

VIDEO ENDOSCOPIC RETRIEVAL OF SOCK FROM STOMACH OF A LABRADOR DOG

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An adult Labrador with history of vomiting and inappetence was presented to Veterinary College and Research Institute, Namakkal, Hospital. Dog was subjected to detailed clinical and haemato biochemical examinations. Vital signs were normal except for dehydration. Survey radiography revealed presence of radiolucent foreign body in the stomach. Propofol was used as general anaesthesia and sock (40 cm) was retrieved with endoscopic guidance. Dog was administered with the dextrose normal saline, amoxicillin – cloxacillin and pantoprazole for three days and the dog had uneventful recovery.

Keywords: Dog, Endoscopic retrieval, Gastric foreign body, Sock.

Gastrointestinal foreign bodies are one of the common problems in dogs. Incomplete obstruction is caused by linear and small irregular objects while large circular objects causes complete obstruction. Dogs have varied, non specific clinical signs including vomiting, anorexia, dehydration and abdominal pain (Moon *et al.*, 2012). Gastric foreign bodies are usually suspected on the basis of history and possible exposure and most often confirmed by radiographs (Tams and Spector, 2011). Young animals are most susceptible than the adult dogs. Among the different gastric foreign bodies, ingestion of the socks is not common. Radiolucent objects may require contrast radiography or endoscopy to confirm a diagnosis. Flexible endoscope allows easy passage into an anaesthetized young dog's stomach to visualize the foreign body and removal (Vijayakumar *et al.*, 2009). In this paper,

successful removal of socks from the stomach using endoscopy is reported.

A four year old adult Labrador with history of vomiting and inappetence was presented to Veterinary College and Research Institute Hospital, Namakkal. Clinical examination of the dog revealed mild dehydration, pain while palpation of the cranial abdomen. Vital signs and haematological parameters were within the normal limits except for dehydration. Survey radiography revealed presence of radiolucent foreign body in the stomach (Fig.1). Video endoscopy was performed under general anaesthesia. Glycopyrrolate (@0.02 mg/kg body weight S/C) was given as premedication followed by propofol (@4 mg/kg body weight, I/V) along with 5 percent dextrose normal saline (@ 10 ml/kg body weight, I/V). Gastroscopy revealed presence of the socks in the fundic region of stomach (Fig.2).



Fig.1. Radiography: Radiolucent foreign body in stomach



Fig.2. Endoscopy: Sock in the stomach

With the help of endoscopy baskets, foreign body was firmly held and retrieved. The retrieved foreign body was sock (40 cm length) (Fig. 3 and 4). The dog was administered with amoxicillin - cloxacillin (@ 20 mg/kg body weight, bid, I/V, pantoprazole (@ 0.5 mg/ kg body weight, bid,

I/V) and 5 percent dextrose normal saline (@ 10 ml/kg body weight, bid, I/V) for three days. Endoscopic retrieval of the gastric foreign bodies is easier than oesophageal foreign bodies as more space is available for endoscopic manipulation.



Fig.3. Retrieval of sock by endoscopic basket



Fig.4. Retrieved sock

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