

SURGICAL MANAGEMENT OF INTESTINAL OBSTRUCTION DUE TO BRISTLES OF SWEEP BROOM IN A QUEEN CAT

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Abstract: A two years queen cat was presented to Teaching Veterinary Clinical Complex (TVCC), Junagadh Veterinary College with history of complete anorexia and continuous vomiting since last two days. Chronic history of symptomatic medical treatment for anorexia since last six months without any prominent response. Diagnosis of intestinal obstruction was confirmed by abdominal ultrasonography, and physical abdominal palpation of hard mass in abdominal region. Radiography was done but not given any specific or confirm diagnosis. Surgical removal of intestinal obstruction due to bristles of sweep broom was done under general anaesthesia. Case was followed up for six months and incidence of the condition was not reported.

Keywords: Intestinal obstruction, Sweep broom bristles, Cat.

INTRODUCTION

Intestinal obstruction refers to blockage that may occur in the intestines. Intestinal obstruction is defined as the partial or complete blockage of the flow of nutrients (solid or liquid) ingested into the body, and/or secretions through the intestines. There are two major types of foreign bodies: nonlinear and linear. Nonlinear foreign bodies cause an intestinal obstruction that prevents gas and fluid from passing down the intestine. The present report describes the diagnostic and surgical treatment of intestinal obstruction due to bristles of sweep broom in a queen cat which is non linear type of foreign body in a two years old queen cat.

MATERIAL AND METHODS

A two years queen cat was presented to Teaching Veterinary Clinical Complex (TVCC), Junagadh Veterinary College with history of complete anorexia and continuous vomiting since last two days. Chronic history of symptomatic medical treatment for anorexia since last six months was noticed. Diagnosis of intestinal obstruction was confirmed by abdominal ultrasonography, radiography and physical abdominal palpation of hard mass in abdominal region.

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Fig 1 Queen cat before surgery

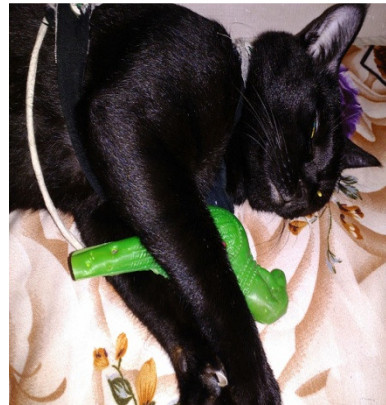


Fig 2 Queen cat after complete recovery

Owner had observed cat was not responding to any medical treatment and history of playing cat usually with sweep brooms. Clinical examination revealed dehydration and all physiological parameters like heart rate, respiration rate and body temperature are within the normal limit. Haematological examination reveals normal DLC, LFT & KFT are as follows HB:13.7gm%,R.B.C.:4.7millions,P.C.V.:%:38.2%,W.B.C.:11,000/cu.mm, Neutrophils : 60%, Lymphocytes : 20%, Monocytes : 04%, Platelets: 5,22,000/cu.mm, Creatinine : 1.6 mg/dl, BUN : 25.7 mg/dl, Total Bilirubin:0.83 mg/dl, Direct Bilirubin:0.16, Indirect Bilirubin:0.67, S.G.P.T. : 42 Iu/L, Total protein : 6.3 mg/dl, Albumin : 3.7 mg/dl, Globulin : 2.6mg/dl, A/G Ratio :1:4.

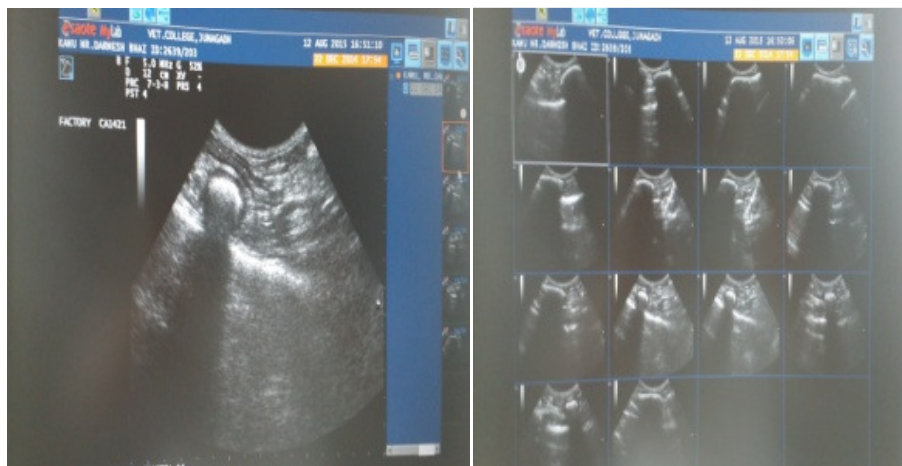


Fig 3 & Fig 4 Ultrasonography pictures of cat

Radiographs of lateral abdominal view doesn't give detail confirmation about intestinal obstruction because of radiolucent material in the intestine but ultrasonography revealed the presence of foreign body in abdominal region showing unusual rounded slightly hyperechoic structure. Ultrasonography reveals hard mass in abdominal region. Based on these

findings a diagnosis of intestinal obstruction was made. Hence laparotomy followed by Enterotomy was performed to relief normal bowel movement.

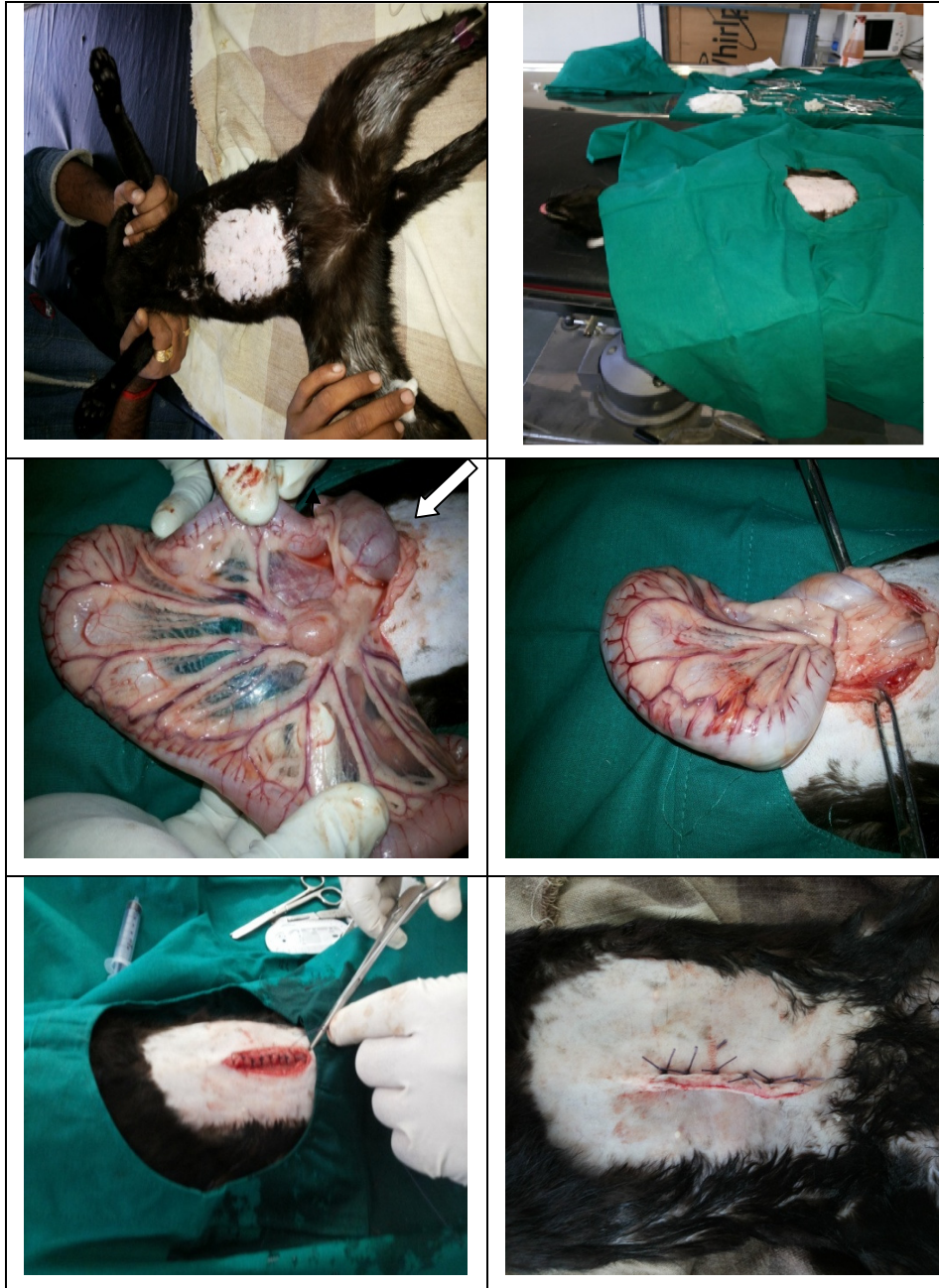




Fig 5 to Fig 12 Photographs of complete surgical procedure till recovery

General anaesthesia was induced using combination of ketamine @ 25mg/kg + diazepam @ 0.5mg/kg mixture anaesthesia intravenously 'to effect' and maintained using same Premedication with atropine sulphate @0.04mg/kg subcutaneously. The patient was positioned and prepared for surgery 5% povidine iodine solution was applied on the surgical site following which the area was draped. Mid-ventral skin incision was made using scalpel blade and extended as per required using scissors. Exposed affected part of involved intestinal part and incise intestine and removed broom bristle ball from intestine. Routine Post operative care provided by using intravenous fluids like dextrose normal saline, ringer's lactate and metrogyl for proper rehydration, ceftriaxone antibiotic @ 15mg/kg for five days and melonex @ 0.5 mg/kg was given as a pain killer for three days. Owner was advised to withhold water intake at least for two days and provides liquid oral diet after five days continue it for one week followed by semisolid diet for one week and normal diet later. Skin sutures were removed on 12th postoperative day and cat had an uneventful recovery.

CONCLUSION

Feline intestinal surgery with proper asepsis and early diagnosis gives better result. Post operative care by withholding water for 2 days and food at least 5 days gives uneventful recovery. Post operative care with proper rehydration, pain killer and suitable antibiotic therapy helps fast recovery of patients.

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