

SURGICAL RETRIEVAL OF INTESTINAL FOREIGN BODY IN A CAT

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How to cite this article: Hari Krishna, N.V.V., Kamalakar, G., and Suresh, K. (2023). Surgical Retrieval of Intestinal Foreign Body in A Cat, *Ind. J. Canine Pract.*, 15(2): 146-148.

A nine month old male cat was presented to the Veterinary Clinical Complex, NTR College of Veterinary Science, Gannavaram, with the history of chronic vomiting within an hour after receiving food since four weeks. On abdominal palpation, the animal was showing pain and discomfort. Lateral abdomen radiograph revealed distended intestinal loops and soft tissue opacity in the abdomen and barium contrast study of the gastrointestinal tract revealed partial intestinal obstruction. Enterotomy was performed and 'cock head' of shuttlecock was recovered from the intestines.

Keywords: Cat, Cock head of shuttlecock, Enterotomy, Intestinal foreign body.

Foreign body ingestion is the most common cause of intestinal obstruction in small animal practice, requiring emergency laparotomy. Cats ingest variety of foreign bodies such as wool, paper, rubber bands, plant materials, small toys, bottle cap and trichobezoars (non-linear) and thread, string, plastic, ribbon (linear) (Hayes, 2009 and Hari Krishna *et al.*, 2022). Ingested foreign bodies cause either complete or partial obstruction of the gastrointestinal tract and it depends on the size and physical properties of the foreign body. Lethal complications caused by fluid and electrolyte imbalances, hypovolemia and toxemia may be accompanying with intestinal foreign bodies (Papazoglou *et al.*, 2003). In the present paper, diagnosis and surgical treatment for partial intestinal obstruction in a Persian cat is discussed.

Case history and Observations

A nine month old male cat was presented to Veterinary Clinical Complex, NTR College of Veterinary Science, Gannavaram, with the history of chronic vomiting within an hour of receiving food since 4 four weeks. During clinical examination cat was dull and dehydrated. Abdominal palpation revealed pain and

discomfort and straining while urination and defecation was observed. Lateral abdomen radiograph revealed soft tissue opacity with severely distended intestinal loops suggestive of intestinal obstruction (Fig. 1). For confirmatory diagnosis contrast study was performed and barium suspension was given @ 12 mL/Kg b. wt. and radiographs were taken at 0 min, 15 min, 45 min. and 90 min. intervals. Contrast material had showed normal passage in intestines encircling the foreign body at 90 min. indicated that the obstruction was partial (Fig. 2). At the end of 24 hours, radiograph showed normal study. However, a soft tissue opacity was present in the abdomen (Fig. 3). It was decided to retrieve the foreign body by enterotomy.

Surgical Treatment

Preoperatively, the cat was stabilized with inj. Ringers lactate @ 30mL/Kg b.wt. I/V and inj. Cefotaxime @ 22 mg/Kg b.wt. I/V. The surgical site was prepared aseptically. Preemptive analgesia was achieved with meloxicam @ 0.2mg/Kg b.wt. S/C. Cat was premedicated with atropine sulphate @ 0.04 mg/Kg. b.wt. I/M 10 min before surgery. Anaesthesia was induced with midazolam @ 0.2 mg/Kg

b.wt. and ketamine @ 5.0 mg/Kg. b.wt. I/V to effect and maintained with 2% isoflurane. The animal was positioned in dorsal recumbency. A six centimetres long linear ventral midline skin incision starting from umbilicus towards the pubis was placed followed by subcutaneous tissue, linea alba and peritoneum and the intestinal loops were exteriorised. The foreign body was found in the jejunum (Fig. 4) and an incision was

made at the anti mesenteric border and the foreign body, 'cock head' of shuttlecock was recovered (Fig. 5). Enterotomy incision was closed by single layer of Cushing suture using 4-0 polyglactin 910. The enterotomy site was checked for leakage by gentle milking of the contents through the enterotomy site. Abdomen was lavaged with Ringers lactate. The linea alba closed with 1/0 polyglactin 910 by continuous lock stitch.



Fig. 1 Skiagram showing severely distended intestinal loops with soft tissue opacity (Arrow).



Fig. 2 Contrast radiograph showing normal passage of contrast encircling FB (Arrow).

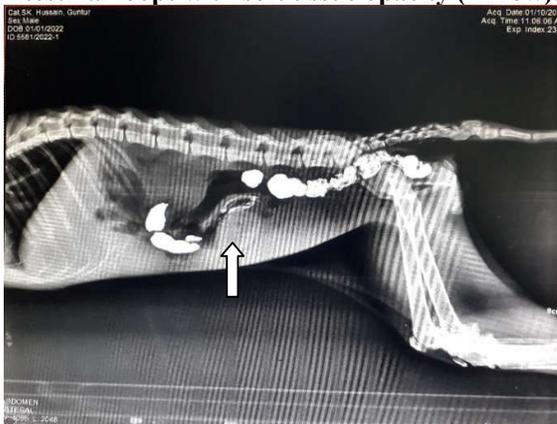


Fig. 3 Normal study at 24 hour with soft tissue opacity (Arrow)

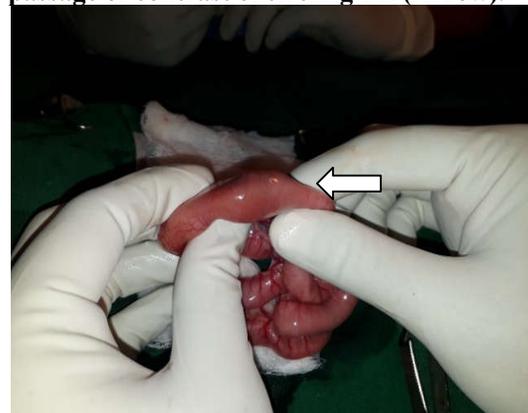


Fig. 4 Photograph showing foreign body lodged in jejunum.

Subcutis was closed by simple continuous pattern using 1/0 polyglactin 910 and skin by cross mattress suture using 2/0 polyamide. Post-operatively inj. cefotaxime @ 22 mg/Kg. b.wt. for seven days I/M and inj. Meloxicam @ 0.2 mg/Kg b.wt. for two days S/C were given. Intravenously inj.

Ringers lactate was given for three days twice daily. Milk was given on fourth postoperative day and shifted to semisolids and solids on sixth and eighth postoperative day respectively. Surgical wound was dressed on fourth postoperative day with povidone

iodine and skin sutures were removed on the eighth postoperative day.

Results and Discussion

No complications were observed in the present case in spite of the delayed presentation and the cat showed uneventful recovery.

In the present case, clinical signs such as chronic vomiting, dehydration, weight loss, abdominal pain and discomfort were observed. In the present case an unusual nonlinear foreign body i.e. cock head of shuttlecock was recovered from the jejunum. The foreign body was lodged in the small intestine due to its smaller diameter.

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