

## SUCCESSFUL SURGICAL MANAGEMENT OF INTESTINAL FAECOLITHS IN A BEAGLE BITCH

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**Abstract:** A two year old Beagle bitch with history of recurrent vomiting, complete anorexia, distended abdomen, absence of defecation and not responded to any medical treatment since a week was presented to Department of Veterinary Surgery & Radiology, COVS & AH, KU, Junagadh. Radiological examination revealed multiple radiopaque faecolith seen in small and large intestinal area. Haematological examination reveals lymphocytosis and increased SGPT level DLC, LFT & KFT are as follows HB:18.4 gm%, R.B.C.: 6.92 millions, PCV: 44.8.2 %, W.B.C.:14,600/cu.mm, Neutrophils: 53%, Lymphocytes: 44%, Monocytes : 04%, Platelets: 3,70,000/cu.mm, Creatinine: 1.6 mg/dl, BUN : 25.7mg/dl, Total Bilirubin:1.00 mg/dl, Direct Bilirubin:0.17, Indirect Bilirubin:0.83, S.G.P.T. : 98.6 Iu/L, Total protein : 6.7 mg/dl, Albumin : 3.3 mg/dl, Globulin : 3.4 mg/dl, A/G Ratio :1:4. Surgical removal of faecoliths under general anaesthesia with atropine as pre-anaesthetic, Ketamine diazepam as induction and Isoflurane for maintenance found suitable. Post operative follow up till removal of stitches on 12th day. History was taken up to six month for reoccurrence but no incidence of intestinal obstruction was noted.

**Keywords:** Faecolith, Intestinal obstruction and Dog.

### INTRODUCTION

Faecolith is a hard stony mass of faeces in the intestinal tract can causes intra luminal intestinal obstruction either mechanical or functional. Clinical symptoms were anorexia, vomiting, mild to severe colic signs, gradual abdominal distension, no faeces, and severe dehydration. Faecolith are commonly seen and often requires emergency surgical intervention in conjunction with alternative medical management. Gastrointestinal obstruction causes many local and systemic abnormalities that continue to develop clinical signs observed, alters mesenteric blood flow leads retention of ingested fluid vascular comprises, oedema, necrosis as well as electrolytes disturbances and acid- base abnormalities (J Singh *et. al.*2011).

A fecoliths is a stone made of faeces due to mineralised faecal material. It is a hardening of faeces into lumps of varying size and may occur anywhere in the intestinal tract but is







typically found in the colon. Diagnosis was based on the clinical findings and both survey and positive contrast radiographic studies. Physical examination, abdominal distension along with intense pain was observed with increased percentage of Packed Cell Volume (PCV), radiological examination; radiopaque material was seen in the large intestinal tract. The condition was suggestive of faecolith. (White 1997, Arif Khan, 2014, J M Eastwood, 2005 and Shannon Westgarth 2013). This case reports described the clinical findings and successful surgical treatment for faecolith in dog.

## **MATERIAL AND METHODS**

A two year old Beagle bitch with history of vomiting, complete anorexia, distended abdomen, and absence of defecation since a week was presented to Department of Veterinary Surgery & Radiology, COVS & AH, KU, Junagadh. Clinical study reveals with increased heart rate, respiration rate and body temperature. Haematological examination reveals normal DLC, LFT & KFT. Ultrasonography of abdomen reveals hyper echoic intestinal loops with increase in the normal size. A large area of intestinal loops was dilated and showing area of hypo to hyperechogenicity. On the transverse section intestine lumen showed hyper echoic central area creating small amount of acoustic shadowing which was surrounded by thick hypo echoic wall looks like a target lesion was suspected as faecolith. Radiological examination revealed multiple radiopaque faecolith seen in small and large intestinal area. Preoperative adequate quantity of intravenous fluid RL 350 ml, dextrose 25 % 100 ml, Dexamethasone 2 ml), PAN 40 mg I/V broad spectrum antibiotic (Ceftriaxone @ 25 mg/ kg) and analgesic (Meloxicalm 0.5 mg/kg) was administered for stabilization of the patient.

The ventral midline area from xiphoid region to pubis was prepared aseptically for the surgery. The bitch was premedicated with atropine sulphate @ 0.04mg/ kg body wt. S/C and mixture anaesthesia of Ketamine @10mg/kg and Diazepam @ 0.5 mg/kg I/V and maintained with 2-3 per cent Isoflurane. Removed multiple faecolith with enterotomy incision on dilated bowel on proximal side. Closure of incision with routine manner. Post operatively intravenous fluids DNS, RL and Metrogyl for rehydration, Ceftriaxone antibiotic for five days and Melonex as a pain killer for two days. With held water intake for two days and food for five days. The bitch showed progressive signs of improvement in the post operative period. The skin sutures were removed 12<sup>th</sup> day post-operatively and the animal made an uneventful recovery.

**Figures**

	
<p>Fig.1 Two year old female Beagle dog.</p>	<p>Fig.2 Radiograph revealed radiopaque multiple faecoliths.</p>
	
<p>Fig. 3 Preparation of surgical site .</p>	<p>Fig. 4 Distended bowel having faecolith.</p>
	
<p>Fig. 5 Remove faecolith from intestine.</p>	<p>Fig. 6 Gross apperance of removed calcified faecolith.</p>

**CONCLUSION**

Intra luminal simple Intestinal obstruction due to faecolith is not commonly found in dog unless and until in cases of paralytic ileus, neurological or any traumatic condition. In this case report clinical signs of vomiting, anorexia, gradual abdominal distension, absence of defecation

along with severe degree dehydration and scanty urine. Radiological examination confirms multiple calcified faecolith to make decision for surgical treatment. Enterotomy with full thickness incision dilated bowel on proximal side is found suitable for removal multiple faecoliths. Canine intestinal surgery with immediate decision, proper asepsis and 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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