6 YO MN LABRADOR REGURGITATION, VOMITING

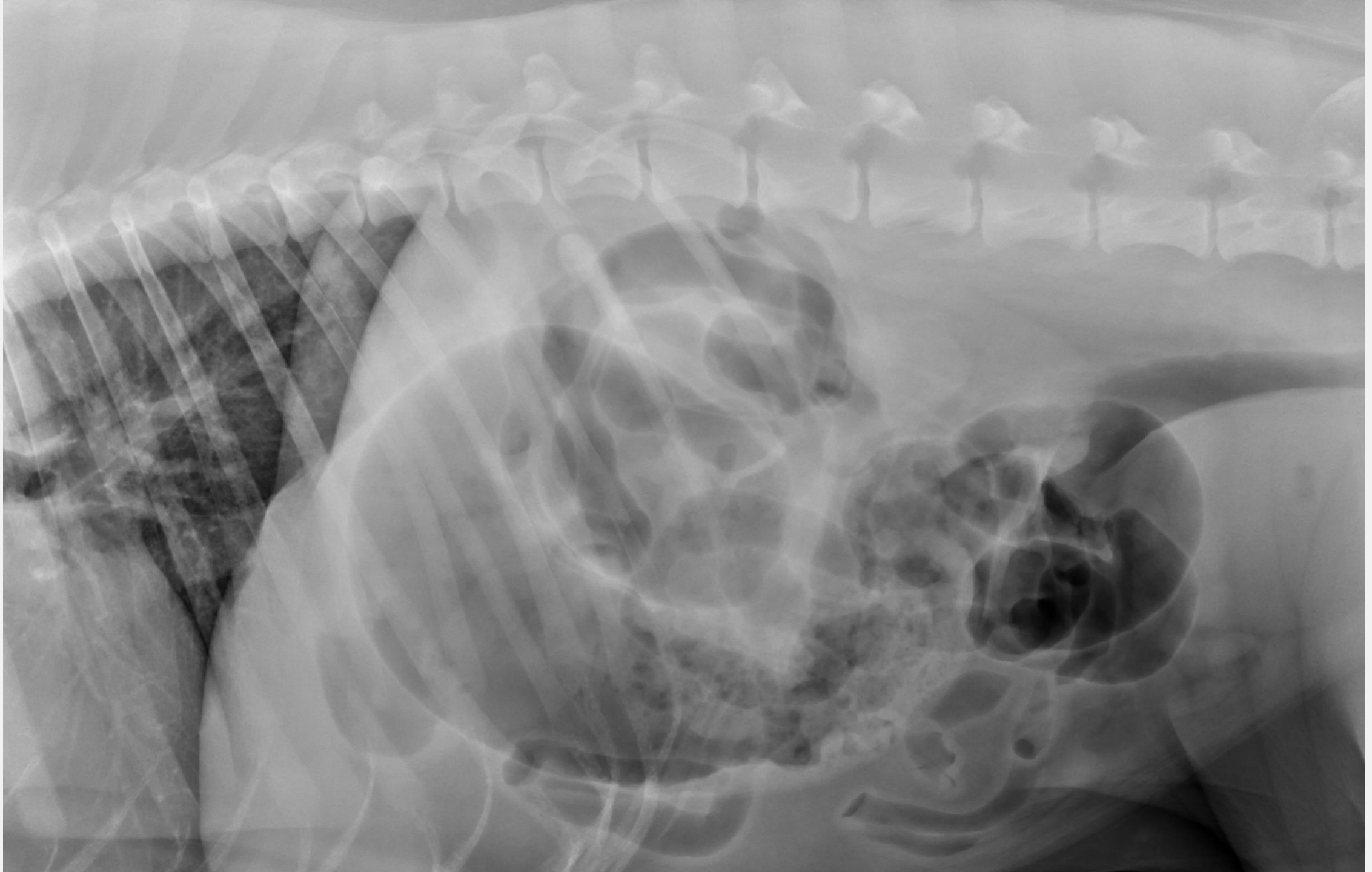
RADIOGRAPH REPORT

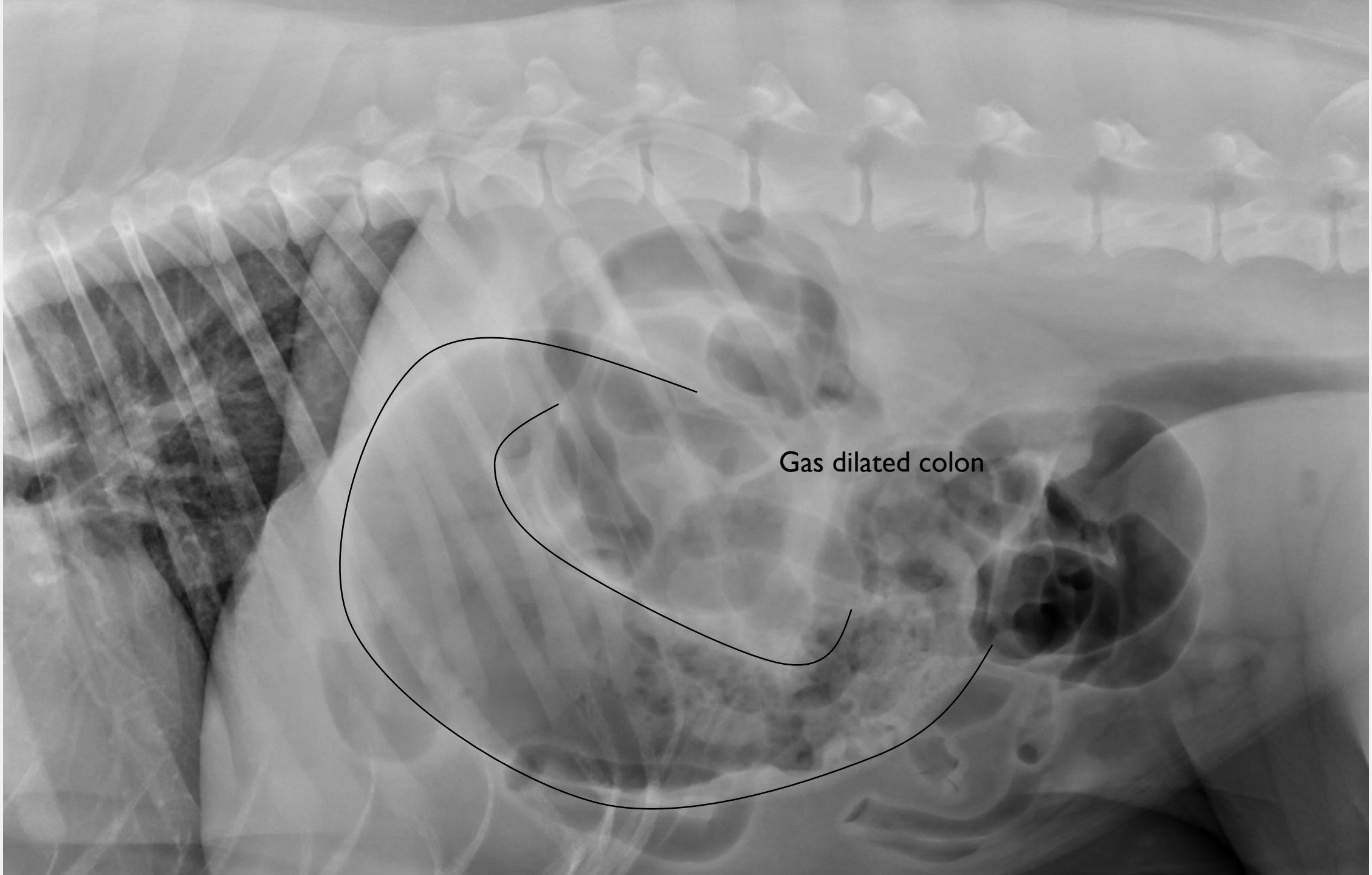
Radiograph Review:
Three views of the abdomen are available for review in a study dated 6/28/18.

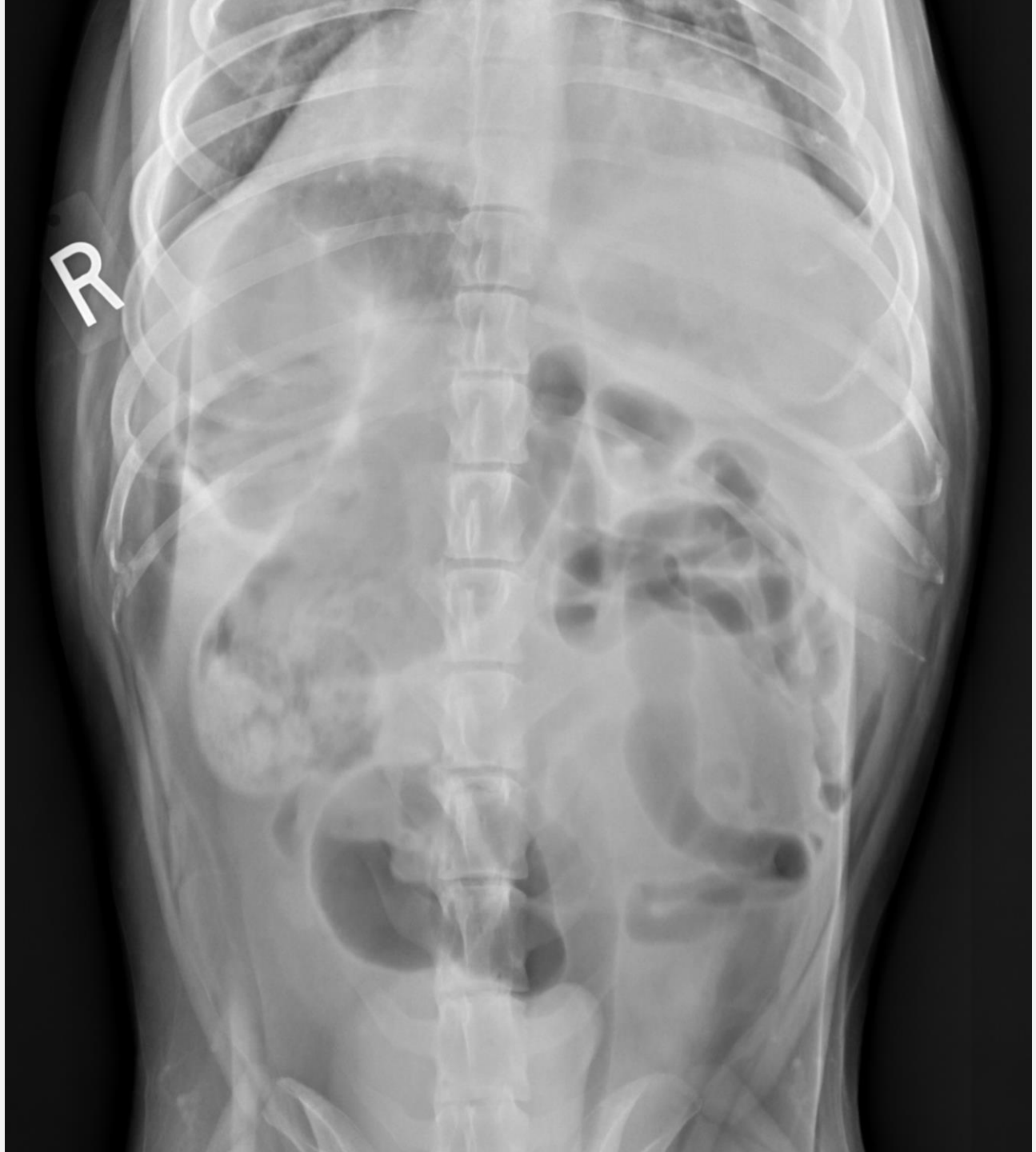
The cranial portion of the descending colon, and region of the transverse and ascending colon are severely dilated with gas and a small amount of soft tissue. The caudal portion of the descending colon is abruptly empty at the level of L4. At this level there is a C-shaped gas filled loop, and slight stacking of gas filled loops. The colon has an abnormal positioning in the right cranial quadrant, folding with its curvature toward the left. The small intestines are not overtly pathologically dilated, but some loops in the craniodorsal abdomen are slightly larger when compared to the caudoventral loops. The abdominal serosal detail is adquate.

Radiographic Impressions:
Findings are suggestive of a segmental abnormality of the colon, suggestive of a colonic torsion, other segmental ischemic problem, or mechanical obstruction (stricture) affecting that portion of the colon. Transient gas dilation of the colon due to ileus and colitis is possible, but less likely given the severity of distension and the atypical positioning. Suspect ileus of the small intestines.

Recommendations:
Positive contrast colonography or CT could be considered to further confirm the suspicion of a surgical problem.
Alternatively surgery is a reasonable option if clinical signs are consistent.




Gas dilated colon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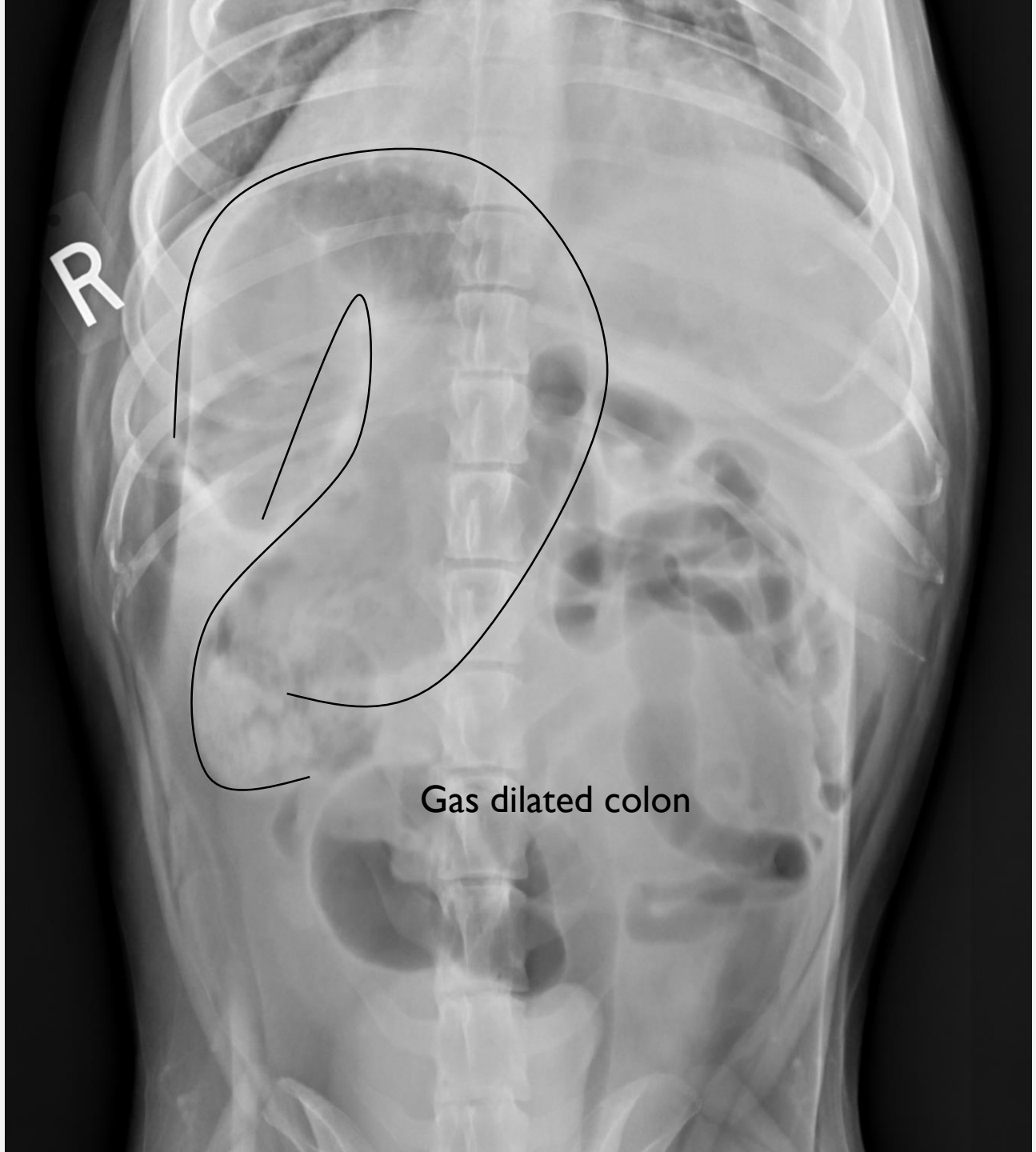
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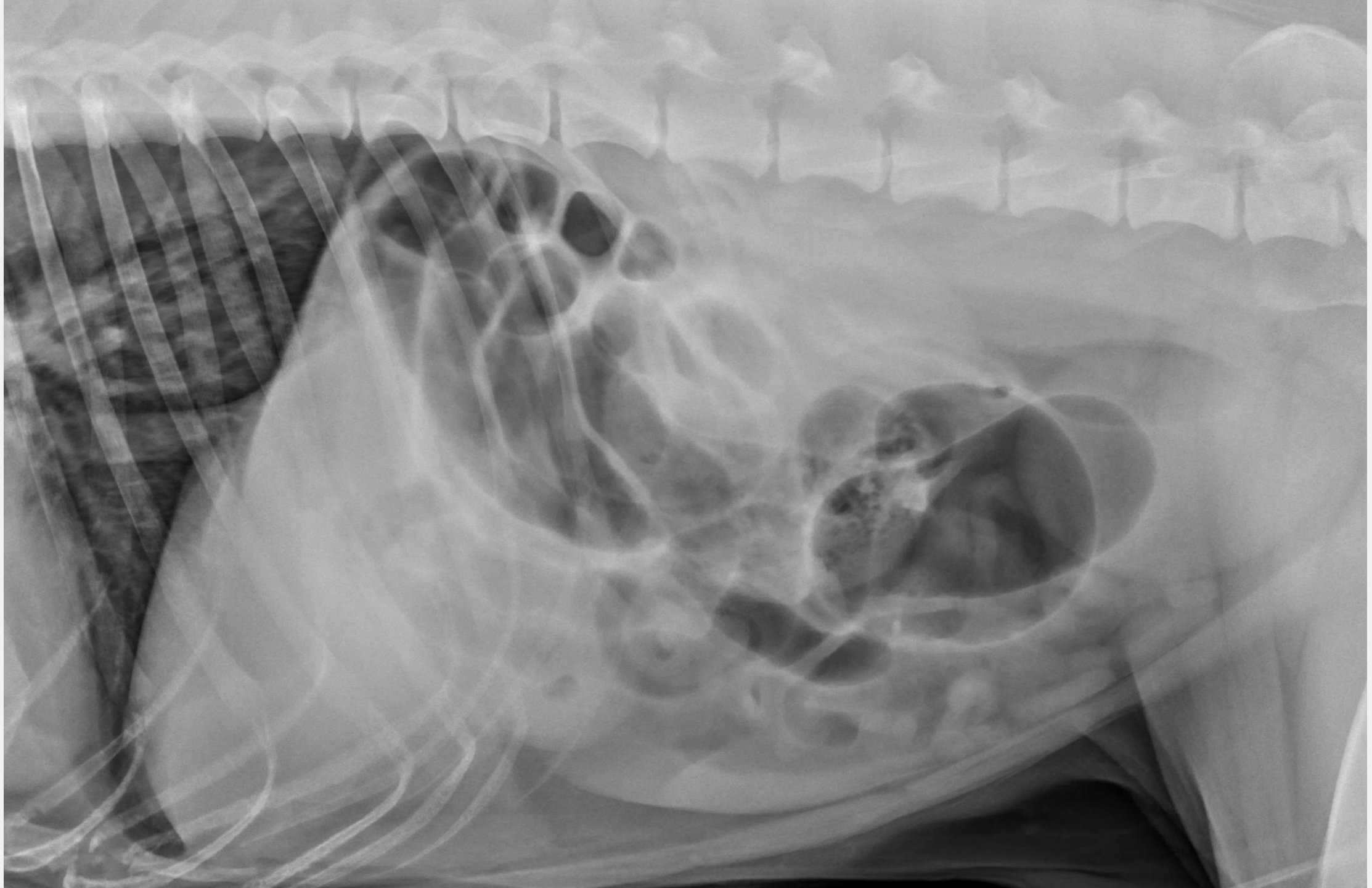
Gas dilated colon



SURGERY

- Abdominal exploratory revealed severe distension and mild bruising to the transverse and descending colon. The affected loop of colon was entrapped by an omental adhesion (from the head of the spleen to the apex of the urinary bladder and a loop of small intestine causing a partial obstruction of this portion of colon and mild vascular compromise/bruising to the mesenteric border.
- The adhesion to the apex of the urinary bladder was excised via electrocautery and the small intestine was repositioned caudodorsal to the spleen. The air and stool was massaged aborally and moderate motility was noted within the transverse colon. The affected section of colon was bruised but viable and had consistent strong arterial pulses throughout.
- A colopexy was performed between the oral portion of the descending colon and the left lateral abdominal wall using 2 simple continuous suture lines of 3-0 PDS. The serosa of the abdominal wall and the colon was incised for this procedure.