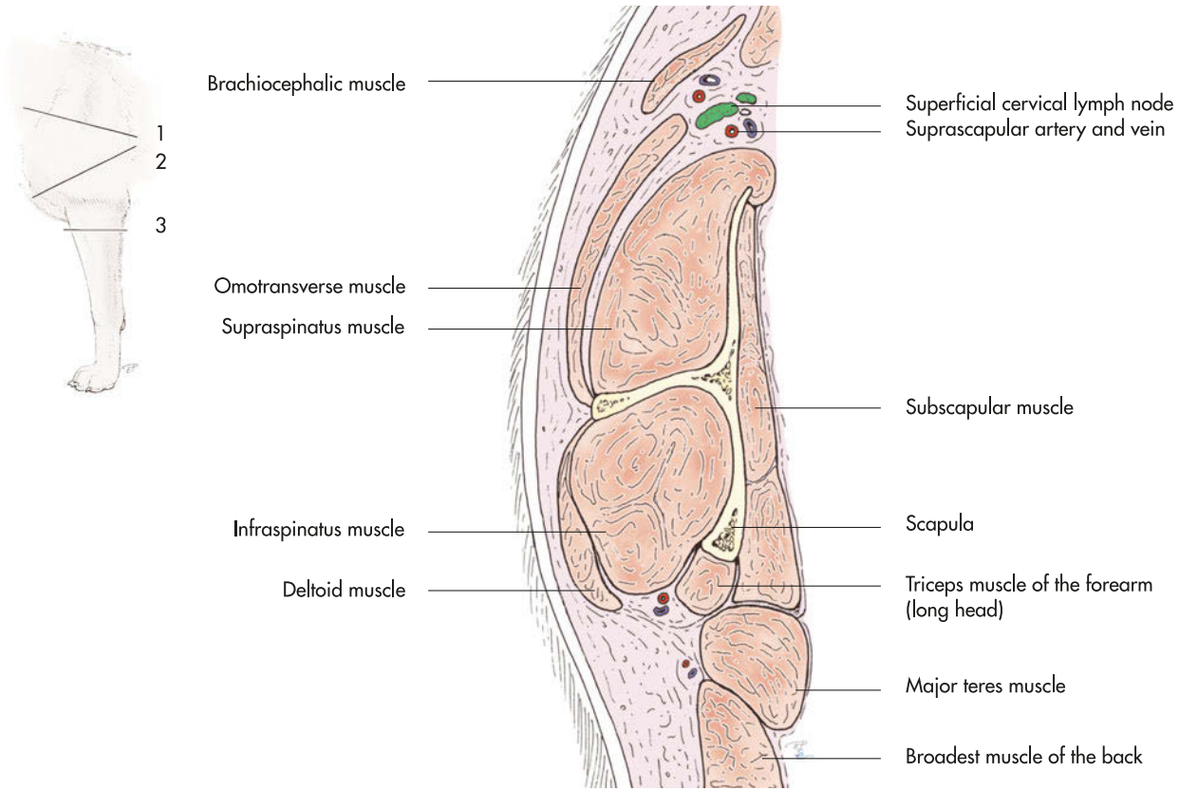


Fig. 22.5 Sectional anatomy of the left thoracic limb of the dog (cross-section plane 1 of the scapular region, see insert).

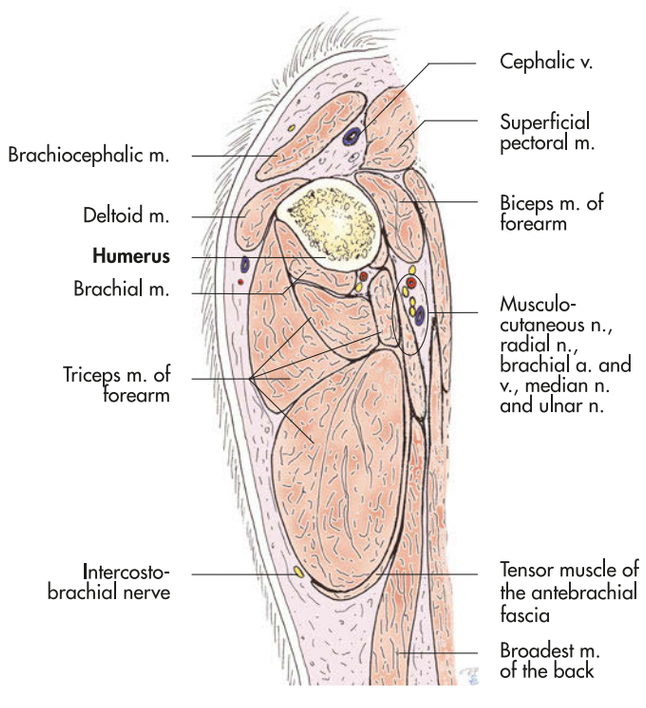


Fig. 22.6 Sectional anatomy of the left thoracic limb of the dog (cross-section plane 2 of the brachial region, see insert ▶ Fig. 22.5).

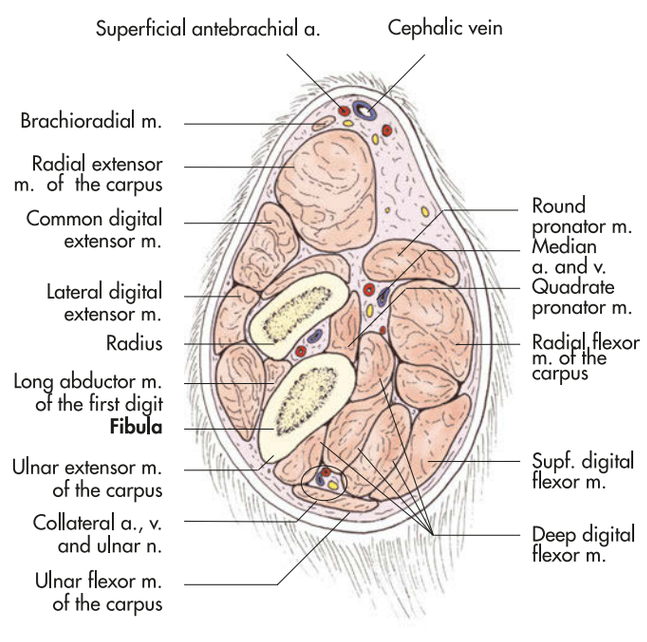


Fig. 22.7 Sectional anatomy of the left thoracic limb of the dog (cross-section plane 3 of the brachial region, see insert ▶ Fig. 22.5).

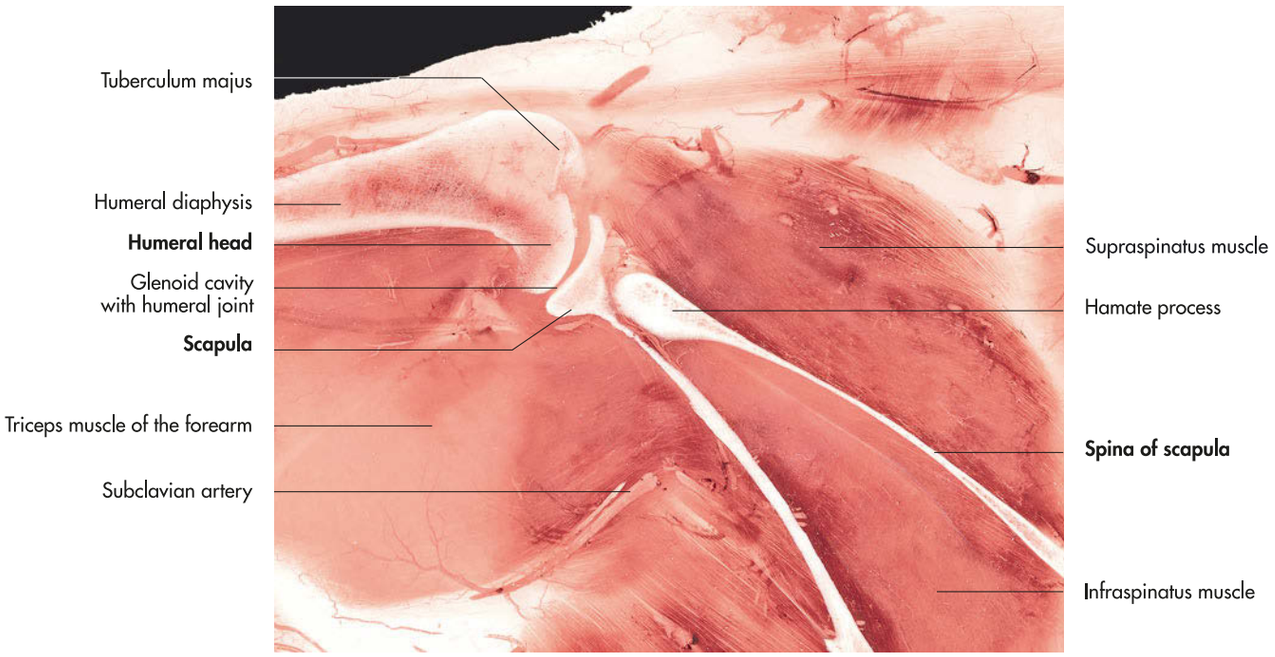


Fig. 22.8 Shoulder joint of a dog (E-12 slice plastination, injected blood vessels); preparation H. Obermayer, Munich.

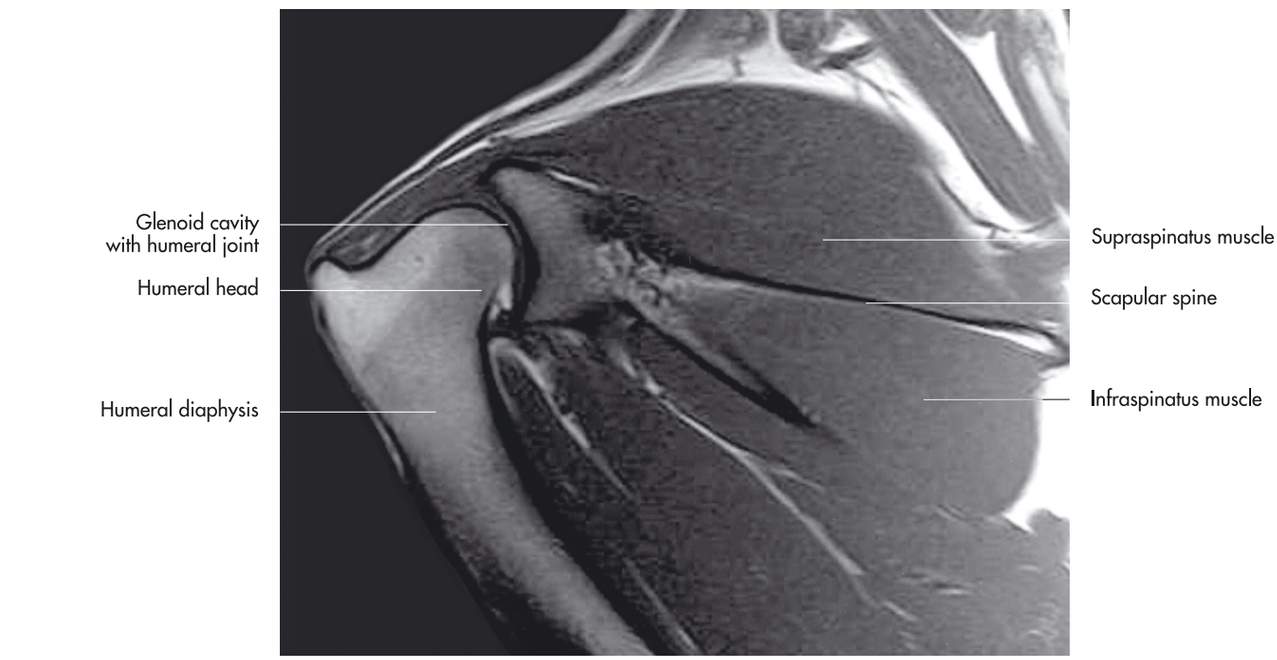


Fig. 22.9 Magnetic resonance imaging (MRI) of the shoulder joint of a dog (T1-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

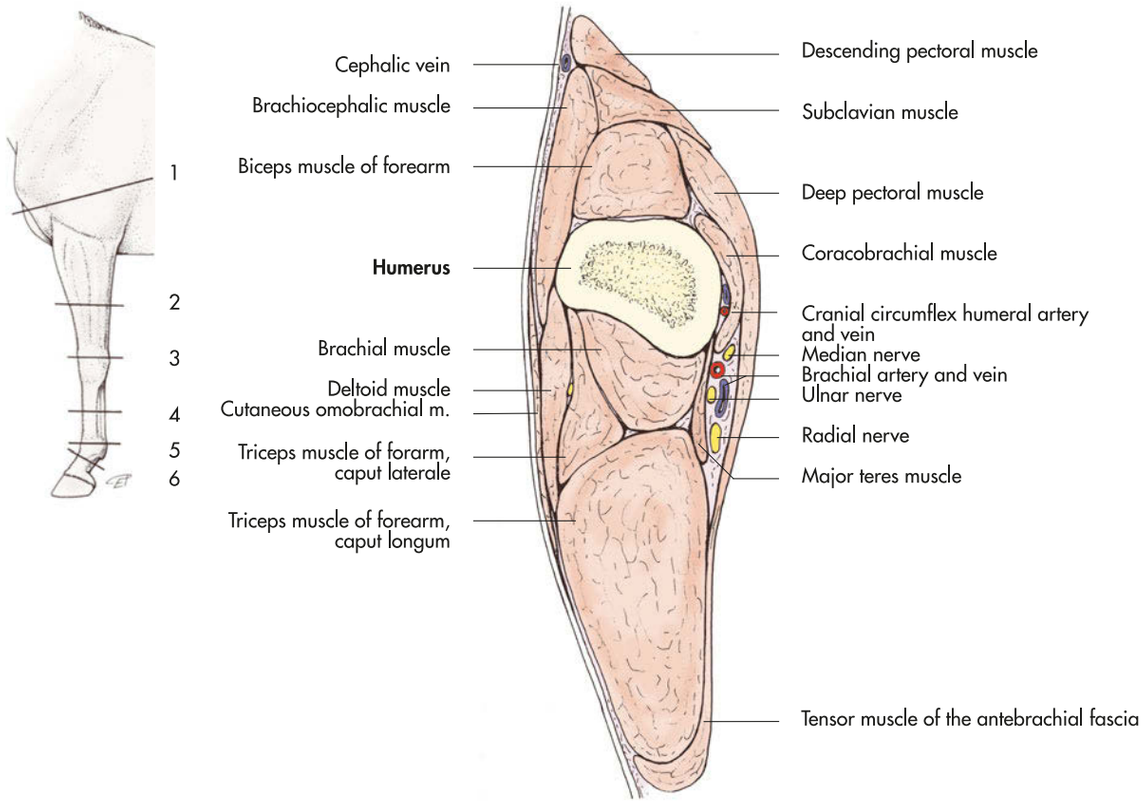


Fig. 22.10 Sectional anatomy of the left thoracic limb of the horse (cross-section plane 1 of the brachial region, see insert).

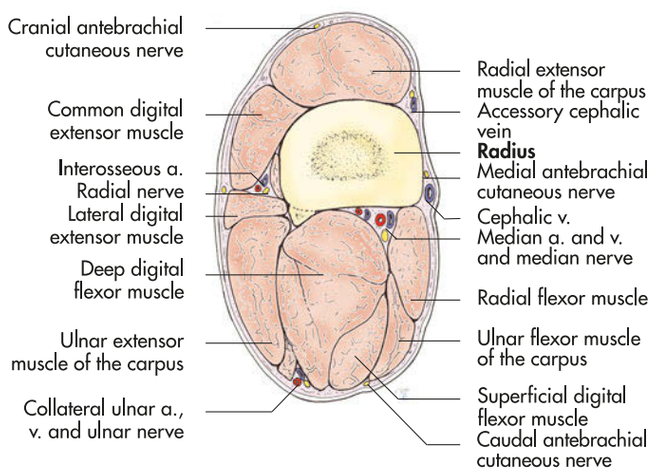


Fig. 22.11 Sectional anatomy of the left thoracic limb of the horse (cross-section plane 2 of the antebrachial region, see insert ▶ Fig. 22.10).

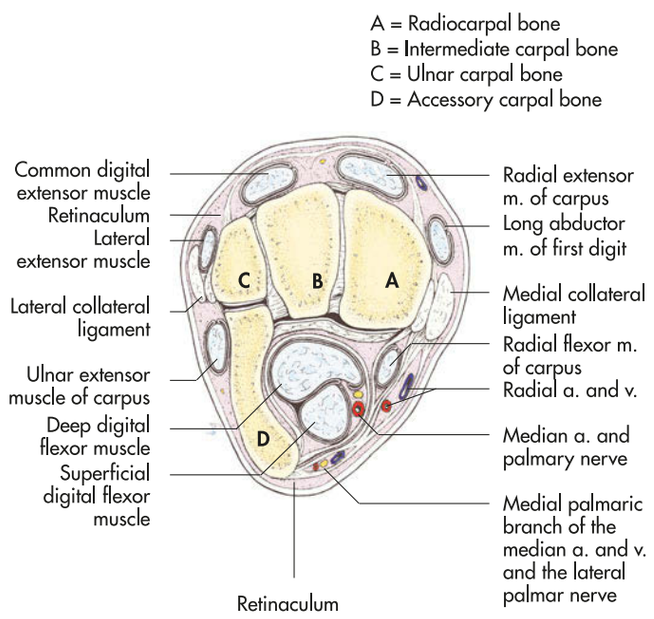


Fig. 22.12 Sectional anatomy of the left thoracic limb of the horse (cross-section plane 3 of the carpal region, see insert ▶ Fig. 22.10).

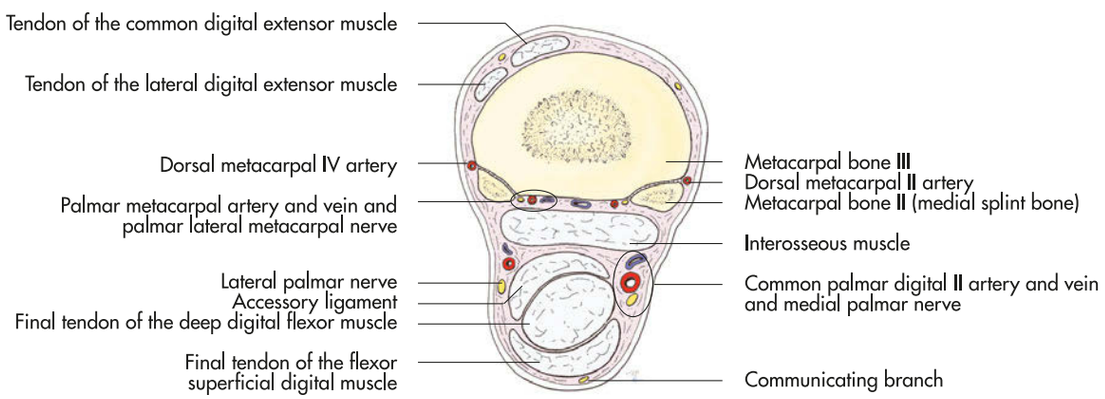


Fig. 22.13 Sectional anatomy of the left thoracic limb of the horse (cross-section plane 4 of the metacarpal region, see insert ▶ Fig. 22.10).

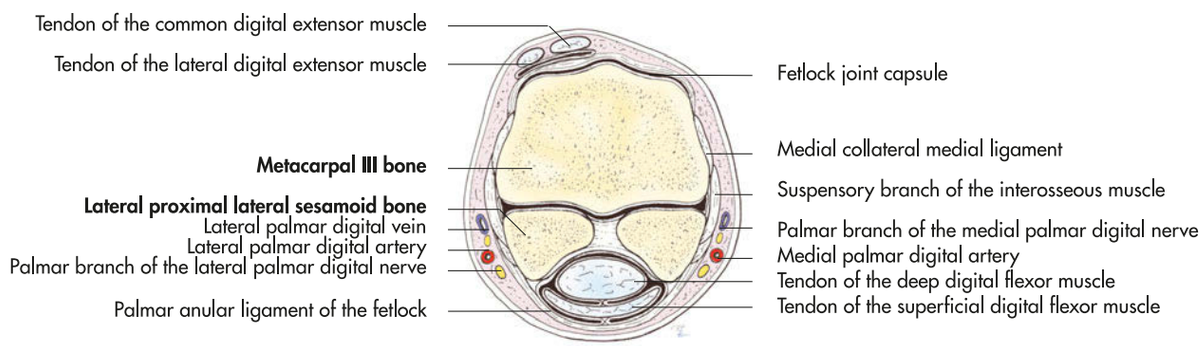


Fig. 22.14 Sectional anatomy of the left thoracic limb of the horse (cross-section plane 5 of the phalangeal region, see insert ▶ Fig. 22.10).

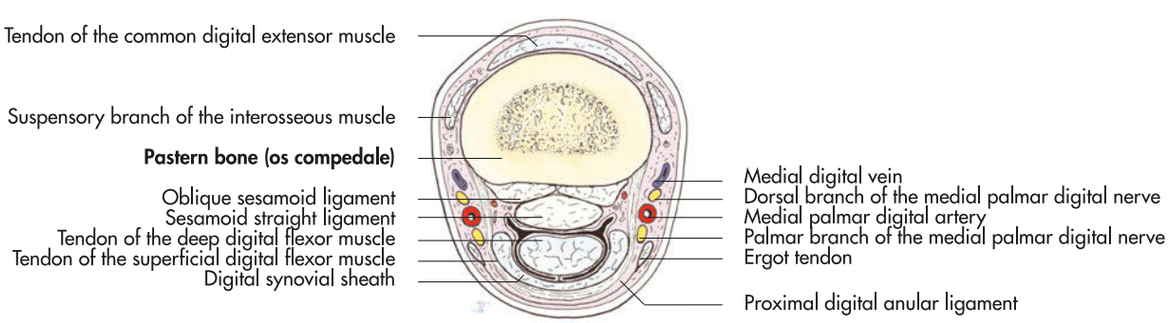


Fig. 22.15 Sectional anatomy of the left thoracic limb of the horse (cross-section plane 6 of the phalangeal region, see insert ▶ Fig. 22.10).

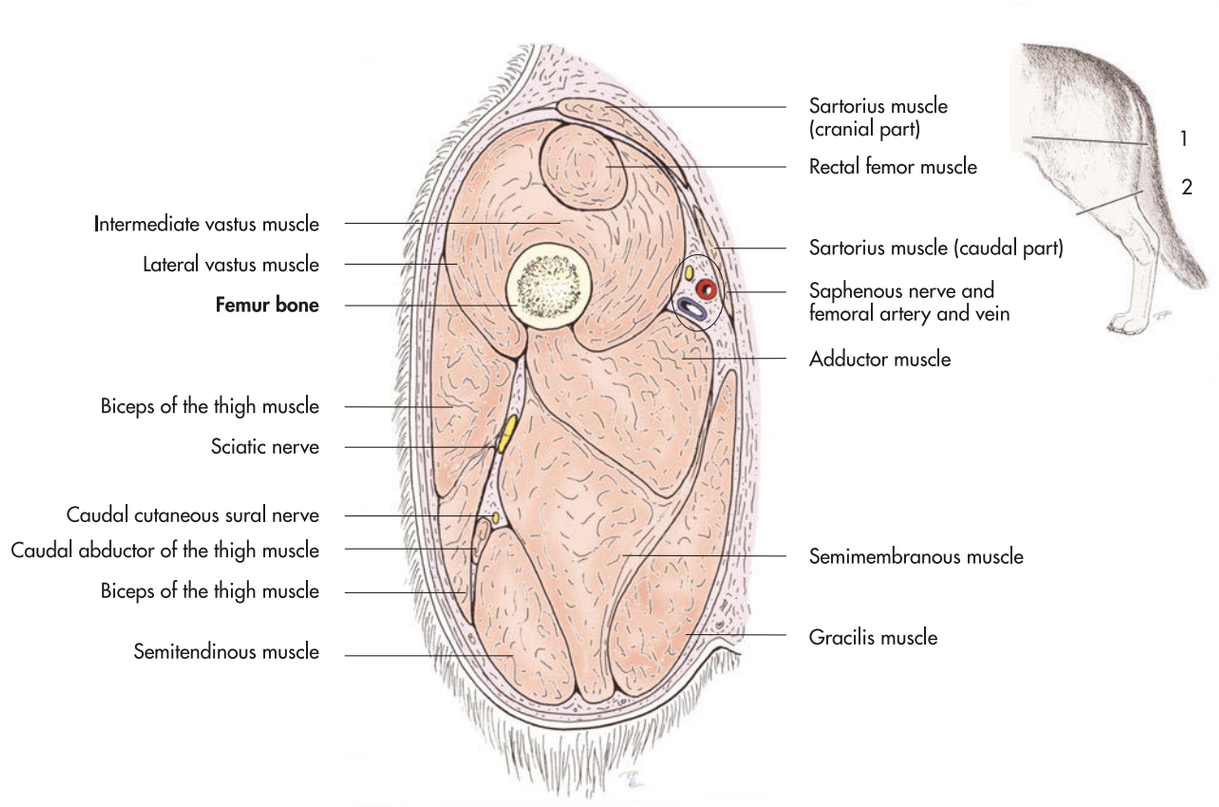


Fig. 22.16 Sectional anatomy of the left pelvic limb of the dog (section level 1 of the femoral region, see insert).

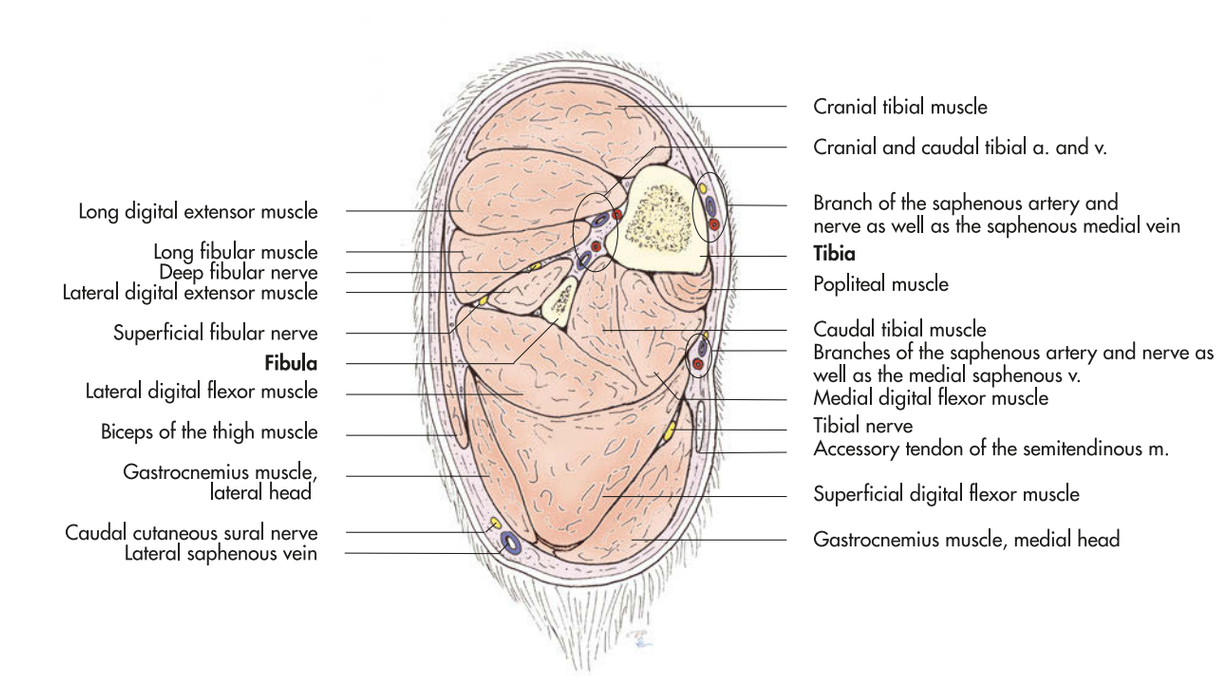


Fig. 22.17 Sectional anatomy of the left pelvic limb of the dog (section level 2 of the crural region, see insert ▶ Fig. 22.16).

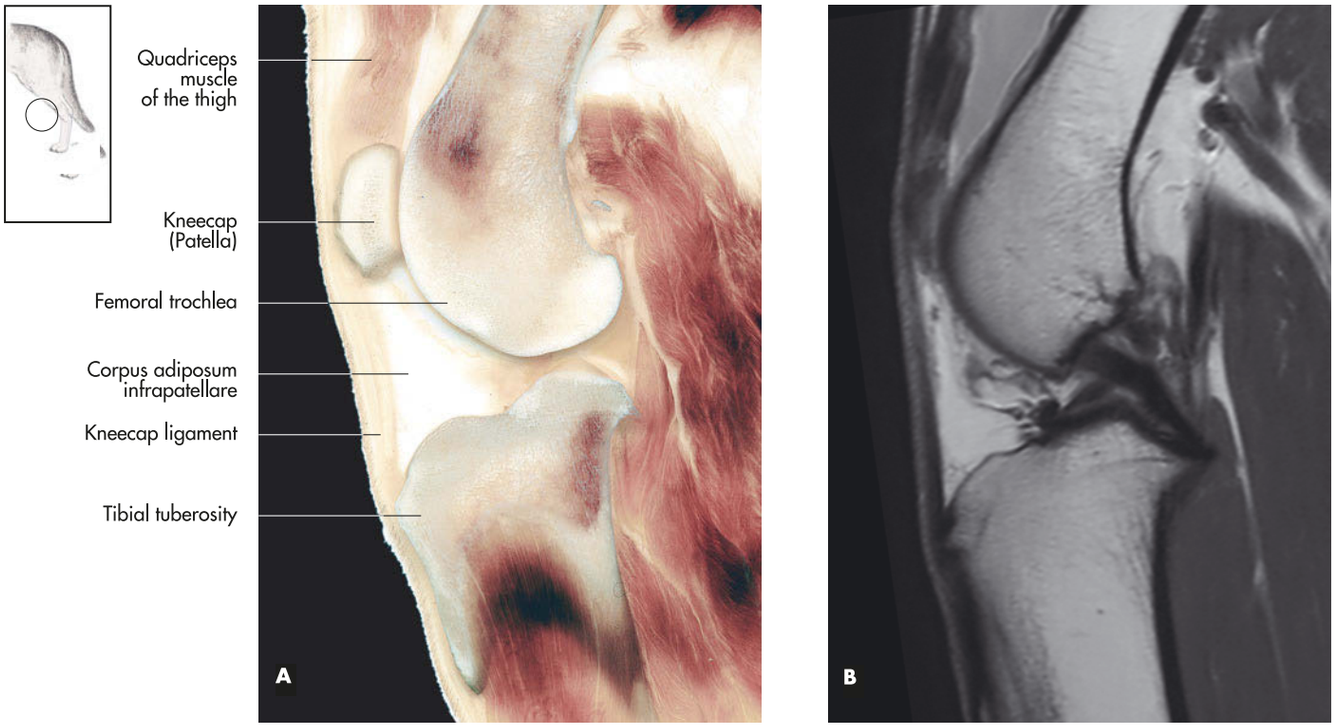


Fig. 22.18 Sagittal section through the stifle joint of a dog: **(A)** E-12 slice plastination and **(B)** magnetic resonance imaging (MRI, proton density-weighted image).



Fig. 22.19 Sagittal section through the toes of a dog: **(A)** E-12 slice plastination; preparation H. Obermayer, Munich; and **(B)** magnetic resonance imaging (MRI, paramedian section, T1-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

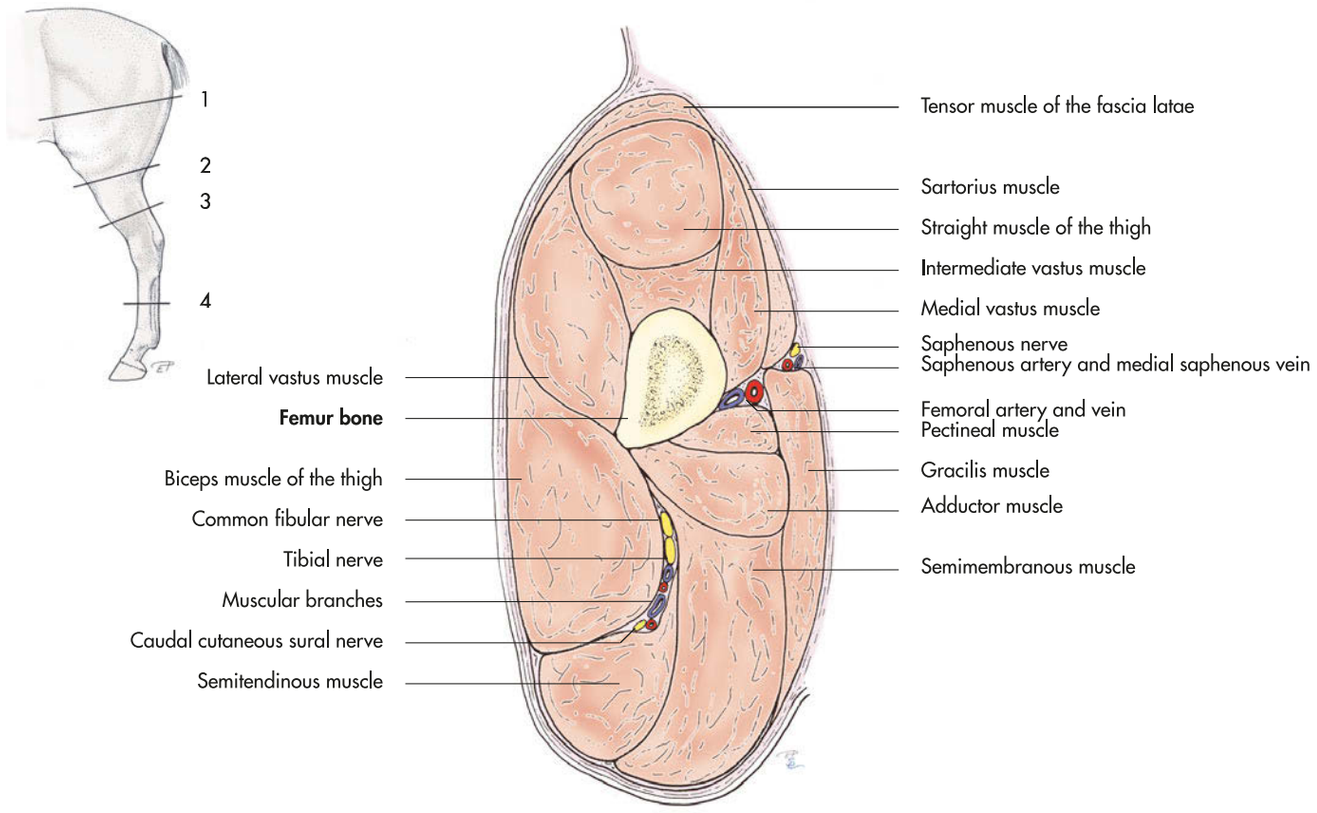


Fig. 22.20 Sectional anatomy of the left pelvic limb of the horse (cross-section plane 1 of the femoral region, see insert).

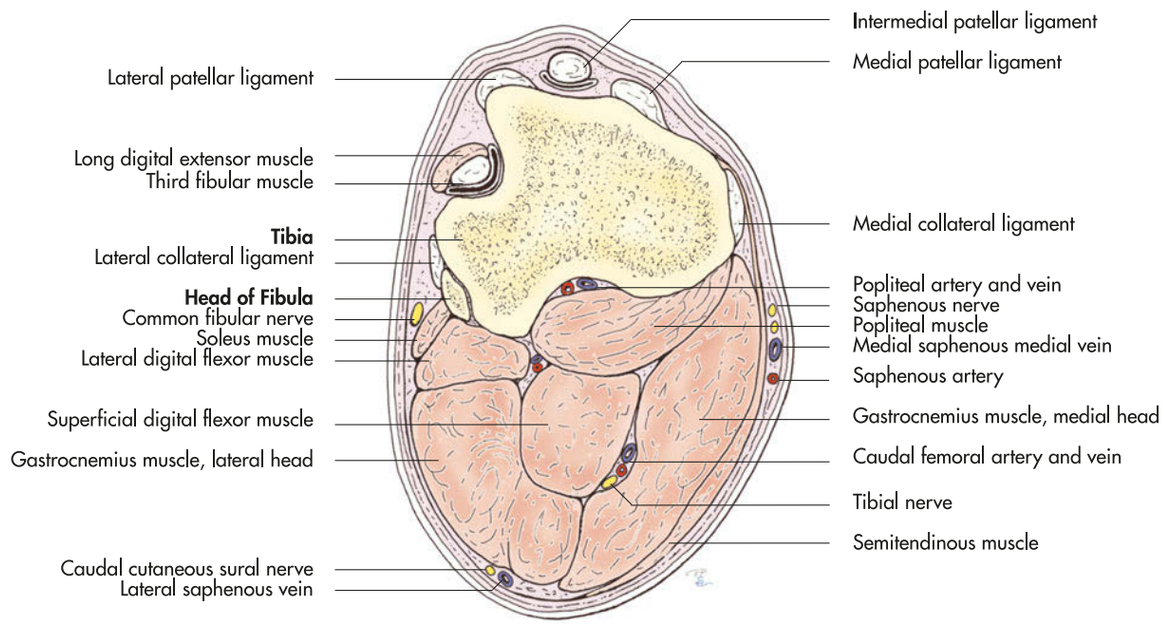


Fig. 22.21 Sectional anatomy of the left pelvic limb of the horse (cross-section plane 2 of the crural region, see insert ▶ Fig. 22.20).

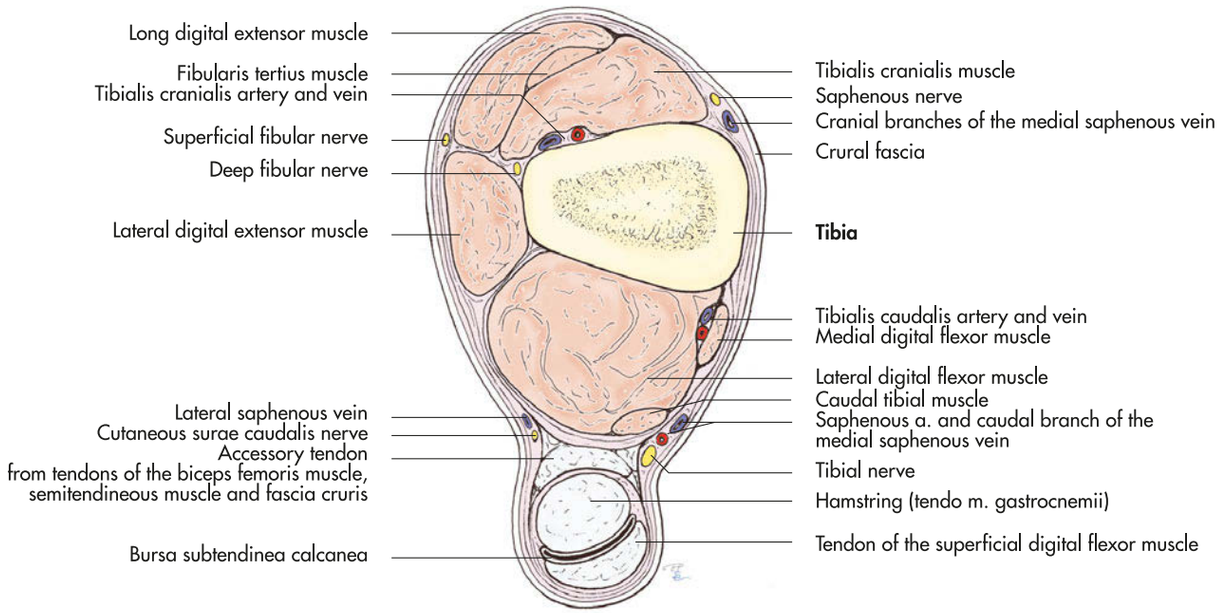


Fig. 22.22 Sectional anatomy of the left pelvic limb of the horse (cross-section plane 3 of the crural region, see insert ▶ Fig. 22.20).

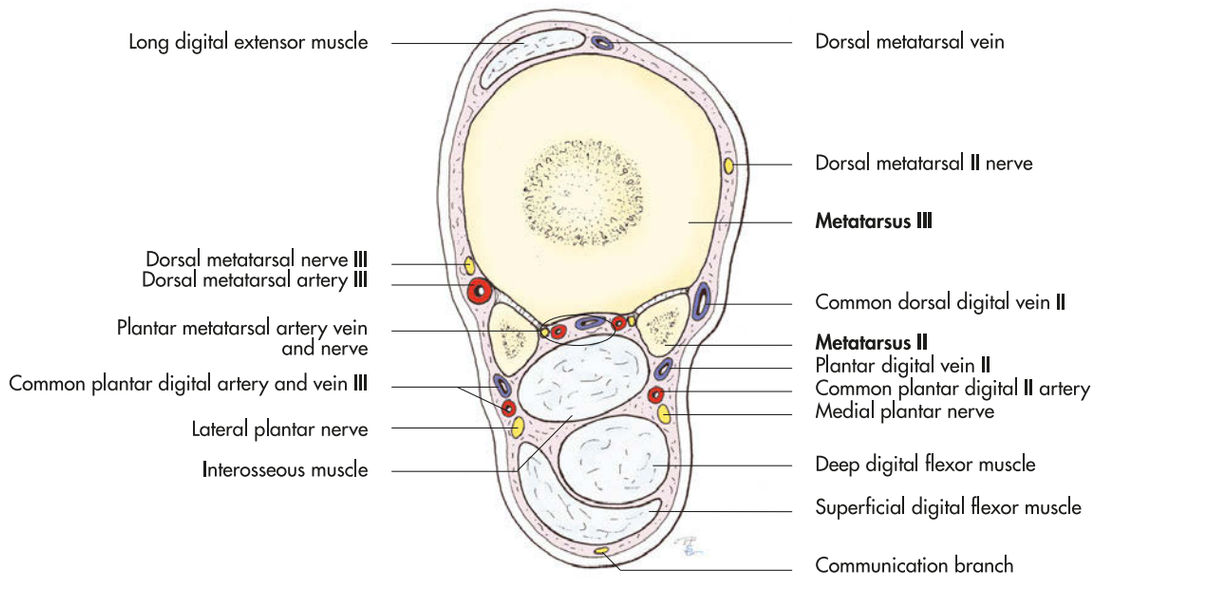


Fig. 22.23 Sectional anatomy of the left pelvic limb of the horse (cross-section plane 4 of the metatarsal region, see insert ▶ Fig. 22.20).

plastinated preparations in transverse, longitudinal, or horizontal sections which hitherto could not be attained by conventional methods. Employing diamond saws not only allows biological substances, but also the hardest materials to be cut (those subsequently incorporated, such as dental enamel, iron and steel etc.). Especially in orthopaedics, such sectional views of previously implanted prostheses and their structural connection to adjoining tissues (bone, ligaments, tendons) are of great scientific value.

There are good examples of how plastination has contributed to the **clarification of clinical issues**: in human medicine, for example, important anatomical relationships between the sacroiliac ligament, the erector spinae muscle and the sacrotuberous ligament have been recognised, which has allowed for a better understanding of the etiology of "lower back pain". Anatomical section studies, also for humans, have shown that the atlanto-occipital membrane coalesces posterior with the dura maters and not, as previously described, with the atlas. This circumstance could be an important cause for the origination of cervicogenic headaches.

Surgical methods can also be improved by **combining plastination** with **classic sections**. For example, 3-D reconstructions by means of plastinated sections permit a more precise representation of anatomical structures. It could already be shown that the levator ani muscle does not surround the front part of the urethra. Because of this insight, new reconstructive and ablative methods must be developed for the urethral sphincter.

In recent years, plastination as a scientific examination method has also established itself in **veterinary medicine**. For example, structures in the mesoscopic range of the equine hoof have been described which have been of great clinical importance. **E-12 slice plastination** and **3-D reconstructions** of the sections are applied today for topographical clinical examinations of complex structures. They have become modern methods that help better understand clinical findings.

22.2 Diagnostic imaging

An understanding of the fundamentals of anatomy is essential for identifying aberrations of structure and function. Techniques that facilitate identification of abnormalities of the internal structures of the body play an important role in diagnosis. In 1885, Wilhelm Conrad Röntgen discovered x-rays, also named Röntgen-rays in his honour. Not long after his discovery, x-rays were introduced as a diagnostic tool in veterinary and human medicine. More than 100 years later, radiography remains an important diagnostic imaging technique, even though the development of new modalities in recent decades has broadened the spectrum of diagnostic possibilities.

22.2.1 Imaging modalities

Imaging modalities, or simply imaging, are **overarching terms** that encompass all the **diagnostic methodologies** used to create a visual representation of the structures of the body. These include conventional radiography, ultrasound, computed tomography, magnetic resonance imaging and nuclear medicine. In a broader sense, imaging modalities also include techniques such as **endoscopy** and **thermal imaging**.

Imaging techniques create a **visual representation (image) of the measurable attributes of an actual structure**. The image produced is determined by the interaction between the "information carrier" of a particular modality (e.g. x-rays, sound waves) and the physical properties of the structure. Measurements are represented visually as **greyscale** or **colour-coded values**. The suitability of a modality, or modalities, depends on the diagnostic question being asked.

As well as reproducing morphological characteristics of structures of the body (**structural imaging**), certain modalities (nuclear medicine, magnetic resonance imaging) can also assess aspects of their function (**functional imaging**) (▶ Fig. 22.49, ▶ Fig. 22.51 and ▶ Fig. 22.52).

As technology continues to improve, diagnostic imaging modalities will be able to illustrate structure and function in increasing detail, thus broadening the scope of their application.

Diagnostic images are of considerable value in veterinary education for teaching preclinical subjects. Sectional images are particularly useful for illustrating complex anatomical relationships.

Radiography

As x-rays pass through the body, they are absorbed to a varying degree by different types of tissues. These differences are detected radiographically (on film or digitally), forming a **summation image**.

Tissues can only be distinguished from one another where their **radiopacity** (**radiodensity**) **differs**. This manifests as **contrast** in the x-ray image. No contrast is observed between adjacent structures of equivalent radiodensity. There are **four types of radiographic density**, designated as follows (▶ Table 22.1).

Table 22.1 The four types of radiographic density.

	Radiographic density	Structure
	Bone density	Bone, mineralised cartilage
	Soft tissue or fluid density	Parenchymatous organs, muscles, lymphatic tissue, nerves, body fluids
	Fat density	Omentum, retroperitoneal fat
	Gas density	Trachea, air in the lungs, gas in the gastrointestinal tract

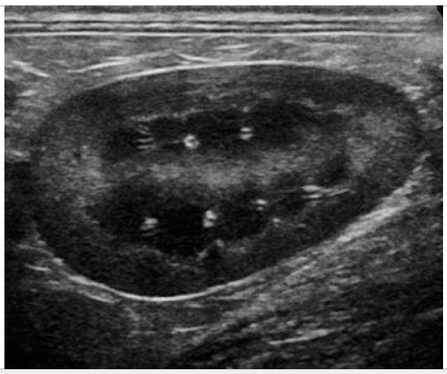


Fig. 22.24 Ultrasonogram of the abdomen of a dog showing the kidney (sagittal plane).



Fig. 22.25 Ultrasonogram of the abdomen of a dog showing the adrenal gland (sagittal plane).



Fig. 22.26 Ultrasonogram of the abdomen of a dog showing a gravid uterus (sagittal plane).



Fig. 22.27 Ultrasonogram of the abdomen of a dog showing the spleen (sagittal plane).

This precludes differentiation of closely associated tissues of similar radiodensity, such as the parenchyma of the liver, bile ducts, gallbladder and associated blood vessels. Similarly, a distinction cannot be made between the soft tissue and fluid components of organs such as the heart, kidneys, spleen and bladder.

For certain structures, this can be overcome to some extent by using **contrast materials**. Intravenous administration of iodine-based contrast materials is used in radiographic evaluation of blood vessels (**angiography**). The contrast material is partly excreted by the renal route, permitting examination of the nternal structure of the kidneys and ureters (**excretory urography**).

The position of the bladder and the contours of the bladder wall can be examined by the instillation of **iodine-based contrast agents** or **gas** (**cystography**). **Myelography**, in which iodinated contrast medium is introduced into the subarachnoid space, is used to examine the integrity and position of the spinal cord. Iodine dyes are also used for radiographic assessment of synovial joints (**arthrography**) and fistulae (**fistulography**).

Barium sulphate suspensions are administered by the oral or rectal route for contrast studies of the gastrointestinal tract.

Ultrasound

Ultrasound waves are produced by the **application of voltage to piezoelectric crystals** located **within a probe**. Upon entering the body, these mechanical waves are transmitted through the tissues. Propagation of the sound waves is determined by the **impedance** (resistance to transmission) of the tissues.

At the boundary between tissues of different impedance, a proportion of the sound waves is reflected. The reflected waves are detected by the probe, which formulates an image. The probe registers both **signal strength** and **pulse transit time**. These parameters indicate the depth of the reflecting tissue, allowing the origin of the signal to be reconstructed (▶ Fig. 22.24, ▶ Fig. 22.25, ▶ Fig. 22.26, ▶ Fig. 22.27, ▶ Fig. 22.28, ▶ Fig. 22.29, ▶ Fig. 22.30 and ▶ Fig. 22.31).

The **strength of the reflected sound waves** is represented in **greyscale** on a monitor. Structures with low echogenicity appear black on the image, whereas those with high echogenicity appear white. Fluids (e.g. urine, blood) have particularly low echogenicity. High echogenicity is exhibited by bone, gas and other strongly reflective materials.

Ultrasonographic evaluation of perfusion patterns is performed with the aid of **contrast media**. These contain microscopic gas bubbles that **enhance the reflected signal**.

Sound waves used in diagnostic ultrasound have a frequency of 2 to 20 MHz. Low frequency (long wavelength) waves penetrate further but produce images of lower resolution. Waves with a higher frequency (shorter wavelength) result in a resolution of under 1 mm, but their tissue penetration is limited.

Ultrasound examination is performed in **real time** and can thus be used for guided tissue biopsy. The real time nature of this modality is also utilised in **Doppler ultrasound** to investigate blood flow (direction, speed). Quantitative evaluation of movement of cardiac structures is performed using the **M mode**.

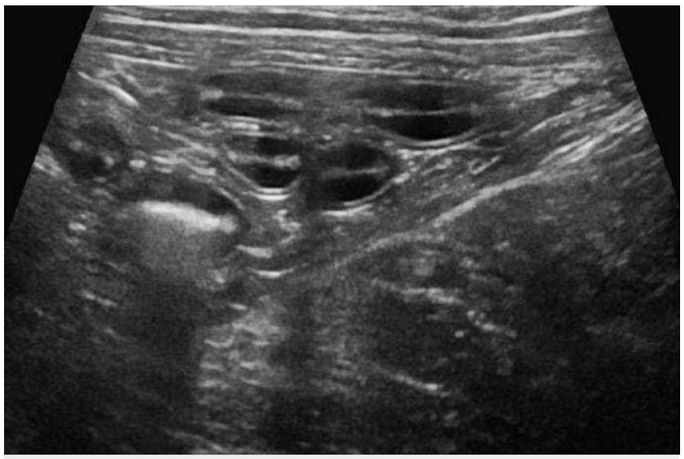


Fig. 22.28 Ultrasonogram of the abdomen of a dog showing the intestine (sagittal plane).

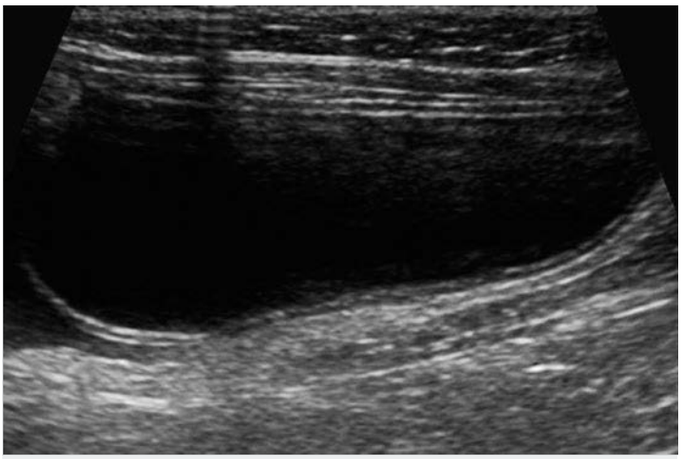


Fig. 22.29 Ultrasonogram of the abdomen of a cat showing the bladder (sagittal plane).

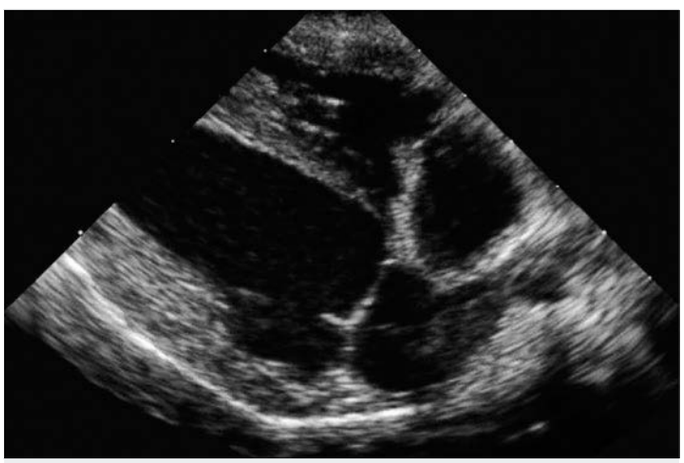


Fig. 22.30 Ultrasonogram of the heart of a dog (sagittal plane, four-chamber view).

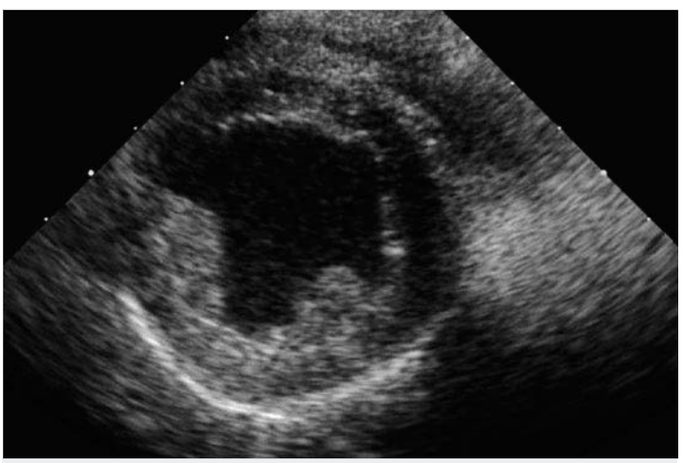


Fig. 22.31 Ultrasonogram of the heart of a dog (transverse plane at the level of the left ventricle).

Due to the ability of ultrasound to provide high-resolution real-time assessment of soft tissues in situ, the **combination of radiography and ultrasound** has the potential to become the most widely used approach to diagnostic imaging in veterinary medicine.

Computed tomography (CT)

Like radiography, computed tomography (CT) is based on **visual representation of differences in the absorption of x-rays**. The x-ray tube rotates around the patient (at less than one second per rotation in modern CT machines) and the fan-shaped beam is constantly measured by detectors positioned opposite the tube. These measurements are used to calculate **greyscale values** (**attenuation coefficients**) for each **individual volume element** (**voxel**). The resulting cross-sectional image (slice) depicts the spatial relationships between anatomical structures (▶ Fig. 22.32, ▶ Fig. 22.33, ▶ Fig. 22.34, ▶ Fig. 22.35, ▶ Fig. 22.36 and ▶ Fig. 22.37).

Contemporary CT machines, which incorporate **spiral CT technology**, can produce high-resolution body slices (less than 1 mm thickness) with relatively short exposure times. This facilitates a high degree of spatial and temporal resolution.

The **quality of the image** is determined by several factors including contrast resolution, spatial resolution, signal to noise ratio and the presence of artifacts. Since these factors are influenced by the settings on the CT machine, it is important to use **established protocols** based on the absorption characteristics and the dimensions of the tissue(s) under investigation.

Targeted use of specialised algorithms allows further manipulation of the data set collected during a CT scan. Using **Multiplanar Reformation** (**MPR**), data from transverse CT images can be used to create additional sections (dorsal, sagittal, oblique, curved) and/or to generate a three-dimensional volume data set.

The **Maximum Intensity Projection** (**MIP**) is used to accentuate structures or materials that have the highest attenuation value (typically bone or contrast material), increasing the degree of contrast within the image. Depiction of bone is thus facilitated by this algorithm. **Volume rendering** of the dataset and **3-D reconstruction** enables topographic representation of the tissues (▶ Fig. 22.44, ▶ Fig. 22.45, ▶ Fig. 22.46, ▶ Fig. 22.47 and ▶ Fig. 22.48).

The ability to detect small differences in absorption of the x-ray beam is greater with CT (Hounsfield scale) than with conventional radiography. While substances that absorb the beam con-

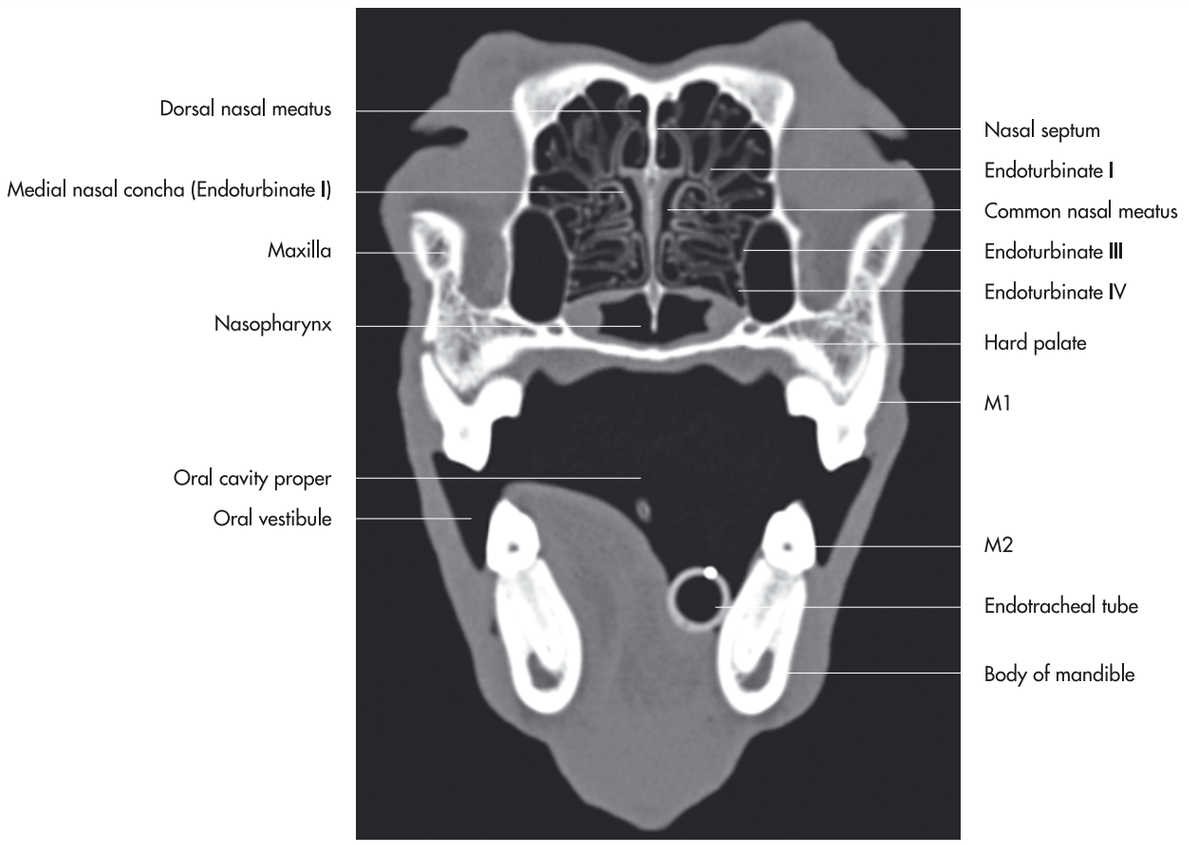


Fig. 22.32 Computed tomography (CT) of the head of a dog at the level of M1–M2 (transverse section, bone window).

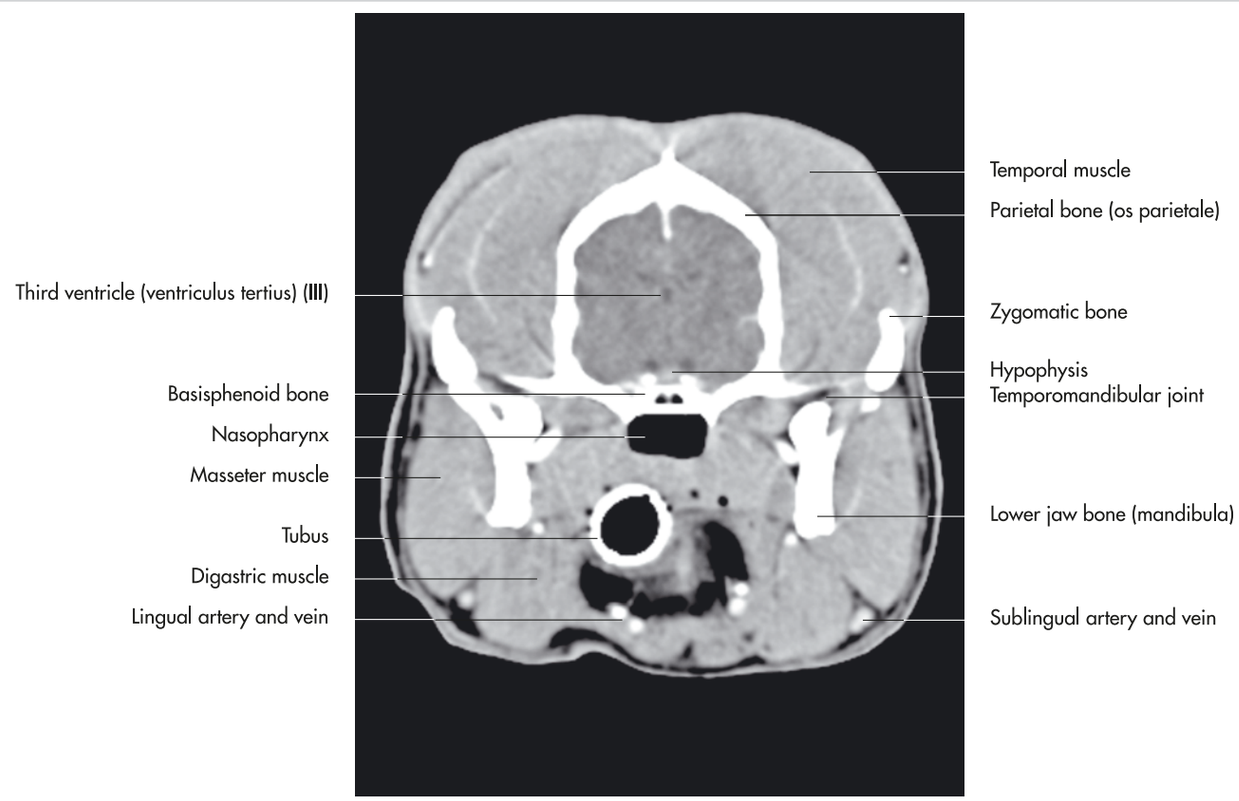


Fig. 22.33 Computed tomography (CT) of the head of a dog at the level of the temporomandibular joint (transverse section, soft tissue window).

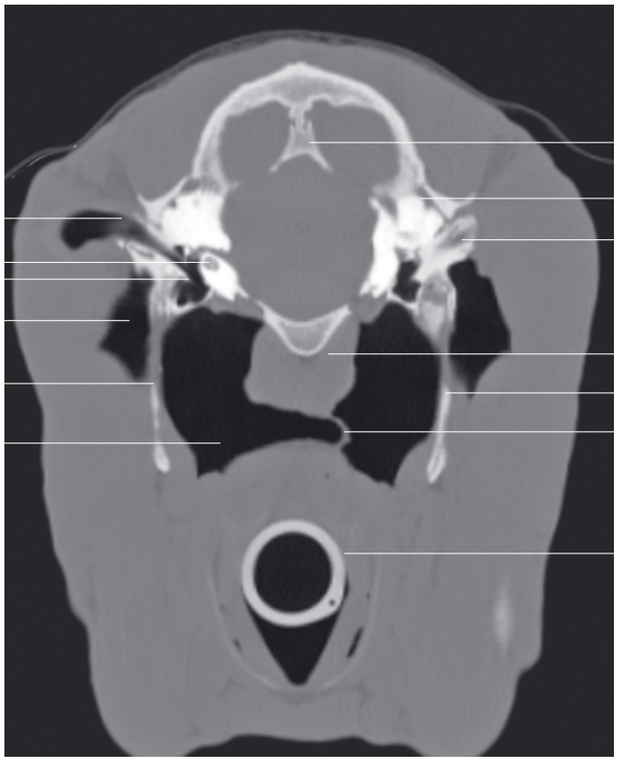


Fig. 22.34 Computed tomography (CT) of the head of a horse at the level of the air sacks (transverse section, bone window).

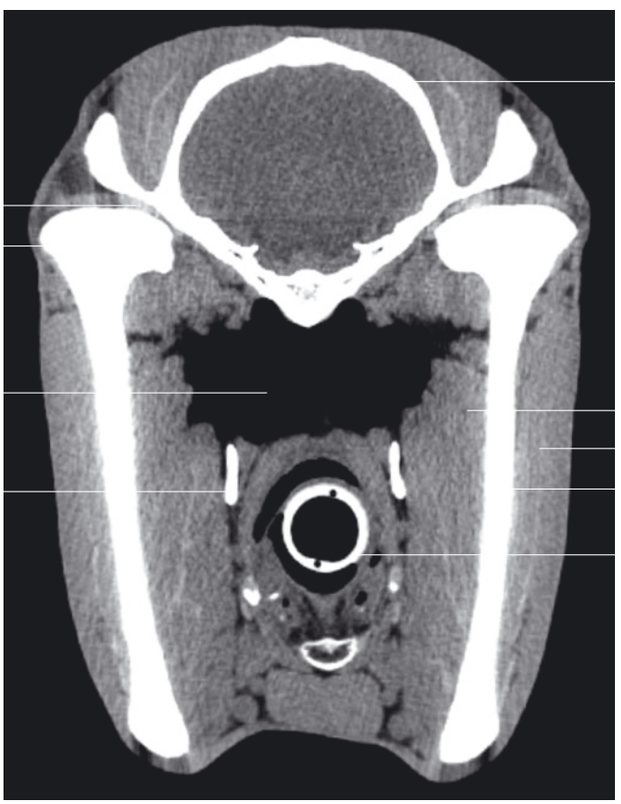


Fig. 22.35 Computed tomography (CT) of the head of a horse at the level of the cerebral fossa (transverse section, bone window).



Fig. 22.36 Computed tomography (CT) of the thoracic cavity of a dog at the level of the caudal mediastinum (transverse section, soft tissue window).

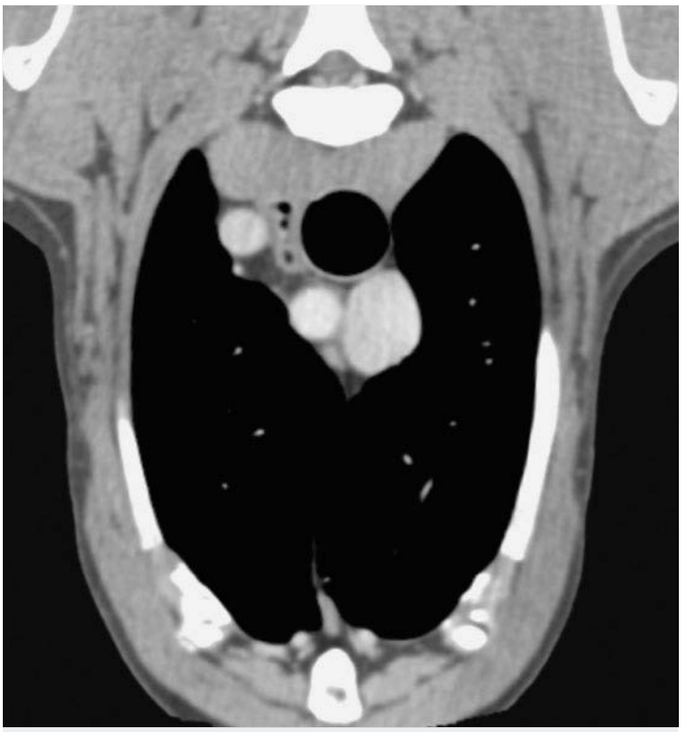


Fig. 22.37 Computed tomography (CT) of the thoracic cavity of a dog at the level of the cranial mediastinum (angiography, transverse section, soft tissue window).

siderably more than their neighbouring soft tissues are particularly clearly delineated (e.g. bone, mineralised tissue, metal, gases), soft tissues such as muscle, skin, lymph nodes, organ parenchyma and the spinal cord can also be distinguished within CT sections, as long as they are surrounded by fat. **Contrast materials** are also used in CT imaging for improved definition of the boundaries between tissues (▶ Fig. 22.33, ▶ Fig. 22.36 and ▶ Fig. 22.37). The procedures and protocols for administration of contrast material are generally the same as those used in conventional radiography.

Numerous body regions are amenable to examination using computed tomography. The diagnostic potential is greatest in regions where the difference in the absorption characteristics of the tissues is high (▶ Fig. 22.32, ▶ Fig. 22.33, ▶ Fig. 22.34, ▶ Fig. 22.35, ▶ Fig. 22.36 and ▶ Fig. 22.37).

Conclusion

Areas of application for CT are:

- **head**: ear, nasopharynx, teeth, bones;
- **neck**: trachea, oesophagus (with contrast medium);
- **thorax**: thoracic wall, pleura, trachea, bronchi, lung, mediastinum;
- **vertebral column**: bones, intervertebral discs, vertebral canal (with contrast medium);
- **locomotor apparatus**: joints, bones and
- **abdomen**: abdominal wall, all organs (with contrast medium).

Limitations of this diagnostic modality include radiation exposure and the effect of artifacts (e.g. due to metals or movement) on image quality. In contrast to veterinary radiography and ultrasound, examination of animals using computed tomography almost always requires **general anaesthesia**.

Magnetic resonance imaging (MRI)

In magnetic resonance imaging, a signal is generated by the **interaction of protons (hydrogen atom nuclei)** in the tissues with a **strong magnetic field** and **radiofrequency (RF) pulses**. The contrast in the resulting MR image reflects the **water content of different tissues** ("proton imaging"). Due to its very high soft tissue contrast resolution, this modality is particularly well suited to **diagnosis of soft tissue pathology**. Specific machine settings (sequences) are used to produce **different types of weighted images**:

- T1-weighted images (T1; ▶ Fig. 22.38),
- T2-weighted images (T2; ▶ Fig. 22.39) and
- proton density-weighted images (PDW).

Particular sequences can also be used to suppress the signal generated by certain tissues (e.g. fat, cerebrospinal fluid).

The imaging procedure involves the deployment of **various pulse sequences** in different planes (▶ Fig. 22.40, ▶ Fig. 22.41, ▶ Fig. 22.42 and ▶ Fig. 22.43), allowing the characteristics of a tissue (normal, inflamed, neoplastic) to be ascertained.

The **average time required for each sequence** is 3 to 5 minutes, resulting in total image acquisition times of approximately **20 to 45 minutes per region**.

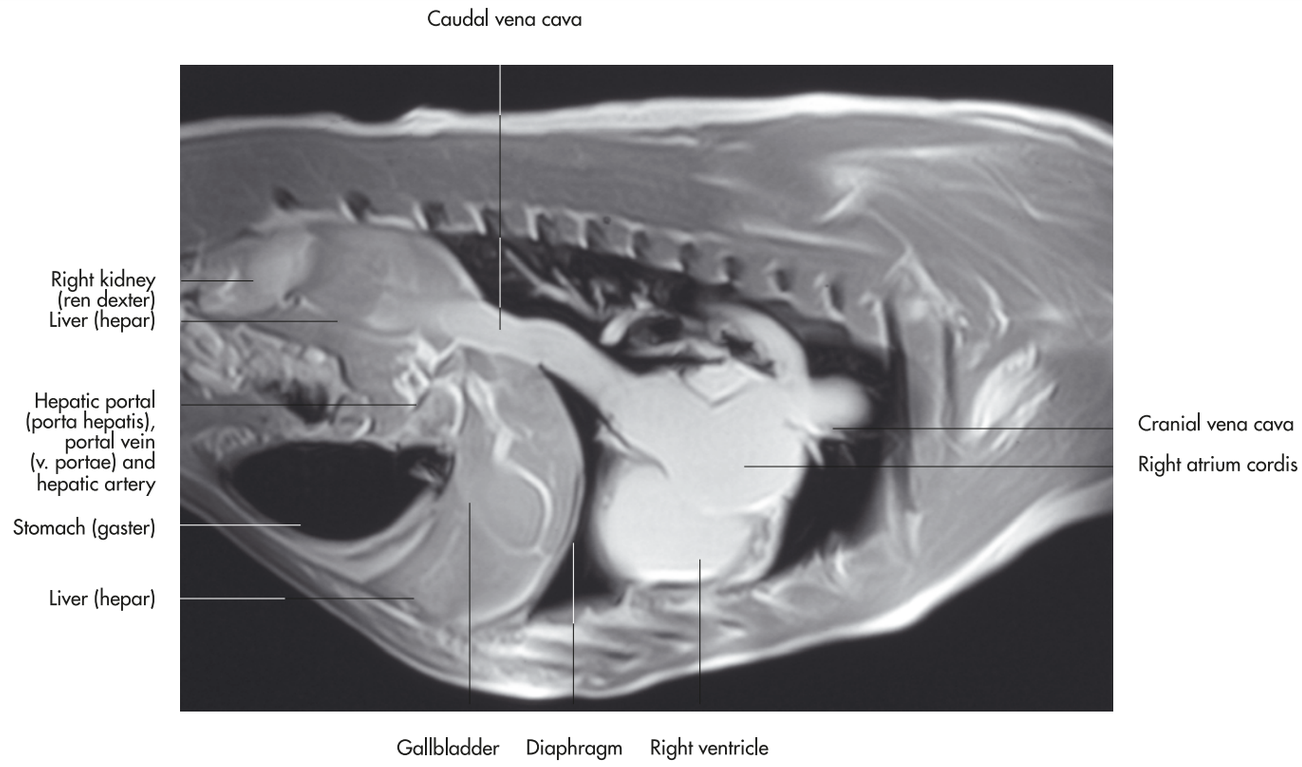


Fig. 22.38 Magnetic resonance imaging (MRI) of the thoracic and cranial abdominal cavity of a dog (sagittal section, T1-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

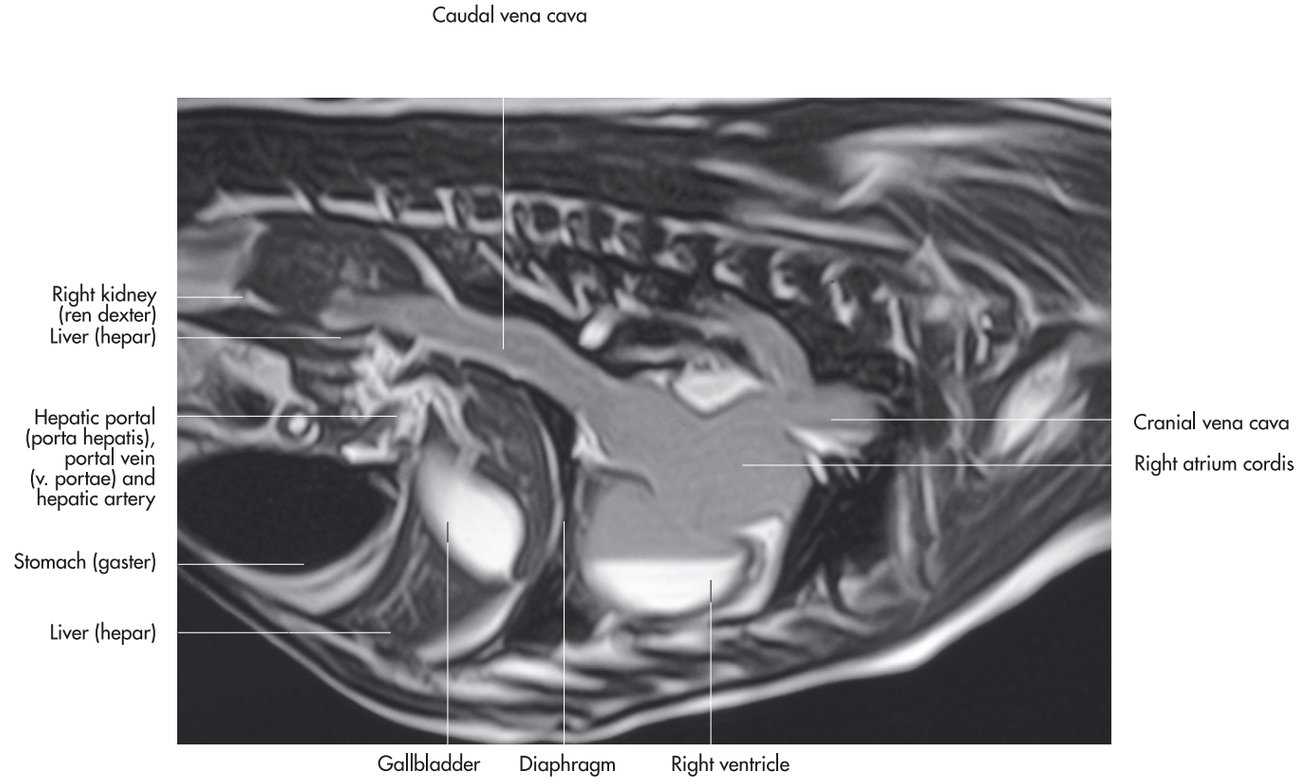


Fig. 22.39 Magnetic resonance imaging (MRI) of the thoracic and cranial abdominal cavity of a dog (sagittal section, T2-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

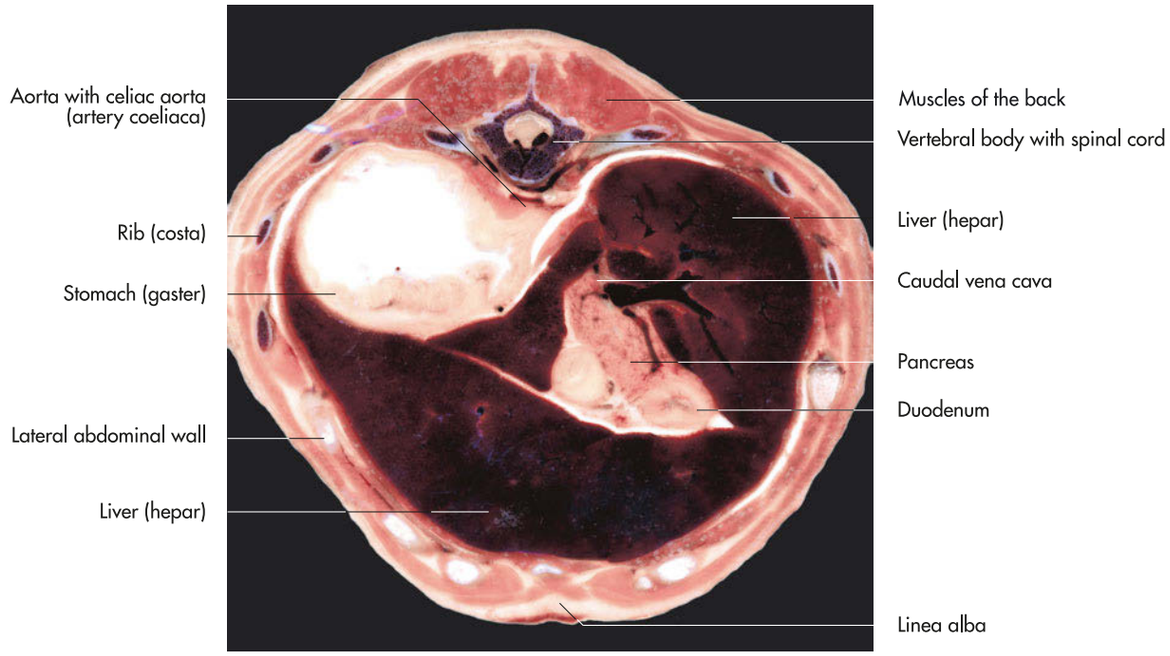


Fig. 22.40 Transverse section of the intrathoracal part of the abdominal cavity of a dog (E-12 slice plastination).

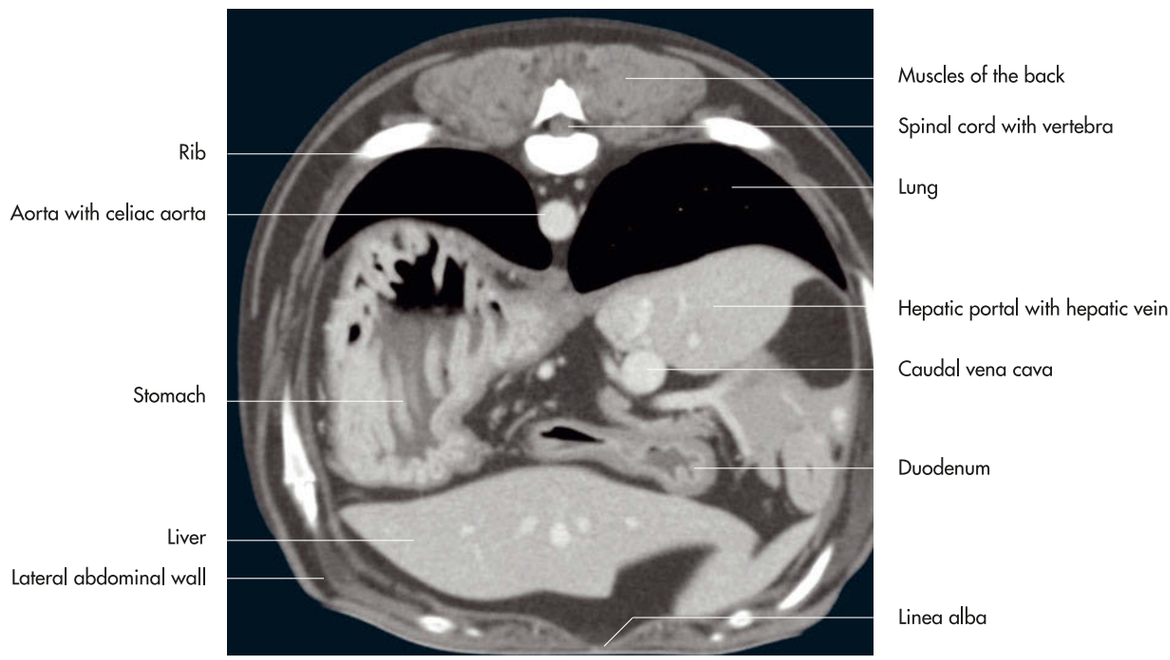


Fig. 22.41 Magnetic resonance imaging (MRI) of the intrathoracal part of the abdominal cavity of a dog (transverse section, T1-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

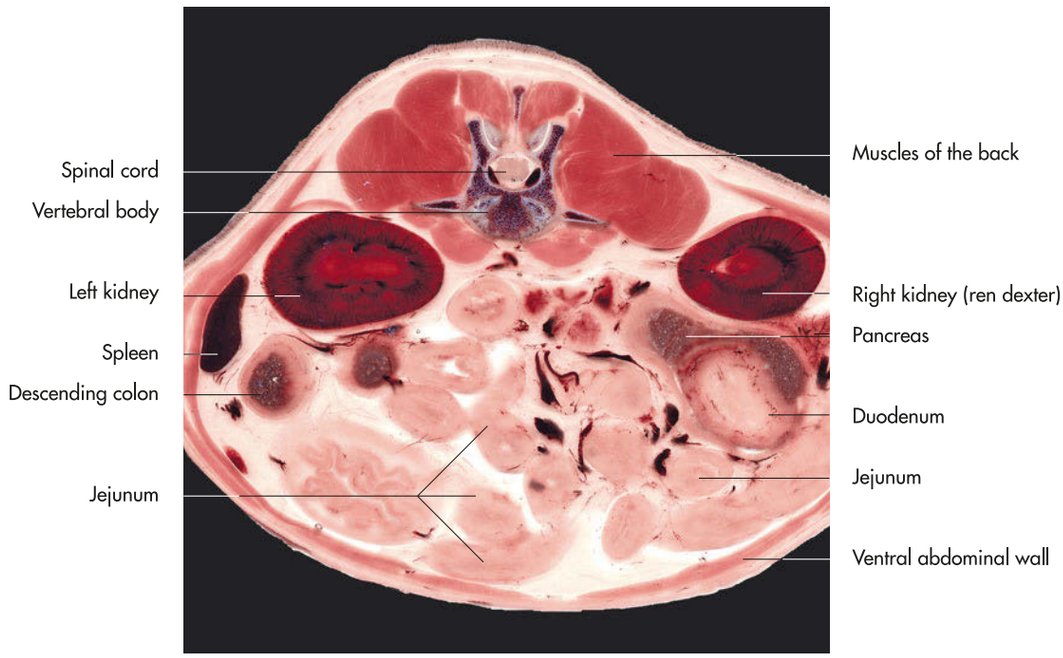


Fig. 22.42 Transverse section of the abdominal cavity of a dog at the level of the kidneys (E-12 slice plastination).

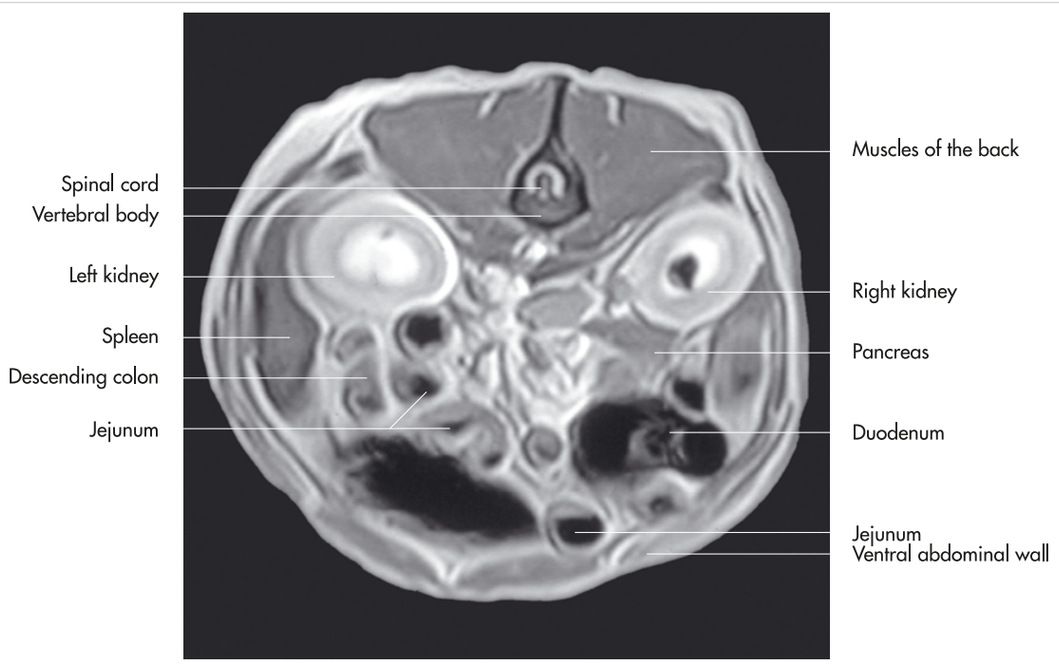


Fig. 22.43 Magnetic resonance imaging (MRI) of the abdominal cavity of a dog at the level of the kidneys (transverse section, T1-weighted image). (source: courtesy of Dr. Isa Foltin, Regensburg)

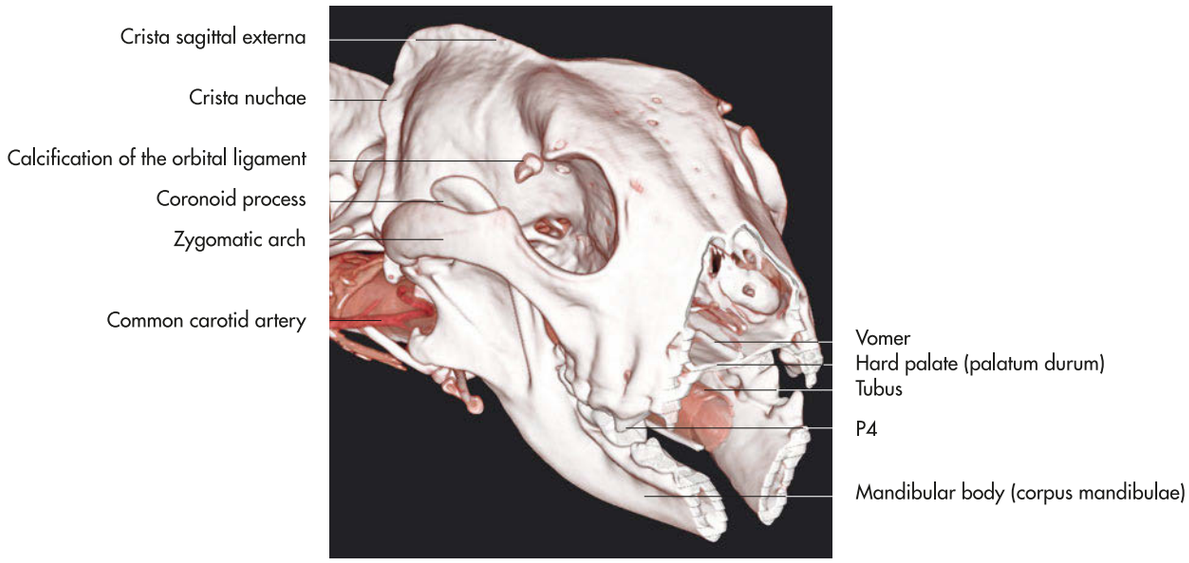


Fig. 22.44 Head of a German Shepherd (3-D reconstruction, "Syngo Multi Modality Workplace", deep layer, skeleton, transverse section at the level of P3, 35 ml contrast medium application with 0.8 ml/s; view from front left above).

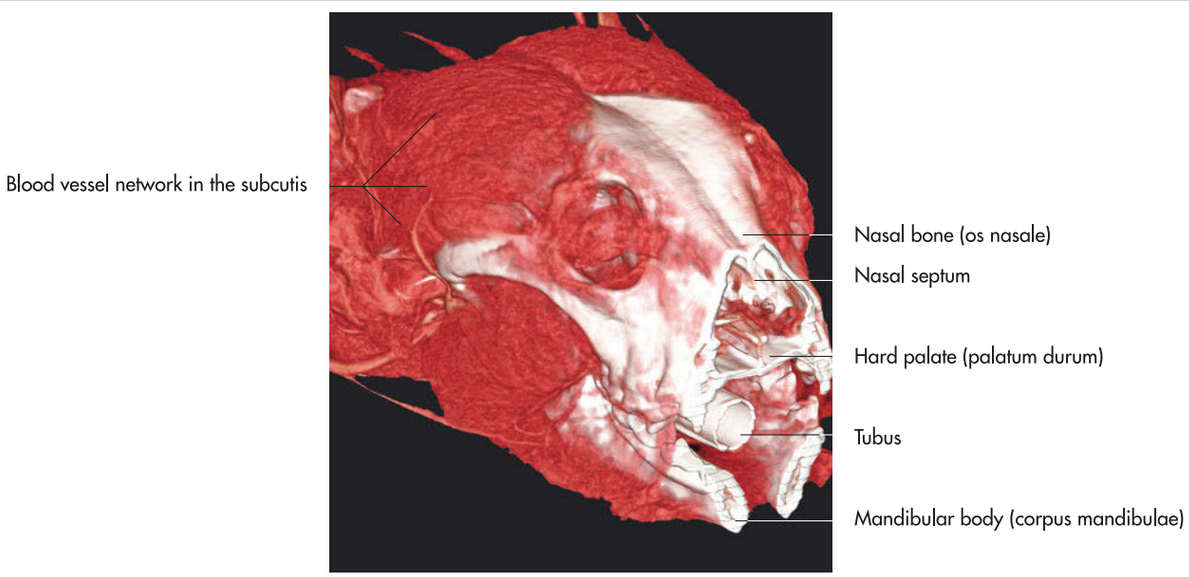


Fig. 22.45 Head of a German Shepherd (3-D reconstruction, "Syngo Multi Modality Workplace", deep layer, skeleton, transverse section at the level of P3, 35 ml contrast medium application with 0.8 ml/s; view from front left above).

Contrast materials influence the behaviour of protons in tissues in whichthey accumulate (e.g. tumours) and can thus be used to distinguish these from surrounding tissues. Contrast media used in MRI contain **gadolinium**. In the presence of a magnetic field, gadolinium atoms form an induced magnetic field. This results in greater signal intensity in T1-weighted sequences.

As in computed tomography, the **quality of the image** is affected by various interdependent factors (▶ Fig. 22.50). To obtain an optimal image, these aspects of the imaging process must be considered and adjusted on a case by case basis, taking into account patient factors such as the area to be examined and the anticipated lesion.

Due to its superior soft tissue contrast, MRI is ideal for diagnosing **abnormalities of the central nervous system** and of **other body regions incorporating a high proportion of soft tissue elements** (▶ Fig. 22.41, ▶ Fig. 22.43 and ▶ Fig. 22.49).

Conclusion

Areas of application for MRI are:

- **head** (▶ Fig. 22.2 and ▶ Fig. 22.4): brain, cranial nerves, orbita, eyes, ear, nasopharynx, muscles;
- **thorax**: thoracic wall, pleura, mediastinum;
- **vertebral column**: spinal cord, vertebral canal, spinal nerves, intervertebral discs;
- **locomotor apparatus**: joints (▶ Fig. 22.9), muscles, tendons and
- **abdomen**: abdominal wall, pelvic cavity.

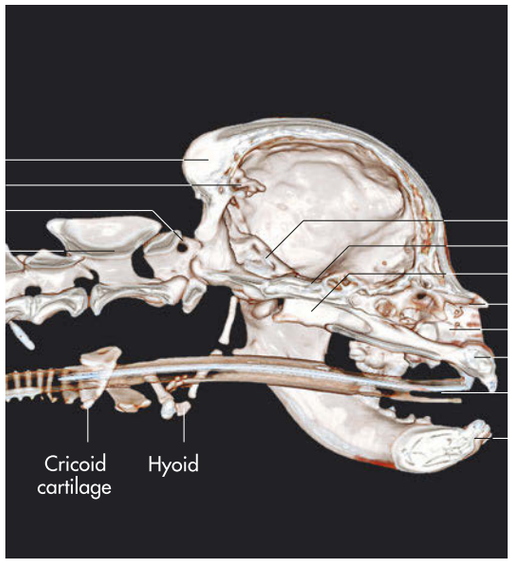


Fig. 22.46 Head of a French Bulldog, typical cranium of a brachycephal breed (3-D reconstruction, "Syngo Multi Modality Workplace", left cranium half, transverse section at the level of P4, 35 ml contrast medium application with 0.8 ml/s; view from front right).

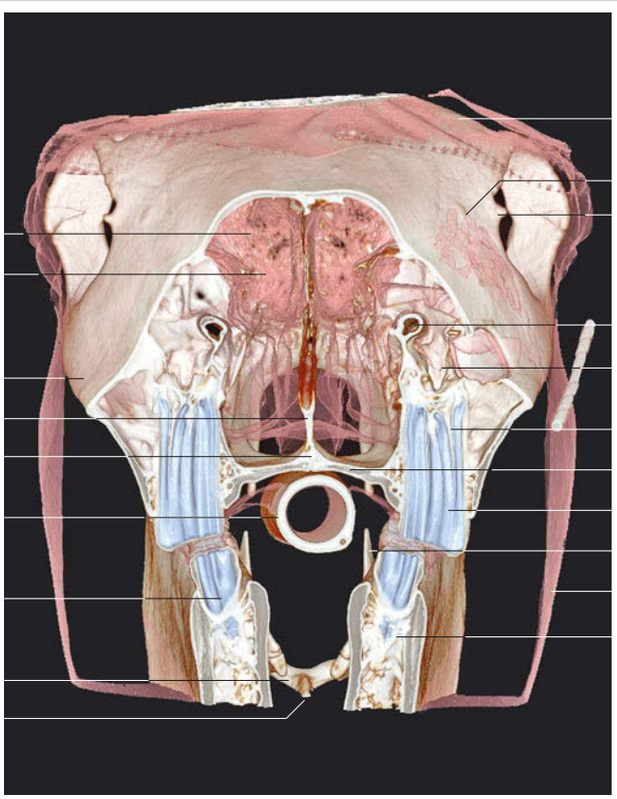


Fig. 22.47 Head of a horse (3-D reconstruction, "Syngo Multi Modality Workplace", transverse section at the level of P3, after contrast medium application; frontal view).

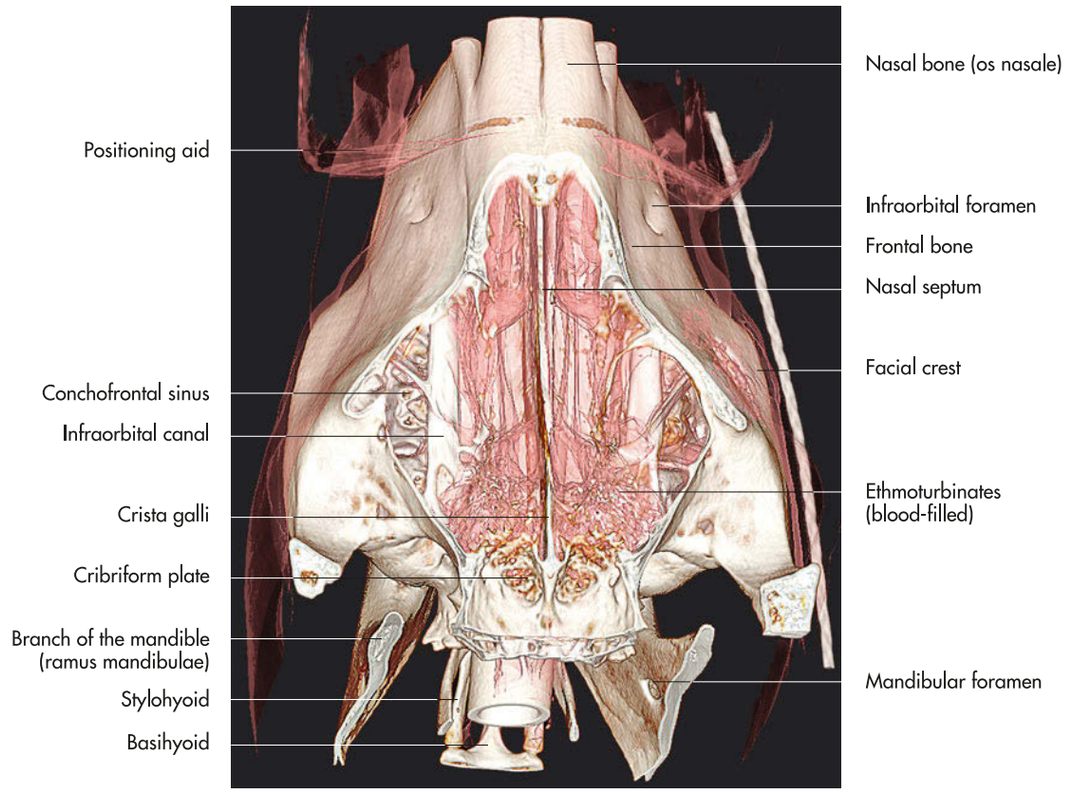


Fig. 22.48 Head of a horse (3-D reconstruction, "Syngo Multi Modality Workplace", frontal section at the level of the conchofrontal sinus, after contrast medium application; dorsal view).

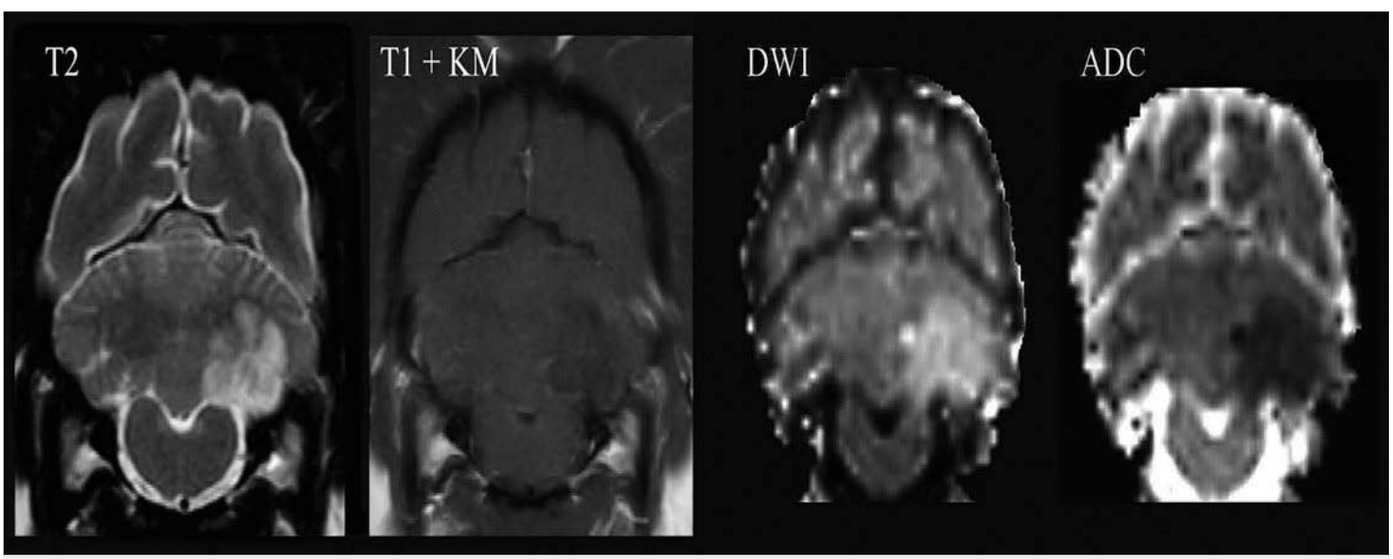


Fig. 22.49 Magnetic resonance imaging (MRI) of the brain of a dog at the level of the cerebellum (transverse section, T2-weighted image).
The **T2-weighted image** shows a lateral hyperintense (bright) lesion. There is no increase in signal intensity following administration of contrast material (**T1 + KM**). Diffusion-weighted imaging (**DWI**), which bears similarities to the T2-weighted sequence, is used to measure diffusion of water molecules. Reduced diffusion is seen as a bright area on the image.
In this case, the lesion is an acute ischaemic cerebellar infarct. Ion transport mechanisms break down in the ischaemic area due to a lack of energy. Water passes into the cells (cytotoxic oedema), resulting in restricted diffusion of water molecules.
As DWI is similar to the T2-weighted sequence, a bright area may simply signify the presence of water. This can be distinguished from infarcted tissue with the aid of apparent diffusion coefficient maps (**ADC-maps**), which show a negative of the DWI image.

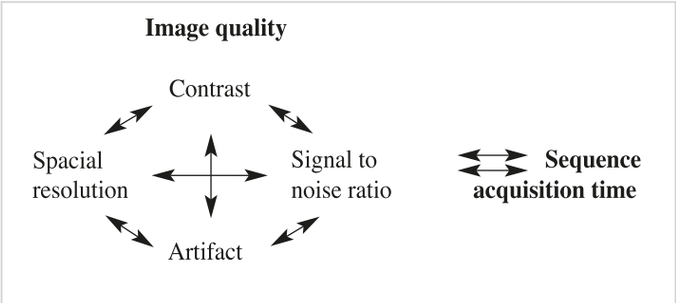


Fig. 22.50 Key factors affecting image quality in MRI.

Compact bone and mineralised tissue appear dark on MR images as they generate little or no signal. Metal implants and patient movement (thorax, abdomen) result in artifacts. In addition to its application in evaluating structure, MRI can be used for investigating aspects of function (▶ Fig. 22.49). **General anaesthesia** is required for this imaging modality.

Nuclear medicine

Scintigraphy is an imaging technique in which **radiolabelled materials (radiopharmaceuticals)** are administered to the patient. Distribution of the radioactive substance (radionuclide) within the body is determined by the chemical structure of the carrier. The radionuclide (usually **Technetium-99m**) emits gamma radiation. The location of the emission source at a given point in time is detected by an externally located gamma ray camera, forming a **summation image**. In veterinary medicine, scintigraphy is used primarily for detecting **derangements of bone metabolism** (▶ Fig. 22.51 and ▶ Fig. 22.52). Alteration of temporal changes in activity distribution of the radiopharmaceutical can also be determined, allowing abnormalities of organ function (e.g. kidney, thyroid gland) to be identified.

Sectional nuclear medicine techniques include **Single Photon Emission Computed Tomography (SPECT)** and **Positron Emission Tomography (PET)**. They are rarely used in veterinary medicine as the cost is usually prohibitive.

In the SPECT procedure, measurements are collected continuously by single or dual detectors as they rotate around the patient.

This procedure allows considerably more accurate detection of the source of radiation than scintigraphy. Like scintigraphy, it measures gamma radiation.

In contrast to SPECT, PET utilises radionuclides with a short half-life that decay by **positron emission**. Immediately after leaving the nucleus, the positron annihilates with an electron. The annihilation reaction results in the destruction of both particles and the formation of two gamma photons that travel away from each other at 180°. The gamma rays strike two oppositely positioned elements located within a detector ring; the resulting signal is used to determine the origin of the positron emission.

Compared with procedures based on x-rays (radiography, computed tomography), nuclear medicine necessitates **more extensive measures for protection against radiation**. Potential for human exposure to radiation is not limited to the examination pro-

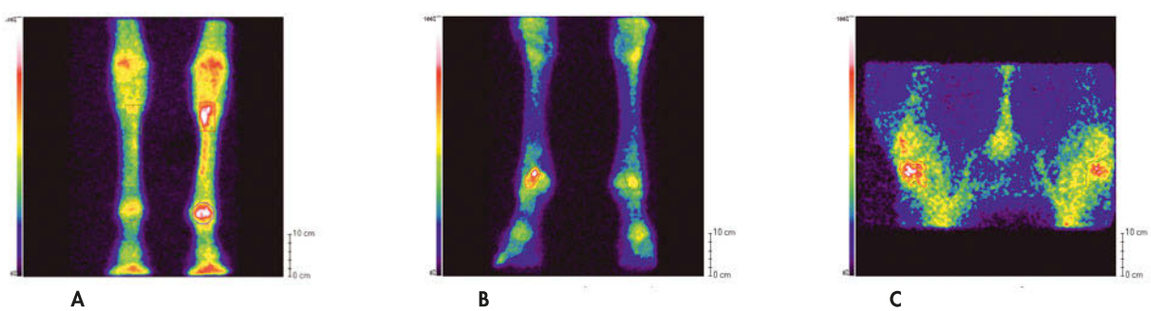


Fig. 22.51 Scintigraphic illustrations of the thoracic limb **(A** and **B)** and the ilium **(C)** of the horse. The gamma rays issued by the radionuclides result in a summation image of an activity distribution that is reproduced on a colour scale. (source: courtesy of Dr. M. Zengerling, Munich)

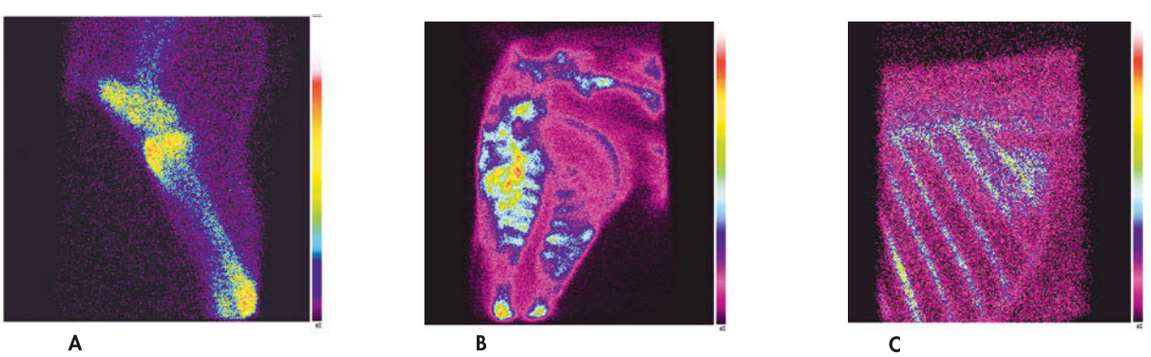


Fig. 22.52 Scintigraphic illustrations of the pelvic limb **(A)**, of the head **(B)** and of the thorax **(C)** of the horse. The colour red compared to the blue tones documents a significantly increased activity in the form of malfunctions in the represented bone. (source: courtesy of Dr. M. Zengerling, Munich)

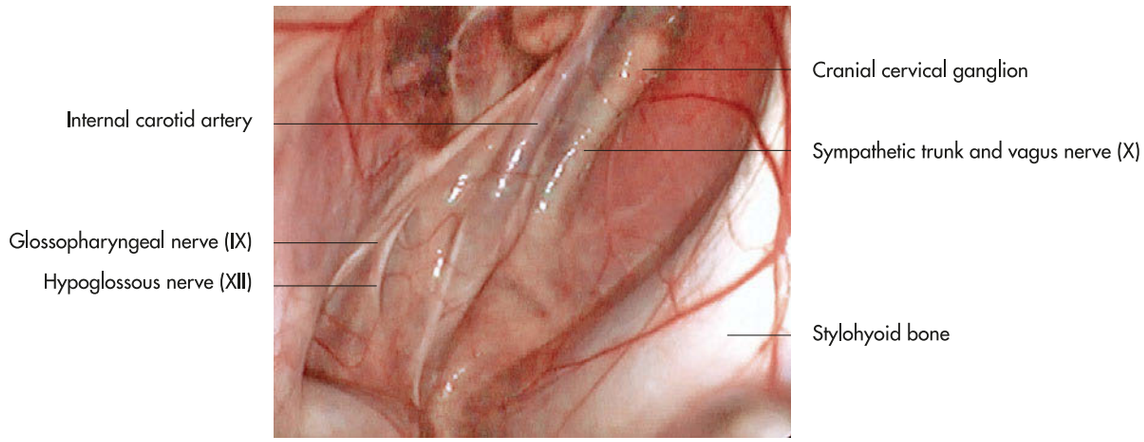


Fig. 22.53 Endoscopic aspect of the guttural pouch, medial compartment.

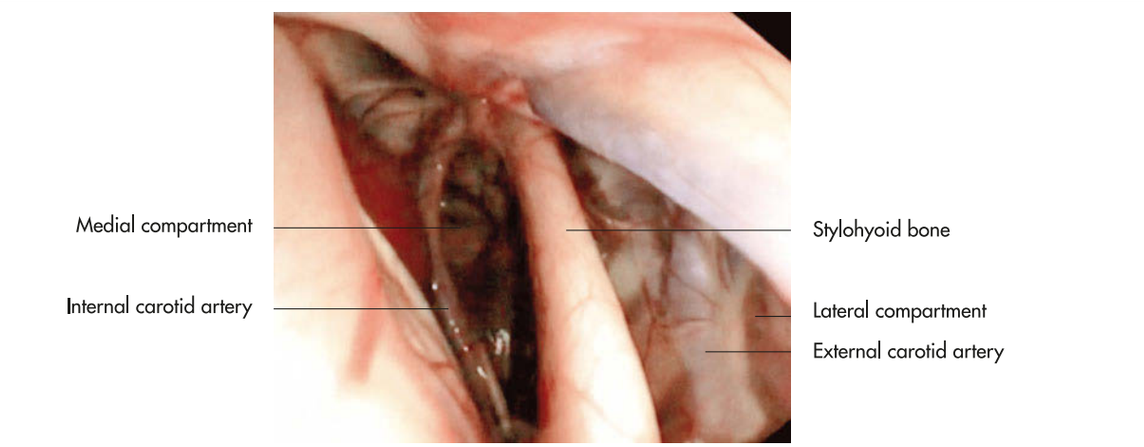


Fig. 22.54 Endoscopic aspect of the guttural pouch.

cedure itself. Exposure can also occur during preparation and transport of the radiopharmaceutical and through proximity to the animal and its excretions in the post-examination period.

22.2.2 Endoscopy in the horse

The earliest endoscopic examinations date back to the period leading up to the first world war. The endoscopes available at that time were rigid, limiting the application of endoscopic investigations to structures of the head, the uterus and the bladder. Short term anaesthesia, using intravenous chloralhydrate, was required for the protection of the patient, the examiner and the endoscopic equipment.

Fibre optic endoscopes were introduced into human and veterinary medicine in the 1960's and 1970's. This development saw the field of equine internal medicine flourish. William R. Cook, the pioneer of equine endoscopy, first employed rigid, then flexible endoscopes. With improvements in technology, Cook was able to use endoscopy in diagnosing numerous diseases of the inner ear, nasal cavities and pharynx. These findings were published in 1974.

In Newmarket (England) in 1976, Cook used a 3.5 m human colonoscope to conduct the first examination of the entire length of the trachea and the large bronchi in a standing horse. With this development, the lung joined the nasal cavities, ethmoid bone, guttural pouch, pharynx, larynx, proximal oesophagus and trachea as a structure amenable to endoscopic examination. As well as facilitating early diagnosis, endoscopy could be used for obtaining **biopsies** and providing **surgical access**. Other benefits included more detailed examination of internal structures of the head, such as the wall of the guttural pouches (▶ Fig. 22.53 and ▶ Fig. 22.54) and the hyoid apparatus, evaluation of the drainage angle of the maxillary sinus and diagnosis of sinusitis. Detection of abnormalities of the distal oesophagus and proximal duodenum in the standing horse also became possible.

The invention of CCD and CMOS chips and their incorporation into endoscopes were major turning points in the development of endoscopic imaging technology. Using these chips, optical information is sent as a digital signal to a processor. The resulting image is transmitted to a monitor for viewing and storage. With the ability to achieve resolutions of up to 2 megapixels, this method has surpassed the earlier fibre optic technology.

Accurate interpretation of endoscopically acquired digital optical information and identification of structural abnormalities is predicated on a sound understanding of normal topographic anatomy.

23 Appendix

23.1 Literature

This is a selection of relevant publications.

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23.2 Glossary of terms

A

ab- away from
abaxialis away from the axis
Abdomen abdomen
abducens leading away, drawing away
Abductor abductor
absorbere to absorb
accelerans accelerating
accessorius additional
Acetabulum acetabulum
Acinus acinus
Acromion acromion, shoulder level
Acropodium acropodium, fore and hind digits, outermost end of the limbs
acusticus concerning hearing
acutus sharp
Adhaesio adhesion
Aditus aperture, inlet
adnexus added, connected with
adiposus fatty
afferens feeding
Ala wing, or winglike
albugineus whitish
Allantois allantois
alveolaris belonging to the alveolus
Alveolus alveolus, small hollow
Alveus belly, excavation
Amphiarthrosis tight-flexible joint
Ampulla ampulla, club-shaped receptacle
amygdaloideus almond-like
Anastomosis anastomosis, junction
analis belonging to the anus
anconeus belonging to the elbow
Angulus angle
Ansa loop
anserinus anserine, goosefoot-shaped
Antebrachium forearm
anterior situated before or toward the front
Antrum antrum, cavern
Anulus anulus, small ring
Anus anus, ring
Aorta aorta
Apertura aperture
Apex apex, tip
Aponeurosis aponeurosis, flat tendon
Apophysis apophysis, outgrowth
Appendix appendix
Aquaeductus aqueduct, water pipe
Arachnoidea arachnoid
Arbor tree
arcuatus curved
Arcus arc, arch
Area area
Arteria artery
Arteriola arteriole, small artery
Articulatio articulation, joint
ascendens ascending
asper rough
Asthenia weakness
Asthma breathlessness
Atlas atlas, carrier
Atresia atresia, absence of a natural orifice
Atrium atrium
Atrophia atrophy
auricularis ear-shaped, belonging to the ear
Auris ear
autochthon formed on the spot
autonomicus independent
Avis bird
Axilla axilla
Axis axis, second cervical vertebra
Axon axon, axle
azygos unpaired

B

Basis base
Basipodium basipodium, tarsus
biceps two-headed
bifidus divided into two (parts)
Bifurcatio bifurcation
bilateralis two-sided
biliaris belonging to the bile
bilifer bile-bearing
Bilis bile
Blastema blastema
Blastos germ
brachalis belonging to the arm
brevis short
bronchialis belonging to the bronchus
Bronchus bronchus
Bucca cheek
buccalis belonging to the cheek
Bulbus bulb
Bulla bulla, bubble
Bursa bursa, pouch

C

Calcaneus calcaneus, calcaneum, heel bone, calcaneal bone
Calcar spur
Calix calyx, calix, calice, goblet
Callus callosity
Calvaria roof of skull
Camera chamber
Canaliculus canalicule, small duct
Canalis canal, tube
caninus belonging to the dog
Capillus scalp hair
Capitulum small head
Capsula capsule, small cap
Caput head
Cardia cardia, part of stomach adjacent to cardiac opening
Caries caries
carneus fleshy
Carotis carotid

Carpus carpus
Cartilago cartilage
Caruncula caruncle
Cauda tail
caudatus tailed
cavernosus abounding in caves
Cavitas cavity, cave
Cavum cavity
Cecum c(a)ecum
cecus blind
Cellula cell
centralis lying in the centre/-er
Centrum centre, center
cephalicus belonging to the brain
Cerebellum cerebellum
Cerebrum cerebrum, brain
Cerumen ear wax
cervicalis belonging to the neck
Cervix neck
Chiasma chiasm, crossing
Choana choana, funnel
Chole bile
choledochus bile-bearing
Chondro cartilage
Chondrosis chondrification
Chorda cord
choroidea choroid
Chylus chyle
Ciliaris belonging to the eyelid
Cilium eyelash
Cingulum girdle
Circulus circle
circum- all around
Circumferentia circumference
circumflexus bent
Cisterna water cave
Claustrum claustrum, occlusion
Clavicula clavicle
clinoideus bed-like
Clitoris clitoris
Clivus declivity
Cloaca cloaca, sewer
Clunis hindquarter
coccygeus belonging to the coccyx
Cochlea cochlea
colicus belonging to the transverse colon
Collapsus collapse
collateralis lying at the side
Colliculus colliculus, a small elevation
Collum neck
Colon colon
Colpos sheath
Columna column
Commissura commissure, connection
communis common
compactus compressed
complexus combined
compositus composed
Compressio compression, pressing together
Concha conch(a)
Condylus condyle
congenitalis congenital
Confluens confluence
conjugatus connected
conjunctivus serving the connection
Conjunctiva conjunctiva
Connexio connection
Consecutio consequence
contactus touched
Conus cone
convolutus convoluted
Cor heart
coracoideus raven(bill)-like
Corium corium
Cornea cornea, horny skin
Cornu horn
Corona coronet, crown
coronoideus like a crown
Corpus body
Corpusculum corpuscle, small body
Corrugator wrinkler
Cortex cortex, rind, bowl
corticalis belonging to the cortex
Costa rib
Coxa hip bone
Cranium cranium, skull
crassus thick
Cremaster loop, hanger, tab
cribrosus sieve-like
Cribrum sieve
cricoideus ringlike
Crista crest, comb
cruralis belonging to the thigh
Crus (lower) leg, thigh
Crypta crypt, indentation
Cubitus elbow
Culmen culmen, highest pitch
cuneatus cuneate
cuneiformis cuneiform
Cunnus pudenda
Cupula dome
Curvatura curvature, curve
curvus bent
Cuspis cusp, lancehead
cutaneus belonging to the skin
Cuticula cuticle
Cutis skin
cyclicus circular
cysticus belonging to the gall (bladder)
Cystis bladder
cyto- cell

D

Dartos skinned
Decidua invalidated skin
Declive declivity, slope
Decussatio decussation, crossing, overlapping
Defaecatio evacuation of one's bowels

deferens leading down
delabens rolling down
deltoideus deltoid, triangular
Dendritum dendrite, tree
Dens tooth
Dentin dentin(e)
Dermis dermis, skin
descendens descending
dexter on the right
Diameter diameter
Diaphragma diaphragm, septum
Diaphysis shaft of a bone
Diastema diastema, interspace
Diastole slackening of the muscle of the (heart) ventricle
Diarthrosis joint
Diencephalon diencephalon, interbrain
digestorius serving the digestion
digitalis belonging to the finger
Digitus digit, finger
Diplöe diploë, double layer
dis- apart
Discus disk, disc
disseminatus distributed
Dorsum back
Dromos course, run
Ductus duct, canal
Duodenum duodenum, twelve times
durus hart
dys- faulty
Dysplasia dysplasia, malformation
Dyspnoe breathlessness

E

ecto- outside
efferens leading out
Ejaculatio throwing out
embryonalis belonging to the embryo
Eminentia eminence, elevation
Emissarium discharge
en- within
Enamelum enamel (of tooth)
Encephalon encephalon, brain
endo- inside
Enteron entrails
epi- up, upon
Epidermis epiderm(is)
Epididymis epididymis
Epiglottis epiglottis
epiploicus belonging to the omentum
Epiploon (greater or major) omentum
Epistropheus axis, second cervical vertebra
epithelialis belonging to the epithelial tissue
equinus coming from the horse
esophagus esophagus
Ethmo sieve
Excavatio hollow, cavity
excretorius secreting
exo- outside
Exspiratio exhalation
Extensor extensor
externus outside
Extremitas extremity

F

facialis belonging to the face
Facies face
falciformis sickle-shaped
Falx falx, sickle
Fascia fascia, bandage
Fasciculus (small) bundle
Fastigium gable
femininus female
femoralis belonging to the thigh
Femur thigh
Fenestra window
Fetus f(o)etus
Fibra fibre
fibrosus fibrous
Fibula fibula, grip
fibularis belonging to the fibula
filiformis filiform
Filum thread
Fimbria fimbria, fringe
Fissura fissure, cleft
Fistula fistula, tube
flavus yellow
Flexor flexor
Flexura flexure, bend
Flocculus floccule, small flake
fluctans flowing
Folium leaf
Folliculus follicle, small sac
Fonticulus fontanelle, small spring, source
Foramen foramen, small hole
Formatio formation
Fornix fornix, arch (of a vault)
Fossa fossa, ditch
Fovea fovea, pit
Foveola foveola, fossula
Frenulum frenulum, (small) ligament
Frons forehead
frontalis belonging to the forehead
fundiformis catapult-shaped
Fundus fundus, ground
fungiformis fungiform
Funiculus (small) cord
fusiformis spindle-shaped

G

Galea (leathern) galea, helmet
Gallus fowls, cock
Ganglion ganglion
Gaster stomach
gemellus double
Genesis generation
genitalis belonging to the genitals
Genu knee, stifle
Gingiva gum

Glabella small bald head
Glandula gland, small glans
Glans glans
Glia glue
Globus globe, sphere
Glomerulum glomerulus, small glomus
Glomus glomus
Glossa tongue
Glutaeus gluteal muscle
glyco- sweetish
gracilis gracile
Granulatio granulation
granulosus granular
Graviditas pregnancy
griseus grey
gustatorius serving the taste
Gyrus convolution

H

Habenula habenula, rein
Haematoma h(a)ematoma
Hallux big toe
hamatus hooked
Hamulus hamulus, hooklet
Helix helix, spiral
hem- blood
Hemisphaerium (cerebral) hemisphere
Hepar liver
Hernia hernia
heteros- heterogeneous, strange
Hiatus hiatus, gaping hole
Hilus stalk, hilus, small incision
Hippocampus hippocampus, seahorse
homos- homogenous, equal
horizontalis horizontal
hyalos- transparent
hydro- water
Hymen hymen
Hyoid lower part of the hyoid
hyper- over
hypo- under
hypogastricus lying under the stomach
hypoglossus lying under the tongue
Hystera uterus

I

Ikterus jaundice
Ileum ileum
Ileus ileus
iliacus belonging to the ileum
impar dissimiliar
Impressio impression
Incisura notch
Incontinentia incontinence, inability
Incus anvil
infra- below
infraspinatus lying below the spine of the shoulder blade
Infundibulum infundibulum, funnel
inguen groin
inguinalis belonging to the inguen
Inspiratio inhalation
Insufficientia insufficiency, inability
Insula island
insultus injured
Integumentum integument
inter- between
intermedius lying in the middle between others
internus inner
Intersectio intersection, incision
Interstitium interstitial space, connective tissue
intestinalis belonging to the intestines
Intestinum intestine(s)
intimus innermost
intra- within
Intumescentia intumescence
Involutio involution
Iris iris
ischiadicus belonging to the ischium
Ischium ischial bone, ischium
Isthmus isthmus, narrow passage
-itis ending for the marking of inflammation diseases

J

Jejunus sober, empty
Jejunum jejunum
jugularis belonging to the front side of the neck
Jugum yoke
Junctura junction
juvenilis youthful
juxta- near (to)

K

Kneme calf
Kopros mud
-krinein cut off
kryptos hidden
-klast (klaein) break in pieces
Kyphosis convex dorsal bending of the vertebral column

L

Labialis belonging to the lip
Labium labium, lips in pairs
Labrum lips unpaired, flews
Labyrinthus labyrinth
Lac milk
lacrimalis belonging to the tears
lactiferus milk-bearing
Lacuna lacuna, depression
Lamella lamella
Lamina lamina, plate
laryngeus belonging to the larynx
Larynx larynx
lateralis lateral
latissimus very broad
Latus flank
latus broad
Lemma cover
Lemniscus lemniscus, ribbon

Lens lens
lentiformis lentiform
lepto- thin, soft
Levator elevator (muscle)
liber free
Lien spleen
lienalis belonging to the spleen
Ligamentum ligament
Limbus limbus, hem(line)
Linea line
Lingua tongue
lingualis belonging to the tongue
Lingula lingula, small tongue
Liquor fluid
Lobulus lobule
Lobus lobe
longissimus longest
longitudinalis longitudinally
longus long
lucidus bright shining
lumbalis belonging to the loin
Lumbus loins
lumbricalis earthworm-like
lunatus luniform, curved
luteus yellow
Luxatio luxation
Lympha lymph
lymphaticus lymphatic
Lymphonodulus lymph(atic) nodule
Lymphonodus lymph node
Lysis lysis, dissolution
Lyssa rabies, lyssa of tongue

M

macro- macro, small
Macula macula, spot
magnus great
major major
malaris belonging to the cheek
Malleolus malleolus
Malleus hammer
Mamma mamma, mammary gland
mammillaris nipple-like
Mandare masticate, grind or chew
Mandibula mandible
Manubrium handle
Manus hand
Margo margin, edge, border
masculinus male
Masseter masticatory muscle
masticatorius serving the mastication
mastoideus nipple-shaped
Mastos udder
Mater sheath, mother
maturus mature
Maxilla upper jawbone
maximus greatest
Meatus passage
medialis closer to the plane of symmetry
medianus in the middle
medius lying in the middle
Medulla medulla
Membrana membrane, fine skin
membranaceus membranous
Membrum limb
Meninx meninx
Meniscus meniscus, half moon
mentalis belonging to the chin
Mentum chin
Meros part, piece
Mesencephalon mesencephalon
Mesenchym mesenchyme, embryonic connective tissue
Mesenterium mesentery
meso- in the middle, between
meta- after, later
Metacarpus metacarpus
Metaplasie metaplasia, transformation of tissue
Metastasis migration
Metra uterus
micro- small, slight
Mictio urination
minor smaller
Miosis contraction of the pupil
mirabilis miraculous
mobilis mobile
Modiolus central pillar of cochlea
molaris suitable for champing, grinding
mollis mellow
monos- alone
Mons mount
Morbus disease
mortalis mortal
motoricus motile
mucosus mucous
multi- many
Musculus muscle, little mouse
Mydriasis dilatation of the pupil
Myelos- medulla
myentericus belonging to the muscles of the intestines
Mylae- molars
Mylo- mandible
Myo- muscle
Myokard myocardium, cardiac muscle
Myometrium myometrium, uterine muscle

N

Nares nostrils
nasalis belonging to the nose
Nasus nose
natalis concerning birth
neo- new
Necrosis necrosis
Nephros kidney
Nervus nerve
Neurocranium cerebral cranium
Neuron nerve cell
niger black
nodosus nodular

Nodulus nodule
Nodus node
non- not
Nucha nape of neck
Nucleus nucleus
nudus naked
nutritius serving the nutrition

O

obliquus oblique
obliterans no longer in use
oblongatus extended
obturatorius obturating
obtusus obtuse, blunt
occipitalis belonging to the occiput
Occiput occiput, back of the head
occludens closing
occlusalis suitable for closing
Oculus eye
Odus tooth
Olecranon olecranon, elbow
olfactorius serving the smelling
oligo small, little, few
Oliva olive
Omentum omentum
Omos shoulder
Omphalos umbilicus
ophthalmicus belonging to the eye
Ophthalmos- eye
opponens comparing, to be opposite
opticus serving the vision
Ora margin, border
oralis belonging to the mouth
orbicularis circular
Orbita orbit(al cavity)
orbitalis belonging to the orbital cavity
Orchis orchides, testicle, testis
Organum organ
Orificium orifice, mouth
Origio origin
Os mouth
Os bone
osseus osseous
Ossificatio ossification
Osteogenesis bone formation
Osteon osteon, bone
Ostium orifice, opening, entrance
oticus belonging to the ear
ovalis oval
Ovarium ovary
Ovulation ovulation
Ovum egg

P

pachy- thick, strong
Palatum palate
pallidus pale
Pallium pallium, mantle
Palma cupped hand
palmaris belonging to the palm
palpare palpitate
Palpebra eyelid
pampiniformis tendril-shaped
Pancreas pancreas, salivary gland of the abdomen
pancreaticus belonging to the pancreas
Panniculus panniculus, lobule
Papilla papilla, wart
papillaris tubercle-like
para- alongside
Parasit parasite
Parasympathicus parasympathetic part of autonomic nervous system
Parathyroidea parathyroid gland
Paries wall
parietalis belonging to the wall
Parotis parotid gland
Pars part
parvus small
Patella knee-cap
Pecten pecten
pectoralis belonging to the pectus
Pectus chest, breast
Pediculus pedicle, peduncle, small foot
Pedunculus stalk
pellucidus transparent
Pelvis pelvis
Penis penis
pennatus pennate
perforans penetrating
Pericardium pericardium, heart sac
Perineum perineum
Periosteum periosteum
permanens permanent
peronaeus belonging to the calf bone
perpendicularis perpendicular
persistere remain
Pes foot
petrosus rocky
phago- food
Phalanx phalanx, finger or toe bone
pharyngeus belonging to the pharynx
Pharynx pharynx, throat
Philtrum philtrum, labial groove
phlebo- vein
Phren diaphragm
phrenicus belonging to the diaphragm
Phylogenesis phylogeny of living beings
Pilus hair
piriformis pear-shaped
pisiformis pea-shaped
pius soft, tender
Placenta placenta
Planta sole (of foot)
Planum plane
Platysma plate
Pleura pleura
Plexus plexus
Plica fold

Pneuma breath, air
pneumaticus aeriferous
podo- foot
Pollex thumb
Pons pons
Poples back of knee
popliteus belonging to the popliteal space
Porta portal
Portio portion
Porus pore, passage
posterior behind
pr(a)e- before
praeputialis belonging to the prepuce
Praeputium prepuce
primordialis original
princeps most important
principalis first
procerus slender
Processus process
profundus deep
prominens prominent
Promontorium promontory, foothills
proprius own
Prosencephalon forebrain
Prostata prostate
proximalis towards the trunk
Psoas loin
pterygoideus wing-shaped
Pteryx wing
Ptosis sinking of the (eye)lid
Pubes pubic region
pubicus belonging to the pubic region
pudendus belonging to the genitals
Pulmo lung
pulmonalis belonging to the lung
Pulpa pulp, soft tissue
pulposus pulp shaped, made of soft tissue
Pulvinar cushion
Punctum point
Pupilla pupil
Putamen putamen, dish
Pyelos renal pelvis
pyloricus belonging to the pylorus
Pylorus pylorus
Pyramis pyramid

Q

Quadratus quadrangular
quadriceps four-headed
quartus fourth

R

Radialis belonging to the radius
Radiatio radiation
radicularis belonging to the radical
Radius radius, spoke
Radix root
Ramus ramus, branch
Raphe seam
rectalis belonging to the rectum
Rectum rectum
rectus straight
recurrens running back
Regio region, position
Ren kidney
renalis belonging to the kidney
resorbere resorb
respiratorius serving the respiration
Rete network
reticularis reticular
Retina retina
Retractor retractor
retro- back
Rhis, Rhinos nose
rhomboideus rhombic
Rima cleft, fissure
rostralis rostral
Rotator turner
rotundus round
ruber red
Ruga wrinkle, ridge
Ruptura rupture, crack

S

Sacculus saccule, small bag
Saccus sac
sacer- sacred
sacralis belonging to the sacrum
Saliva saliva, spittle
Salpinx uterine tube
sanguineus bloody
Saphena saphenous vein
saphenus hidden
sarko- fleash
Sartor tailor
sartorius belonging to taylor, a muscle that crosses the front of the thigh
Scala scala, stairs
scalenus oblique
Scapula shoulder-blade
Scapus shaft
Sclera clera, hard tunic of the eyeball
Scrotum scrotum, bag
Scutulum small shield
sebaceus sebaceous
Sebum sebum
segmentalis subdivided
Segmentum segment, section
Sella armchair
Semen semen
semi- half
semicircularis semicircular
semilunaris semi(-)lunar
seminalis connected with the semen
seminifer semen-bearing
sensibilis sensitive
septalis belonging to the septum
septicus affected by germs

Septum septum, diaphragm
serratus serrated
serosus abounding in serum
sesamoideus sesame-like
sexualis sexual
siccus dry
sigmoideus sigma-shaped
simplex simple
sinister on the left(-hand) side
Sinus sinus
Situs position
sive, seu or
Skeleton skeleton
skolios kyphotic, bent
Skoliosis lateral bending of the vertebral column
solaris sun-like
Solea sole
solitarius single
Soma body
Spatium space
Sperma semen
sphaeroideus sphere-like
Sphaira sphere
sphenoidalis wedge-shaped
Sphincter sphincter
Spina spine
spinalis spine-like
spinosus thorny
spiralis round, winding
splanchnicus belonging to the intestines
Splanchnon intestines
Splanchnocranium visceral cranium
Splen spleen
splenicus belonging to the spleen
splenius paving-shaped
Spondylos vertebra
spongiosus spongy
Squama squama
squamosus squamous
Stapes stirrup
Stasis standstill, stopping
stellatus stellate
stenos narrow
sterilis sterile
sternalis belonging to the sternum
Sternum sternum
Stigma sign
Stoma opening, mouth
Stratum layer
striatus striate(d)
Struma goitre
styloideus styliform
Stylos style
sub- under
Subcutis hypoderm(is)
Substantia substance, foundation
sudoriferus containing sweat
Sulcus groove
super- over
superficialis superficial
Sura calf of leg
suralis belonging to the calf
suspensorius suitable for suspending
Sustentaculum sustentaculum, prop
Sutura suture
Sympathicus thoracolumbar division of autonomic nervous system
Symphysis symphysis, fusion
syn- together
Synovia synovial fluid
synovialis belonging to the synovial fluid
Synthesis composition
Systole constricting of the cardiac muscle

T

Tabula tablet
Tactus tactile sense
Taenia t(a)enia, stria
Talus tibial tarsal bone
Tarsus hock, ankle
Tectum roof
Tegmentum tegmentum
Tela tissue
Telencephalon endbrain
temporalis belonging to the temple
Tempus temple, time
tendineus stringy
tendinosus abounding in tendons
Tendo tendon
Tensor tensor
Tentorium tent(orium)
tenuis thin
teres roundish
terminalis border marking
tertius third
testicularis belonging to the testicle
Testis testis, testicle
Tetanie muscle cramp
Textus tissue
Thalamus thalamus, inner chamber
Theca theca, case
therapeuein to heal
thoracalis, thoracicus belonging to the thorax
Thorax thorax
Thrombus blood clot
thyreoideus scutiform
Tibia shin-bone
Tonsilla tonsil
Torsio torsion
Torus torus, pad
Trabecula trabecula
Trachea trachea
Tractus tract(ion)
trans- through
transversalis across
transversus running across
trapezius trapeziform
Trauma wound

tri- three
triangularis triangular
triceps triple-headed
trigeminus triple
Trigonum triangle
Trochlea trochlea, roll
Trope change
tropho- food
Trochos wheel
Truncus trunk
Tuba tube
Tuba auditiva auditory tube
Tuba uterina uterine tube
Tuber (pro)tuber(ance)
Tuberculum tubercle, small protuberance
Tubulus tubule, small tube
Tumor growth, intumescence
Tunica tunic, coat
turbinalis turbinate(d), spiral, conchal
tympanicus belonging to the tympanum

U

Ulna ulna
ultra- on the other side
umbilicalis belonging to the navel
Umbilicus navel
uncinatus hooked
Unguicula claw
unguicularis belonging to the claw
Unguis nail
Ungula hoof
Urachus urachus, urinary duct
Ureter ureter, urinary duct
Urethra urethra, urinary duct
Urina urine
Uterus uterus
Utriculus utricle
Uvea (bunch of) grapes
Uvula uvula

V

Vagina sheath
vagus wandering nerve
Valgus knock-kneed
vallatus cloaked
Valva valve
Valvula valvule, small valve
varus bow-legged
Vas vessel
vasculosus abounding in vessels
vastus vast
Velum velum, sail
Vena vein
Venter belly
Ventriculus ventricle, big-bellied room
ventricularis belonging to the belly
Vermis vermis, worm
Vertebra vertebra
vertebralis belonging to the vertebra
Vertex crown
verticalis vertical
Vesica bladder
Vesicula vesicle
vesicularis vesicular
vestibularis belonging to an anteroom
Vestibulum vestibule
Villus villus
Vinculum band
Vita life
Vitellus yolk
vitreus vitreous
Viscera viscera
Visus vision
Vocalis sounding
Volvulus torsion
Vortex vortex

X

xiphoideus ensiform, swort shaped

Z

Zele rupture
Zona zone
Zonula zonule, small zone
zonularis striate(d)
zygomaticus belonging to the cheek-bone

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