

Case Study

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Successful Surgical Management of Intestinal Foreign Body in a Labrador Dog

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ABSTRACT

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Three year old Labrador male weighing 27 kg dog was presented with history of complaint of off feed and straining for defecation since two days. The abdominal diagnostic imaging suggested foreign body in intestine. The dog was operated for enterotomy and chewed plastic toy was recovered. The dog was recovered very well without any complications.

Introduction

Dogs may ingest foreign bodies (FBs) may lodge in any part of the intestinal tract that cause intestinal obstruction required emergency surgical treatment and most commonly are balls, stones, rubber, bones, and plastic are usually reported (Papazoglou *et al.*, 2003). Gastrointestinal foreign bodies are commonly encountered in small animal practice. Due to indiscriminate eating habits, foreign bodies are more common in dogs and ingested foreign bodies pass uneventfully through the gastrointestinal tract results in to variable symptoms (Makinde *et al.*, 2018).

This paper presents a successful surgical management of intestinal foreign body in Labrador dog.

History and clinical examinations

Three year old Labrador male weighing 27 kg dog was presented to Veterinary Clinical Complex, Veterinary College, Anand with complaint of off feed and straining for defecation since two days. On presentation animal was active and alert. All physiological parameters were within normal range. Clinical palpation revealed hard mass in abdomen. Further abdominal radiography

(Fig. 1) and ultrasonography (Fig. 2) was done to confirm etiology which revealed foreign body in intestine.

Treatment and Discussion

On the basis of clinical examinations and diagnostic findings the case was diagnosed as a foreign body in intestine. The surgical removal by enterotomy was planned. Pre-operative animal was medicated with Inj. Atropine Sulphate 0.04mg/kg subcutaneous, Inj. RL 500ml, Inj. Intacef Tazo@ 15mg/kg body weight intravenously. Under general anaesthesia usif Inj. Ketamine hydrochloride@ 5 mg/kg and Inj. Mediazolam@ 1 mg/kg intravenously and

enterotomy was performed and chewed plastic toy (Fig. 3, 4 and 5) was recovered. Enterotomy incision on antimesentric border was sutured by double layer suture pattern and abdominal muscles sutured by continuous lock stich and skin closure by interrupted suture pattern. Post-operatively dog was kept on total off water and off feed for five days and given Inj. RL 500ml, Inj. IntacefTazo@ 15 mg/kg intravenously. After five days dog was allowed liquid diet and after seven days solid food. Dog was recovered uneventfully without any complication within twelve days (Fig. 6). The dogs have habit of licking and playing with intimate objects which sometime engulfed and migrate to the intestine due to small size and lead to intestinal obstruction.



Fig.1 Radiography of abdomen



Fig. 2 Ultrasonography of foreign body

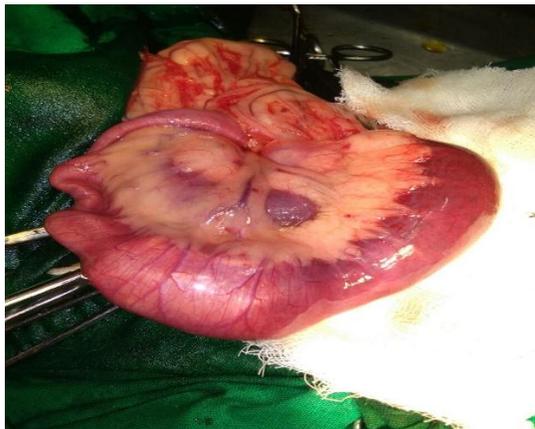


Fig.3 Intestinal foreign body



Fig. 4 Enterotomy Incision



Fig.5 Plastic Toy



Fig.6 Recovered Dog

The abdominal palpation give some clue for the diagnosis. Radiography is commonly used in suspected gastrointestinal foreign bodies but plain abdominal radiographs may be unremarkable in many cases and abdominal ultrasonography may be required to confirm the diagnosis (Hoday *et al.*, 2014). Kamalakar *et al.*, (2018) performed enterotomy in Labrador bitch and recovered few pebbles. Mahesh *et al.*, (2019) performed enterotomy and recovered spherical ball from six month old male Dobbermann. Timely diagnosis based on history, clinical symptoms and diagnostic findings confirms intestinal obstruction which need immediate surgical management to achieve favourable outcomes.

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