



Retrieval of Foreign Body through Enterotomy in a Dog

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Abstract

In veterinary practice, gastrointestinal foreign body (FB) is very common in dogs. Foreign bodies can pass through the gastrointestinal tract without showing clinical signs, or they can cause damage and have a clinical impact. Though all age groups of dogs are affected, young dogs are more prone to the same (mean age, 3.5 to 3.7 years), which ingest a variety of nonlinear foreign bodies [1].

This report describe case of a three year old male Dachshund presented at Veterinary polyclinic, Chengannur, Alappuzha. The patient was presented on 3rd October 2023 with reports of anorexia, vomiting, lethargy that developed one day before presentation at the clinic. First two days the case was treated as simple gastritis and on the 3rd day abdominal palpation revealed a hard round intra- abdominal mass and radiograph of the lateral abdomen revealed radio opaque material.

Haematological observations showed slight neutrophilia, lymphopenia, polycythemia and in serum biochemistry observations, ALP values were elevated and creatinine blood urea nitrogen were in normal range. foreign bodies cause complete or partial obstruction of the gastrointestinal tract. depending on the size and physical properties of the foreign body. Lethal complications caused by fluid and electrolyte imbalances, hypovolemia, and toxemia may accompany with intestinal foreign bodies [3].

Emergency enterotomy was performed and foreign body was retrieved and it was a stone. Animal recovered uneventfully.

Keywords: Foreign Body; Retrieval; Enterotomy; Dog

Introduction

Intestinal obstruction in dogs has a variety of causes. Intestinal obstruction is commonly due to indiscriminate feeding habits in dogs; they can ingest foreign bodies or objects such as toys, threads, and bones etc. and become lodged [2]. Blood supply to GI tract becomes compromised leading to necrosis, possible perforation or infection. Symptoms of intestinal obstruction may be projectile vomiting, loss of appetite, straining during bowel movements, diarrhea, tarry stools, inability to defecate, lethargy, burping, excessive drooling, abdominal bloating, abdominal pain, remaining still and refusing to lie down depending on site of obstruction [4]. Depending on the underlying cause of the obstruction, the site can

undergo tissue damage resulting in perforation, endotoxemia, and hypovolemic shock.

Diagnosis is based on history, physical examination and other diagnostic aids. Physical examination will allow to feel the abdomen to reveal masses, intussusception, pain or foreign objects. Ultrasound is another good tool to identify presence of an obstruction and its location. Barium sulfate is a contrast agent that enhance visualisation of soft tissue structures in x-ray. If the barium is blocked from flowing or is delayed in movement, this can indicate an obstruction and help to pinpoint its location (Hoffman, *et al.*, 2005). If diagnostics indicate an intestinal obstruction, exploratory surgery (Laparotomy) can be performed (often the

same day) to locate and remove the obstruction. This case reports the clinical findings and successful surgical management of white natural pebble stone as an intestinal obstruction in a dachshund dog. Physical examination and blood tests are often performed to rule out other causes for the observed clinical signs. Abdominal palpation is important in the diagnosis of an obstruction, but advanced diagnostics are often required for confirmation. Abdominal radiographs (X-rays) are the most common diagnostic test performed to help visualize evidence of a foreign body obstruction [5].

Case Report

Signalment

Animal	Dog
Species	Canine
Breed	Dachshund
Age	3years
Sex	Male
Weight	10.04kg

Table a

Anamnesis

Animal was presented with anorexia, vomiting and lethargy from the previous day.

Observation

On general examination animal was dull slightly dehydrated.

General clinical examination

Respiratory rate: 22/min

Heartbeat: 93 bpm

Temperature: 101.6

Mucous membrane: Pink rosette

Lymph nodes: Slightly enlarged

Test description	Results	Units
Blood picture		
Haemoglobin	13.4	gm%
Total leukocyte count	16100	Cummins
Neutrophils	92	%
Lymphocytes	0.5	%
Platelets	1.20	10 µL
PCV	40.2	%
Serum biochemistry		
SGOT	65	U/L
SGPT	59	U/L
ALP	379	U/L
Creatinine	0.83	mg/dl

Table b

Diagnosis

Based on history clinical signs radiographs diagnosed as foreign body obstruction.

Treatment procedure (Followed)

The animal was treated for gastritis for one day.

Given,

Inj Amoxirum forte @ 12.5mg/kg body weight

Inj Pantoprazole @ 1mg/kg body weight

Inj Emeset @ 0.5 mg/kg body weight

Inj Ringer lactate 50ml

Procedure

Patient was stabilized preoperatively with fluid therapy and supportive therapy. Prepared the surgical site by shaving the area, washed with soap solution and applied povidone iodine solution.

Patient was sedated with Xylazine @ 1 mg/kg, Ketamine + Diazepam 1ml for induction and K + D as 2:1 ratio for maintenance.

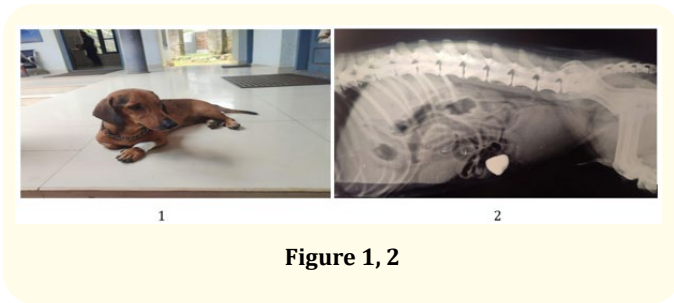


Figure 1, 2

Patient was placed on dorsal recumbency. A linear ventral midline incision was made, followed by subcutaneous tissue, linea alba and peritoneum and the affected intestinal loop pulled out (figure 3) and packed off from the rest of the abdomen with moist laparotomy sponges to maintain asepsis.

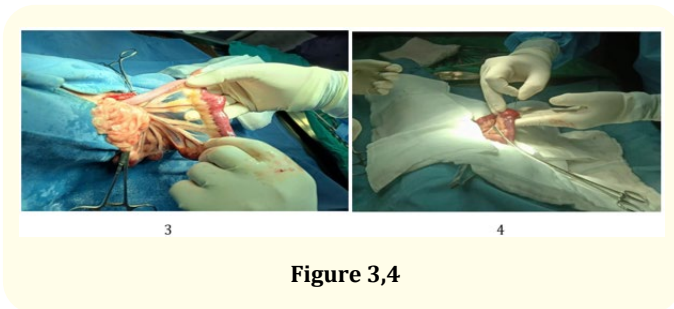


Figure 3,4

Irrigated the intestine with warm saline. An enterotomy incision was made at antimesenteric border (Figure 3 Figure 4) and foreign body was removed and it was a pebble stone.

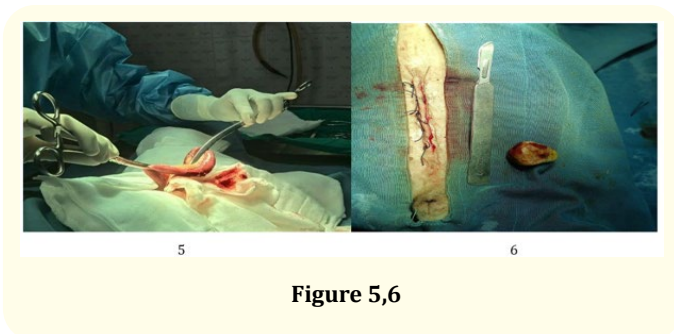


Figure 5,6

Enterotomy incision was closed by a simple interrupted pattern by using PGA (3-0). Abdominal cavity was flushed with ample warm normal saline. Omentalisation was done, stay sutures put on omentum. Subcutaneous tissue sutured by simple continuous pattern by using PGA (2-0) and skin sutures with horizontal mattress by nylon (1-0) (Figure 7).



Figure 7

Wound was cleaned and dressed and post operatively ceftriaxone sodium, ampicillin cloxacillin pantoprazole and fluid therapy (Normal saline and Ringer lactate). Animal was maintained nil oral for 3 days with parenteral fluids. Oral feeding started on the 4th day after surgery with liquid food and slowly semisolid and solid. The wound was dressed alternate days and skin sutures were removed completely on the 10th day.

Summary

The document places on record the successful surgical management of an intestinal foreign body obstruction in a three year old male dachshund. Animal recovered uneventfully.

Bibliography

1. Capak D., et al. "Incidence of foreign-body-induced ileus in dogs". *Berliner und Münchener tierärztliche Wochenschrift* 114 (2001): 290-296.
2. Hobday MM., et al. "Linear versus non-linear gastrointestinal foreign bodies in 499 dogs: clinical presentation, management and short-term outcome". *Journal of Small Animal Practice* 11 (2014): 560-565.
3. Papazoglou L., et al. "Intestinal foreign bodies in dogs and cats". *Compendium: Continuing Education for Veterinarians* 25 (2003): 830-844.
4. Poggiani FM., et al. "Endoscopic removal of foreign body in upper gastrointestinal tract in dogs: success rate and complications". *Acta Scientiae Veterinariae* 48 (2020): 173.
5. Talekar SH., et al. "*International Journal of Recent Scientific Research* 12 (2022): 2480-2483.