

SUCCESSFUL SURGICAL MANAGEMENT OF INTESTINAL FAECOLITHS IN A QUEEN CAT

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Abstract: A four year old queen cat with history of 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 large size radiopaque faecolith seen large intestinal area. Haematological examination reveals Neutrophilia. DLC, LFT & KFT are as follows HB:13.5 gm%, R.B.C.: 6.45 millions, PCV: 44.8.2 %, W.B.C.:10,100/cu.mm, Neutrophils : 82%, Lymphocytes : 6 %, Monocytes : 0 %, Platelets: 1,15,000/cu.mm, Creatinine : 1.4 mg/dl, BUN : 20.1 mg/dl, Total Bilirubin:0.70 mg/dl, Direct Bilirubin:0.14, Indirect Bilirubin:0.56, S.G.P.T. : 48.7 Iu/L, Total protein : 6.3 mg/dl, Albumin : 3.1 mg/dl, Globulin : 3.2 mg/dl, A/G Ratio :0:9. 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 off water, off water three and five days respectively. Removed stitches on 12th day. History was taken up to three month for reoccurrence but no incidence of intestinal obstruction was noted.

Keywords: Faecolith, Intestinal obstruction and Cat.

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. A faecoliths 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.

Sometimes reason may be constipation infrequent and difficult evacuation of faeces with retention of faeces within the colon and rectum. Obstipation is intractable constipation. However, chronic constipation and obstipation may result in megacolon where a dilated large bowel is poorly responsive to therapy.

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. Physical examination confirms the presence of large amounts of faeces in the colon sometimes accompanied by abdominal pain. The colon often palpates as a long firm tube or faeces may be palpated. This case reports described the clinical findings and successful surgical treatment for faecolith in queen cat.

MATERIAL AND METHODS

A four old year old queen cat with history of vomiting, 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 normal heart rate, respiration rate and body temperature. Haematological examination reveals Neutrophilia DLC, LFT & KFT. Radiological examination revealed large size radiopaque faecolith seen in large intestinal area. Pre-operative slow intravenous fluid RL 100 ml, dextrose 25 % 30 ml, Dexamethasone 1 ml), PAN 10 mg I/V antibiotic (Ceftriaxone @ 15 mg/ kg) and analgesic (Meloxicalm 0.5 mg/kg) was administered subcutaneously for stabilization of the patient.

The ventral midline area from xiphoid region to pubis was prepared aseptically for the surgery. The queen cat 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 1-2 per cent Isoflurane and oxygen flow 0.8 L/minutes. Removed all 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 were given twice a day, Ceftriaxone antibiotic for five days and Melonex as a pain killer for three days. With held water intake for three days and food for five days. The bitch showed progressive signs of improvement in the post operative period. The skin sutures were removed 12th day post-operatively and the animal made an uneventful recovery.

Figures



Fig.1 Four year old queen cat.

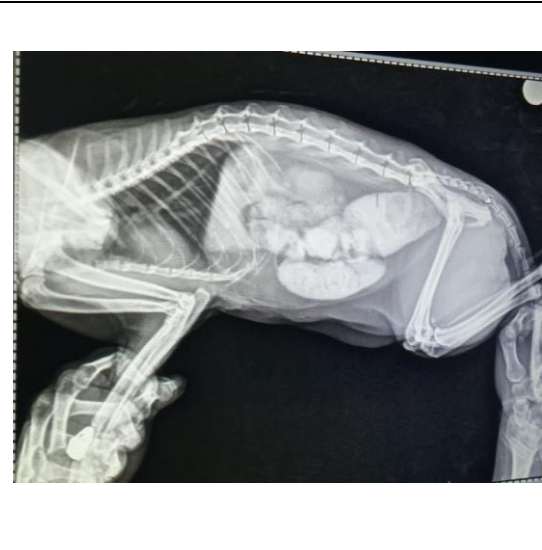


Fig.2 Radiograph revealed radiopaque large size faecoliths.



Fig. 3 Endotracheal intubation of cat.



Fig. 4 Preparation of surgical site.



Fig. 5 Remove faecolith from intestine.



Fig. 6 Gross appearance of removed calcified faecolith.



Fig. 7 Closure of Enterotomy incision



Fig.8 Closure of skin incision

CONCLUSION

Intra luminal simple Intestinal obstruction due to faecolith is not commonly found in cat 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. Feline intestinal obstruction surgery with immediate decision, proper asepsis and post operative care by withholding water for 3 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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