

What Is Your Diagnosis?

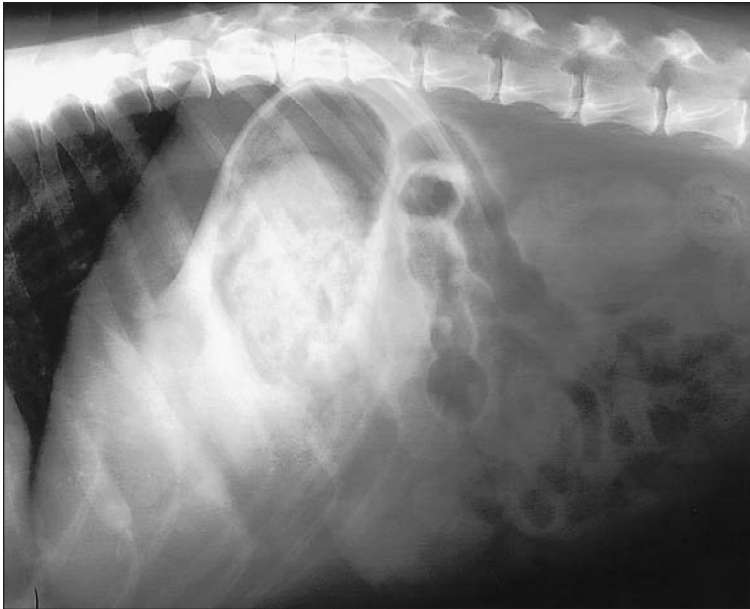
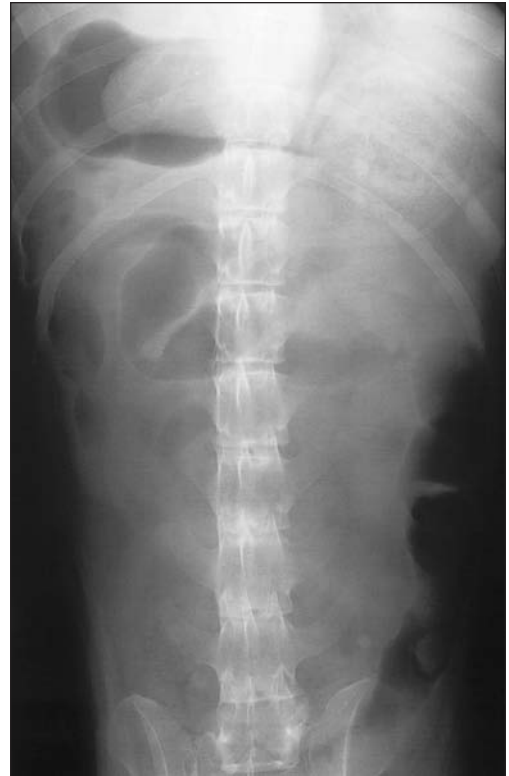


Figure 1—Right lateral (left) and ventrodorsal (right) radiographic views of a 12-year-old dog evaluated because of persistent vomiting.



History

A 12-year-old spayed female Briard was admitted with a 10-day history of vomiting and anorexia refractory to treatment for pancreatitis. Treatment by the referring veterinarian included fluids administered intravenously, amoxicillin, and enrofloxacin. Food and water had been withheld since the dog began vomiting. The dog was also receiving a tapering dosage of prednisone for an unrelated condition. On examination, the dog appeared lethargic, weak, and moderately dehydrated. Abdominal palpation did not elicit signs of pain but did reveal thick loops of intestine. A CBC revealed mild anemia and moderate neutrophilia with no left shift. Abdominal radiographs were obtained (Fig 1).

Determine whether additional imaging studies are required, or make your diagnosis from Figure 1—then turn the page ▶

This report was submitted by Bianca F Hettlich, VetMed, and Anne M. Bahr, DVM, MS, DACVR; from the Departments of Small Animal Medicine and Surgery (Hettlich) and Large Animal Medicine and Surgery (Bahr), College of Veterinary Medicine, Texas A&M University, College Station, TX 77843-4744.

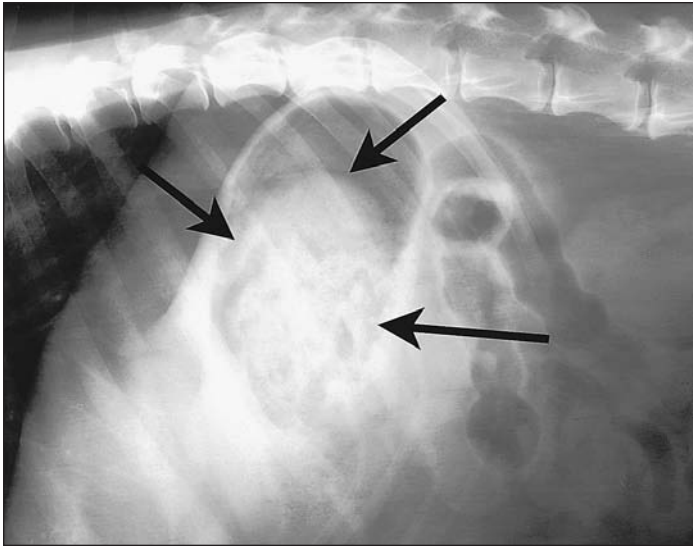


Figure 2—Same radiographic views as in Figure 1. Notice the soft tissue radiopacity within the lumen of the stomach (arrows).

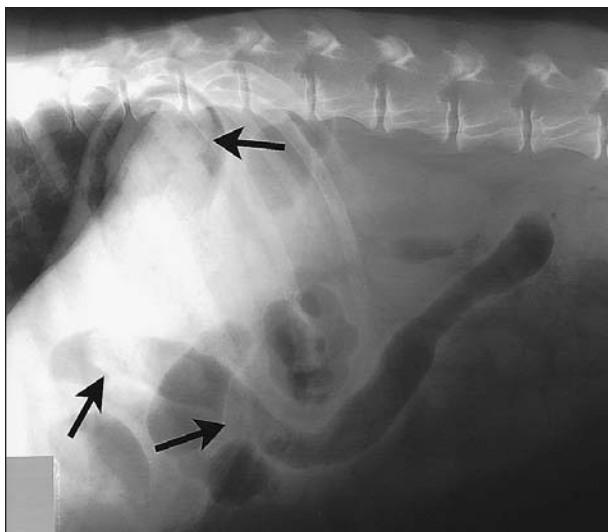
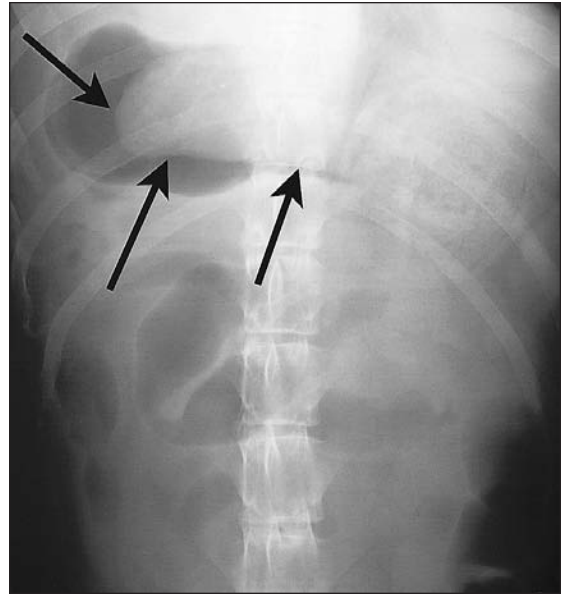


Figure 3—Left lateral radiographic view of the dog described in Figure 1. Notice the radiopaque material in the stomach, pylorus, and proximal portion of the duodenum (arrows).

Diagnosis

Radiographic diagnosis—Soft tissue opacity in the stomach and duodenum (Fig 2).

Comments

Initial radiographic results indicated material in the lumen of the stomach and a few mildly dilated loops of small intestine. We considered these results odd, because the dog had not eaten for more than 10 days. Because initial radiographs did not allow a good assessment of the pylorus, a left lateral view was obtained. Repositioning an animal from right to left lateral recumbency allows air in the stomach to act as a contrast agent and better delineates the pyloric antrum.¹ The same radiopaque material evident in the pylorus and lumen of the proximal portion of the duo-

denum on the right lateral and ventrodorsal views was also evident on the left lateral view (Fig 3). We suspected a partial obstruction in the stomach and duodenum attributable to an ingested foreign body.

Laparotomy was performed, and a large, firm mass was palpated in the lumen of the stomach. Gastrotomy was performed, and a 30 × 3-cm trichobezoar was extracted. Smaller masses of hair were removed from the duodenum. A small perforation in the proximal portion of the duodenum was repaired. The dog recovered well following surgery.

Trichobezoars are more commonly found in cats than dogs.^{2,3} Obtaining a precise history can help to differentiate causes of persistent vomiting. When questioned after surgery, the owner reported that while receiving prednisone, the dog groomed itself with increasing frequency and began to eat hair. Clinical signs before onset of vomiting included a decrease in appetite and activity. Signs associated with complete obstruction of the stomach include regurgitation, vomiting, anorexia, dehydration, and emaciation. These signs may not be severe in dogs with partial obstruction. Abdominal radiographs are typically the first diagnostic step for evaluation of a suspected obstruction. If food in the stomach conceals a foreign body, food should be withheld until ingesta has passed the pylorus. In the dog described in this report, the 10-day history of vomiting and anorexia made it unlikely that the gastric contents evident on radiographs were food.

References

1. Morgan JP, Silverman S. Part B: small animal radiography. Section III: abdomen. *Techniques of veterinary radiography*. 4th ed. Ames; Iowa: Iowa State University Press, 1987;177–181.
2. Morgan AF, Miller ER. A large trichobezoar in a Pekingese. *Canine Pract* 1980;7:65.
3. Mohsen Kholoussy A, Okudaira Y, Yang Y, et al. Intestinal valve formation with a simple invagination technique. *Am J Surg* 1984;148:321–324.