

Success Story: *Dilinja*

Dilinja is a 2-year-old Dogo Argentino mix who was presented to Animal Emergency Service for suspected gastrointestinal obstruction. This is when there is a blockage of the intestine or stomach, so nothing can pass.

Three days before coming to the emergency service, Dilinja visited his primary physician in Hershey, Pennsylvania, for lethargy, decreased appetite and vomiting. His owner thought Dilinja may have eaten CD cases two days before his visit. His veterinarian took x-rays, which were reported to be OK, and Dilinja was discharged to the owner for monitoring over the weekend.

Dilinja continued to vomit during the weekend and his owner took him back to his primary veterinarian for re-evaluation. Blood work performed at that time showed decreased platelets and multiple decreased electrolytes. Dilinja was referred to the Animal Emergency Service in Rochester, New York, which the owner opted to pursue. Dilinja was transferred there later that evening.

On presentation to the emergency service, Dilinja was noted to have painful abdominal palpation. Abdominal radiographs revealed a pyloric outflow obstruction (blockage of the stomach) with plication (bunching) of the small intestines. Plication of the intestines is consistent with the diagnosis of a linear foreign body. Common linear foreign bodies in small animals include string, carpet, and cloth. Linear foreign bodies often get anchored in the stomach or around the tongue (more common in cats) and the rest of the foreign body moves into the intestines, causing it to bunch up on its self and leading to damage of the intestinal wall. Therefore, in cases like these, emergency surgery is recommended once the patient has been stabilized to try to minimize the damage that is caused to the intestine by the foreign material.

Dilinja was stabilized by the emergency room doctor, and emergency surgery to remove the foreign material was recommended. Dilinja went into surgery around 5 a.m. At surgery, free abdominal fluid was noted in the abdomen (which is abnormal), and foreign material was noted to extend from the stomach, through a large amount of the small intestine. On thorough evaluation of the intestine, approximately 1 foot of intestine was noted to be extremely unhealthy and two areas of perforation (holes) were noted in the intestine wall. Perforations in the intestinal wall allow the contents of the intestine to leak free into the abdomen and surround the organs in the abdominal cavity. The intestines normally contain not only the food and liquid that has been ingested, but also bacteria. When bacteria are free in the abdomen, as can occur with perforation of the intestine wall, the condition is termed septic peritonitis.

Septic peritonitis can occur for multiple reasons, including rupture of the urogenital tract (such as perforation of the uterus due to a uterine infection termed pyometra), penetrating abdominal wounds such as bite wounds or gun shot wounds and rupture of the gastrointestinal tract. Rupture of the gastrointestinal tract is the most common reason for septic pritonitis, reported to be the cause of septic peritonitis in 60 percent of cases. Septic peritonitis is an extremely life-threatening condition because it can lead to wide-spread inflammation and infection in the body. It requires emergency surgery and intense supportive care. Even when the patient is treated with emergency surgery and intense postoperative care, septic peritonitis has most recently been reported to have a 43 percent mortality rate.

At surgery, the foreign body was removed and the unhealthy appearing intestine was resected. Prior to closure, a large amount of sterile fluid was flushed and suctioned from the abdomen to try to remove the intestinal contents that had leaked into the abdomen, and drains were placed that allowed fluid that was produced in the



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abdomen postoperatively to be removed and monitored closely.

Postoperatively, Dilinja was in critical condition. He had severe diarrhea and regurgitation, and the main blood protein, albumin (which is extremely important for healing and keeping fluid in the blood vessel) dropped extremely low. He required intense supportive care, including fluid therapy, pain medications, antibiotics, regular blood work monitoring, blood pressure monitoring, and gastrointestinal protectants. He started eating a few bites of food three days after surgery and from there his appetite continued to improve. He was discharged to the owner at eight days postoperatively and headed back to his home in Pennsylvania, which was an approximately five-hour drive!

Dilinja is currently doing very well at home at about six-and-a-half months post-op and has made a full recovery. He has lost the privilege to most toys except a KONG ball (to avoid another foreign body surgery!), but he is otherwise back to the normal everyday life that he had before surgery.

Without the extreme dedication Dilinja's owner had to him and the intense care he was able to receive, he would not have survived. His condition emphasizes the importance of the emergency service and the positive outcome that can occur with septic peritonitis in a patient that receives emergency surgery and intense postoperative critical care.

It is important to be aware of how something as simple as your pet eating something they should not have can become life threatening and the importance of trying to diagnosis obstruction of the gastrointestinal tract by foreign material early in the course of the disease to give them the best prognosis possible with treatment.