Clinical Snapshot

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CASE PRESENTATION

A 2-year-old, intact female miniature dachshund with severe lethargy and emaciation 3 months after a cesarean section was referred for a consultation. At the time of the cesarean section, two nonviable pups were removed, and the owner declined the option of ovariohysterectomy for the dog. After surgery, the dog was placed on antibiotic and fluid therapy. At this referral visit, the dog demonstrated severe discomfort during palpation of the mid- and cranioventral abdomen. The results of a serum chemistry profile were within normal limits, although a complete blood count demonstrated significant leukocytosis and mild anemia. Abdominal radiography (A) and contrast medium studies (B) were conducted. The dog was again placed on antibiotic and fluid therapy and showed minimal improvement. The owner requested exploratory surgery.

1. What is the differential diagnosis for lethargy, emaciation, abdominal discomfort, and leukocytosis 3 months after a cesarean section in this dog?

2. What diagnostic tests are recommended?

3. What is your interpretation of the radiographs?

4. What do you think was discovered during exploratory surgery?

(See page 194 for answers and explanations.)
1. Retained placenta, mummified fetus, adhesions, pancreatitis, abdominal hernia, peritonitis, adynamic ileus secondary to peritonitis or abdominal surgery, foreign body, abdominal abscess, reaction to suture material, cystitis, uterine dehiscence.

2. Complete blood count, serum chemistry profile, urinalysis, abdominal radiography, abdominal ultrasonography, abdominocentesis and cytology, diagnostic peritoneal lavage, exploratory surgery.

3. The radiographs had poor serosal detail but suggested the presence of a mass effect or increased opacity caudal to the spleen that was suspected to be uterine adhesions from the cesarean section. The small intestine is displaced dorsally within the abdomen. Radiographic contrast studies of the gastrointestinal (GI) tract were also conducted to ensure normal GI motility without obstruction. Contrast medium was introduced into the gastric lumen to the colon, and timed radiographs were obtained. Gastric emptying and GI motility were prolonged. Loops of small intestine were dilated; however, no obstruction or foreign body was found. The dilation was attributed to adynamic ileus due to failure of peristalsis resulting from disturbances in neural stimulation of the bowel, possibly a sequela of peritonitis.1,2

4. The owner requested exploratory surgery but declined other diagnostics, including ultrasonography. Celiotomy was performed to explore the abdominal contents as well as view the uterus and uterine adhesions. A large abdominal mass cranioventral to the uterus and covered with omentum and adhesions was found. The mass was carefully excised, and the dog was hospitalized and administered supportive medications and fluid therapy. The mass was later dissected. Within the adhesions and omentum, a 4 × 4-inch piece of gauze was found.

REFERENCES