

# INTESTINAL STENOSIS IN A DOG

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An eight months old female Labrador retriever dog was presented with complaint of vomiting and bloody diarrhea. Medical management alleviated the symptoms, but, dog continued to be anorectic. Plain and barium meal radiography revealed intestinal obstruction. Exploratory laparotomy under atropine-xylazine-thiopentone anaesthesia revealed intestinal stenosis at jejuno-ileum region. Enterectomy of stenosed intestine followed by enteroanastomosis by simple continuous suture pattern was performed. Uneventful recovery was noticed by 10<sup>th</sup> post-operative day.

**Keywords:** Dog, Enteroanastomosis, Jejuno-ileum, Stenosis,

Intestinal stenosis is partial narrowing of lumen of the intestine. Stenoses are much less common and rare in the newborn puppies. Early diagnosis and proper surgical management are important for survivability. Early diagnosis and proper surgical management are important for survivability. Van Der Gaag and Tibboel (1980) used the term stenosis to denote incomplete occlusion of the intestinal lumen. This might be a localized narrowing of the bowel. They also reported stenosis of intestine in five animals: one foal, two calves, one pup, and one cat. There were numerous causes for atresia and stenosis. It had been suggested that cells originally occluding the lumen failed to break down (Tandler, 1900). More recent investigation had shown that this was true only for the duodenum (Lynn and Espinase, 1959). For atresia and stenosis of the small bowel and colon, three causes have been suggested: developmental anomalies (primary hypoplasia, abnormal influence of the ductus

omphalomesentericus, congenital absence of arteries), inflammatory causes (meconium peritonitis and enteritis) and the most important theory is that atresia is the result of mechanical lesions of the blood supply {volvulus, intussusception, omphalocele, malrotation, strangulation} (Tibboel *et al.*, 1980). In the present case, stenosis of the intestine was suspected to be a developmental anomaly. In the present study, a case of intestinal stenosis (suspected to be a developmental anomaly) in a dog is placed on record.

Labrador retriever dog of about eight months old female and of 21kg body weight, was presented with a history of vomiting and bloody diarrhea since 15 days; in the Teaching Veterinary Clinical Complex, Veterinary College, Shivamogga. The dog was subjected to detailed clinical examination and kept on medical management for 7 days. Vomiting and diarrhea were stopped.



**Figure-1: Contrast radiograph of abdomen, 30 mins after barium meal**



**Figure-2: Contrast radiograph of lateral abdomen, 24 hours after barium meal**

But, the dog was having anorexia. Plain radiograph of the abdomen revealed severe distended gas filled intestinal loops. Contrast radiography of the GIT was performed with the barium meal. Radiograph taken 30 minutes after the barium meal showed complete gastric emptying and barium was present in the small intestine (Fig 1). Radiograph taken 12 hours after barium meal revealed accumulation of barium into intestine. Pooling of barium sulphate in the intestine at caudal abdomen noticed even after 24hours (Fig 2). This confirmed the intestinal obstruction and it was decided for exploratory laparotomy. Pre-operatively, animal was stabilized with RL 500 ml I/V and Inj. Ceftriazone (25mg/kg b.wt.) was administered I/V. Inj Xylazine (0.6mg/kg b.wt.) I/M and Inj Atropine Sulphate (0.04mg/kg b.wt.) S/C were administered as pre-anaesthetics. Surgical site was prepared aseptically. Thiopentone Sodium 2.5 % @ 12.5mg/kg b.wt. was administered I/V for induction; anesthesia was maintained with

Thiopentone Sodium. Middle ventro-median abdominal incision, extending two inches cranial and caudal to umbilicus, was performed to enter abdomen. Exploration revealed intestinal obstruction at jenu-ileum region. Exteriorization and examination of obstructed part revealed stenosis of intestinal lumen (Fig 3). However, reason for the stenosis was not identifiable; hence, enterectomy was performed to remove stenosed portion of the intestinal loop and entero-anastomosis was performed by simple continuous suture pattern using Chromic Catgut No 2-0. Abdominal incision was closed in a routine manner.

Dissection of the excised portion of intestinal loop revealed narrowing of the intestinal lumen. Dog was kept on oral cefotaxime 200mg SID P/O for 7 days and fluid therapy for 3 days without any food. Liquid food was started by 4<sup>th</sup> day. From 10<sup>th</sup> day post-operatively, solid food was started gradually and skin sutures were removed.



**Figure-3: Exteriorization of stenosed portion of the intestinal loop**

In the present case, contrast radiographic findings helped in correct diagnosis of intestinal obstruction due to stenosis and enteroanastomosis was performed using chromic catgut no. 2-0 by single layer simple continuous suture pattern. Animal recovered without any complications.

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# SURGICAL REPAIR OF TONGUE LACERATION IN A TERRIER: A CASE REPORT

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A 1.5 years old female Terrier dog was presented to the Star Pet Hospital, Chennai with the history of bleeding from the mouth after chewing the stainless steel mosquito coil stand. On clinical examination, intermittent bleeding was noticed from the partially lacerated tongue. Animal was apparently normal. Surgical repair of lacerated tongue was done under general anaesthesia. Uneventful recovery was noticed after two weeks. No complications were noticed.

**Keywords:** Dog, Laceration, Tongue.

Lacerations of the tongue are not uncommon and can be severe. Transverse lacerations are more frequent than longitudinal lacerations. The free portion of the tongue is usually involved because of its location and this part has more exposure to the external environment. Clinical signs of laceration include oral haemorrhage, salivation, inappetance, anorexia, dysphagia, malodorous breath, pyrexia, and tongue protrusion from the mouth. Management of tongue lacerations is guided by the severity, duration, and location of the injury. Partial glossectomy, primary wound closure, or secondary wound healing are the treatment options. The special features of the surgery of

the tongue come from its location within the oral cavity and its rich vascularisation. The tongue's reaction to surgery is excellent (Sabaz and Viviana, 1999). Postoperative complications include excessive swelling of the tongue and suture dehiscence. The cosmetic appearance is usually highly acceptable.

A 1.5 years old female Terrier dog was presented with the history of bleeding from the mouth after chewing the stainless steel mosquito coil stand. Animal was apparently healthy and normal. On clinical examination, partial thickness transverse laceration of tongue was noticed with intermittent bleeding (Figure 1).



**Figure 1. Before surgery –partial thickness transverse laceration of tongue**



**Figure 2. intra operative – simple interrupted sutures placed on tongue**