

What Is Your Diagnosis?

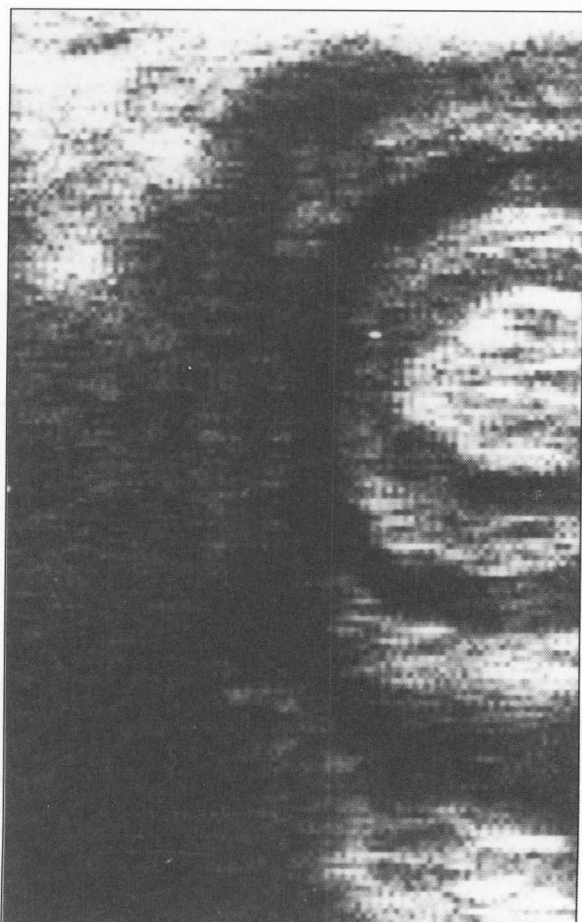


Figure 1—Ultrasonographic projection, obtained per rectum, of the right dorsal quadrant of the abdomen of a 2-year-old mixed-breed filly with a history of chronic colic.

History

A 2-year-old mixed-breed filly was admitted for evaluation of recurrent colic of 2 months' duration. Signs of colic were evident every 2 to 3 days, were short in duration, and dissipated after medical treatment. On initial examination, the filly was in good physical condition and had no signs of pain. Palpation per rectum revealed a large, firm mass in the right dorsal quadrant of the abdomen. Ultrasonography was performed per rectum, using a 5-MHz linear array scanner, to evaluate the mass (Fig 1).

Make your diagnosis from Figure 1—then turn the page ▶

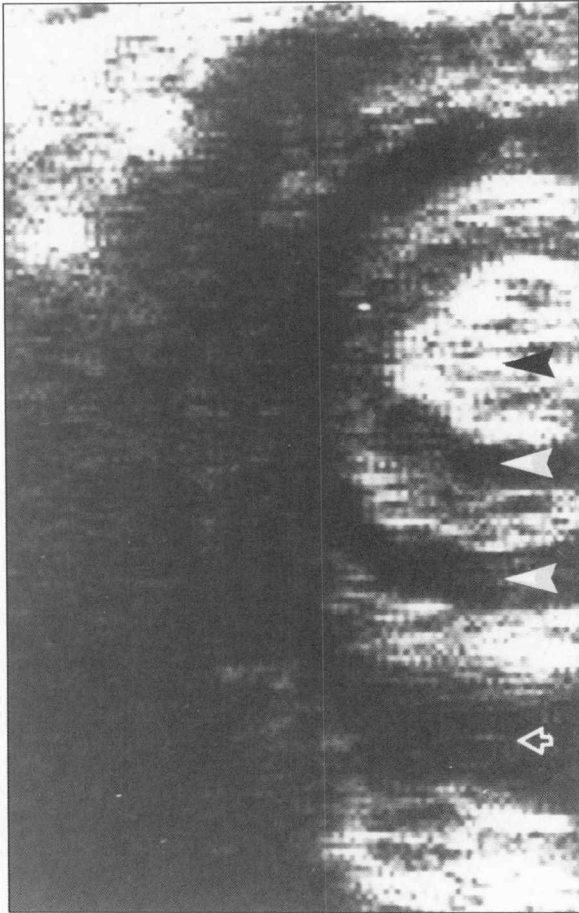


Figure 2—Same as Figure 1. The components of the ileocecal intussusception are identified as the intussusciens (open white arrow), the intussusceptum (solid white arrowheads), and the inner lumen of the intussusceptum (black arrowhead).

Diagnosis

Ultrasonographic diagnosis—Cross-sectional scanning of the mass revealed a target-like pattern, with the distinct appearance of an intussusception. A diagnosis of chronic ileocecal intussusception was made.

Comments

The outer hypoechoic ring (Fig 2) is the cecal wall that forms the intussusciens, the outer layer of the intussusception. The inner hypoechoic rings make up the intussusceptum, the ingoing and returning layers of ileum. The central echogenic core represents the inner lumen of the intussusceptum.

Exploratory celiotomy was performed. An ileocecal intussusception was identified, along with muscular hypertrophy of the proximal portion of the ileum and terminal portion of the jejunum. The irreducible intussusception was bypassed by means of a side-to-side ileocecal anastomosis without resection. The filly recovered without complications.

Chronic ileocecal intussusception can cause various nonspecific and insidious clinical signs, and can only rarely be identified by palpation per rectum.¹⁻³ Ultrasonography of the equine abdomen has

been reported for the diagnosis of peritoneal effusions, ascites and uroperitoneum, cholelithiasis, hepatomegaly and neoplasia, ileus, splenic displacement and neoplasia, colonic displacements, and internal abscesses.⁴ Ultrasonography performed per rectum in this horse with signs of chronic colic helped rule out other causes of abdominal masses and dictated appropriate surgical intervention.

1. Ford TS, Freeman DE, Ross MW, et al. Ileocecal intussusception in horses: 26 cases (1981–1988). *J Am Vet Med Assoc* 1990;196:121–126.

2. Edwards GB. Surgical management of intussusception in the horse. *Equine Vet J* 1986;18:313–321.

3. Hackett MS, Hackett RP. Chronic ileocecal intussusception in horses. *Cornell Vet* 1989;79:353–361.

4. Byars TD, Halley J. Uses of ultrasound in equine internal medicine. *Vet Clin North Am Large Anim Pract* 1986;2:253–258.

This report was submitted by Patricia M. Dowling, DVM, MS, and Paddy Todhunter, BVSc, from the Department of Large Animal Surgery and Medicine, College of Veterinary Medicine, Auburn University, AL 36849. Dr. Dowling's present address is the Department of Veterinary Physiological Sciences, Western College of Veterinary Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, S7N 0W0 Canada.