



# VETCT

## IT'S YOUR CASE

Species: Canine

Breed: Poodle (Standard)

Sex: Female Entire

Age: 1.5 year

### Clinical History:

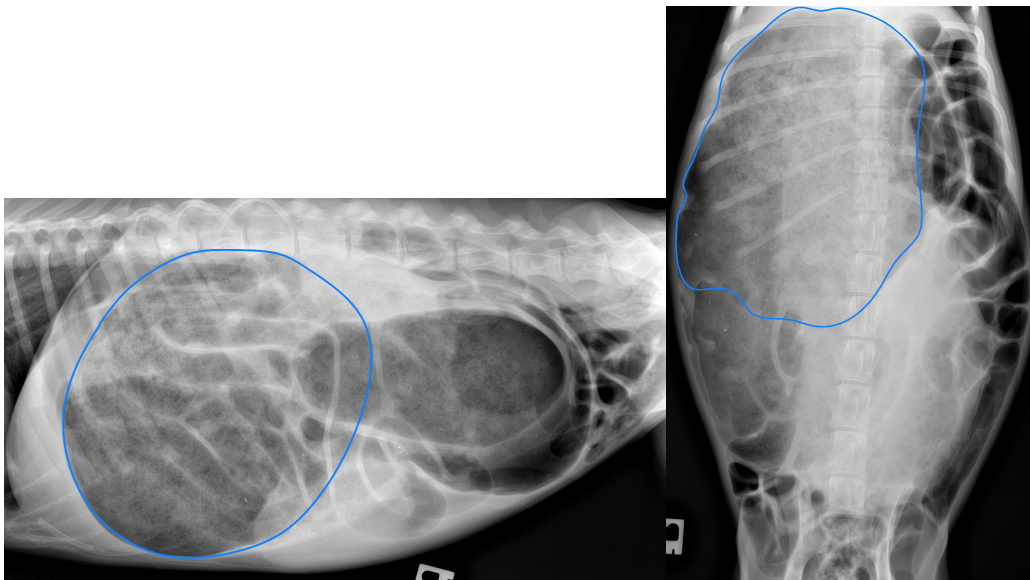
She began retching and gagging shortly prior to presentation

**Anatomic regions:** Abdomen

**Details of study and technical comments:** A two-view radiographic study of the abdomen is available for interpretation. The study consists of ventrodorsal and right lateral projections. The study is diagnostic.

### Diagnostic interpretation:

The stomach is markedly gas dilated and also contains a moderate amount of heterogeneous soft tissue opaque material (blue lines). The stomach is abnormally positioned, with ventral and rightward displacement of the gastric fundus.



There is a markedly dilated segment of gastrointestinal tract in the mid-caudal abdomen on the right lateral view, which extends along the right lateral body wall on the ventrodorsal projection (yellow lines); this may



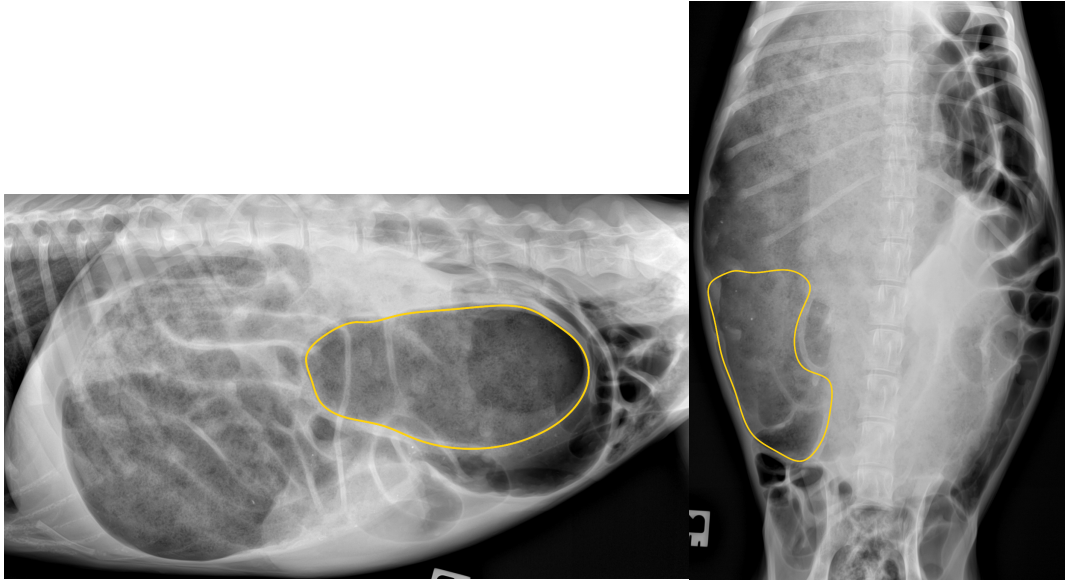
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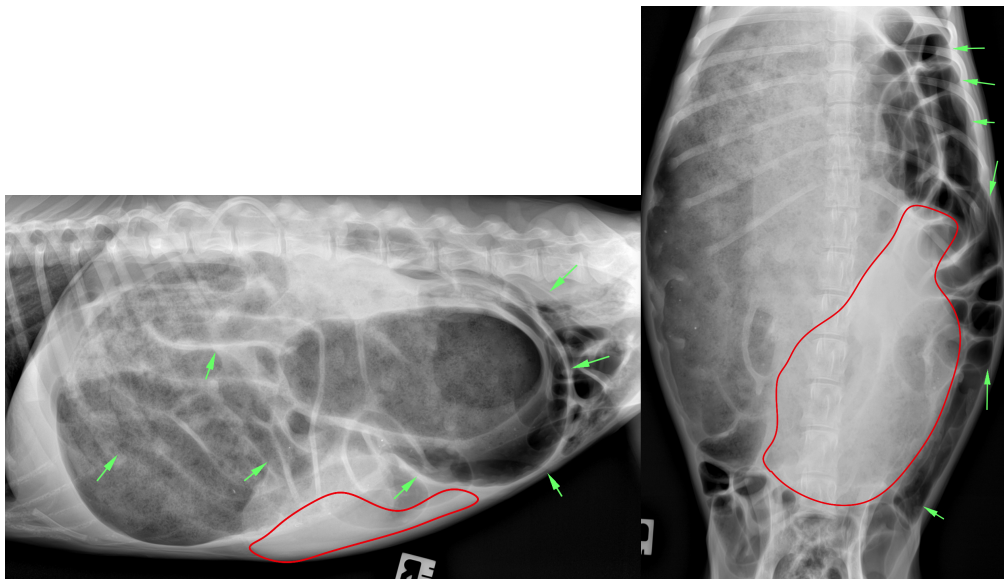
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represent a displaced and markedly dilated segment of colon or a severely displaced pyloric antrum. The colon is otherwise not identified.



There is moderate to marked gas dilation of the entire small intestinal tract, and displacement of the small intestinal segments into the left lateral and caudal abdominal cavity (green arrows).

The spleen appears abnormally positioned within the left caudal abdomen (red lines).



The margins of the kidneys and urinary bladder are not definitively identified. The hepatic margins appear within normal limits.

The abdominal serosal detail appears reduced, although this may be due to visceral crowding.

The musculoskeletal structures are normal.

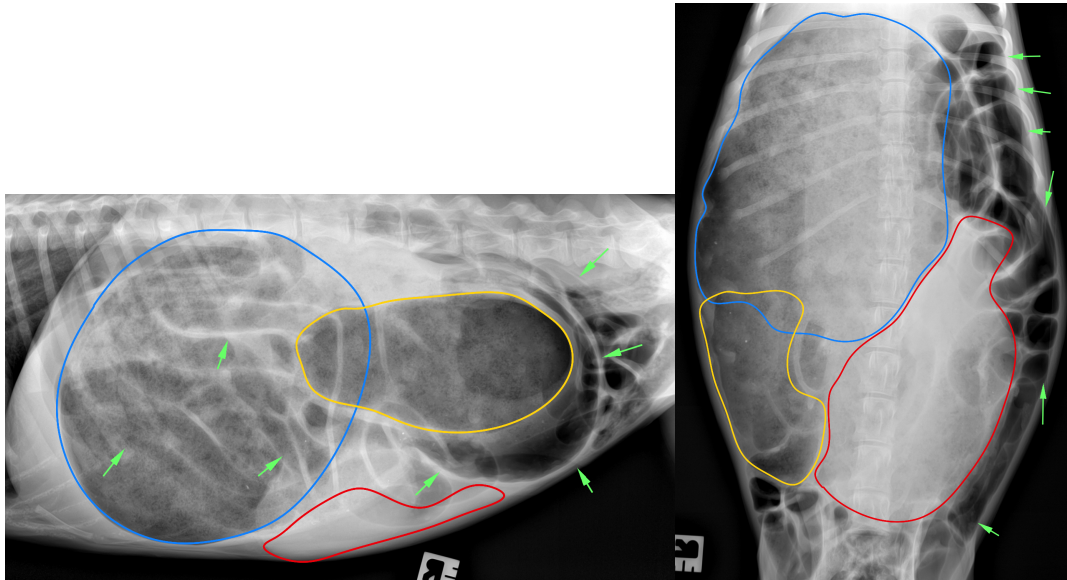


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### Conclusions:

- Severe diffuse small intestinal dilation and displacement
  - Most consistent with a mesenteric root volvulus
- Marked gastric dilation and abnormal gastric position
  - May be associated with gastric malpositioning secondary to the mesenteric root volvulus, however, a concurrent gastric torsion cannot be completely excluded.
- Markedly dilated segment of gastrointestinal tract extending along the right lateral abdominal wall (yellow lines)
  - This may represent abnormally positioned and dilated colon (which would indicate a concurrent colonic torsion) or a displaced and dilated pyloric antrum (offering further support for gastric malpositioning/possible gastric torsion).
- Abnormal splenic position
  - May be associated with gastric malpositioning secondary to the suspected mesenteric volvulus, however, a concurrent splenic torsion is also considered
- Reduced abdominal serosal detail – peritoneal effusion versus visceral crowding

### Additional comments:

The findings are consistent with a mesenteric root volvulus resulting in diffuse small intestinal dilation likely secondary to vascular compromise. There is gastric malpositioning which may be secondary to a mass effect by the dilated small intestine or represent a concurrent gastric torsion. Similarly, simultaneous colonic and splenic torsions are also considered.

Since vascular compromise of some, if not all of the segments of the gastrointestinal tract is strongly suspected, emergency exploratory laparotomy is warranted. If more detailed information is required prior to surgery, an abdominal CT could be considered to better determine the extent of involvement of the stomach, colon and spleen. A barium enema could also be considered to confirm/rule out a concurrent colonic torsion.

### Literature:

Matushek, K. J., & Cockshutt, J. R. (1987). Mesenteric and gastric volvulus in a dog. *Journal of the American Veterinary Medical Association*, 191(3), 327-328.



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Song, K. K., Goldsmid, S. E., Lee, J., & Simpson, D. J. (2020). Retrospective analysis of 736 cases of canine gastric dilatation volvulus. *Australian veterinary journal*, 98(6), 232-238.

(4% of total cases developed intestinal volvulus postoperatively within 65-507 days; this population was entirely German Shepherd Dogs (GSD) managed with incisional gastropexy. GSD were 191 of 736 cases).



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