

## **What's Your Diagnosis?**

By: Kaleigh Robinson, Class of 2017

### **Signalment:**

Moxie 1yo FS Pitbull 20.6kg

### **Presenting Complaint:**

Three day history of inappetance, lethargy and vomiting white foam. Two day history of soft stools. One day history of increased respiratory effort.

### **History:**

Moxie became lethargic and inappetent later on Saturday night. Moxie vomited white foam when her owner gave her ice chips. The next day, Moxie developed soft stool per owner. Moxie developed increased respiratory effort on Monday, but was not in respiratory distress per owner. Moxie was taken to her primary care veterinarian on Monday. The rDVM performed abdominal radiographs on that day and suspected gastric foreign body. Gastrotomy performed that day was unsuccessful in removing any foreign body. Referred to KSU CVM.

### **PE findings:**

Temperature: 106.6F, Pulse:120bpm, Respiratory rate: 144brpm (panting with short shallow breaths). Quiet, alert, and responsive. Mucous membranes: pink, Capillary refill time: <2sec. Tacky mucous membranes, determined to be at least 5% dehydrated. An approximately 28cm incision present along ventral midline, closed with staples. Pulse oximeter: 89% without oxygen supplementation, 97% with oxygen supplementation. Vomited moderate amount of blood tinged mucus once during examination.

### **Bloodwork:**

CBC: hct 63%, leukopenia, lymphopenia, elevated bands, toxic neutrophils and reactive lymphocytes. Acute inflammatory leukogram and hemoconcentration.

Chemistry: hypoproteinemia, hypocalcemia, hypochloremia, elevated ALP, elevated CK

### **Diagnostic Plan:**

Stabilize:

- 600ml LRS bolus IV
- flow-by oxygen supplementation
- Fentanyl 2ml IV

Radiographs: Left and right lateral and dorsoventral views of the thorax were performed over repeat abdominal radiographs because rDVM surgeon reported palpating a mass in the lumen of the esophagus but could not remove it during the gastrotomy, and reported no masses in abdominal GI tract.





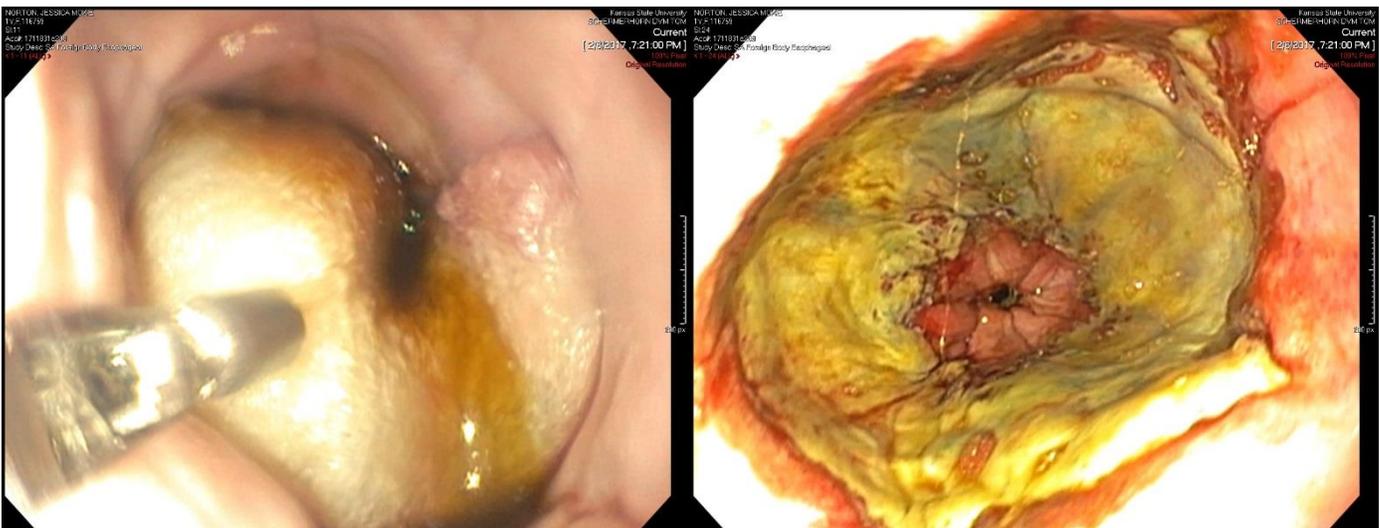
#### Findings:

- mid to caudal thoracic esophagus distended (up to 7cm) with soft tissue opacity
- variable gas opacity present cranial to soft tissue opacity in esophagus
- lateral margins of caudal thoracic esophagus rounded close to the diaphragm
- free gas present in the cranial abdomen and decreased serosal detail
- metal opacity staples present along superficial ventral midline abdomen
- pleural space, pulmonary parenchyma, and cardiovascular structures are within normal limits

#### Conclusions:

- Esophageal foreign body.
- Post operative abdomen.

#### Endoscopy:



#### Findings:

- Two approximately 3x2x1" pieces of raw hide were removed from distal esophagus
- Approximately 60ml of dark brown to black watery fluid was suctioned out of esophagus
- Circumferential ulceration, necrosis and mucosal sloughing were identified in the caudal esophagus just proximal to the esophageal sphincter
- The mucosa was discolored to a yellow/green color just proximal the esophageal sphincter and erythema was present more proximal to the area of obstruction.

#### Conclusions:

- Severe circumferential necrosis, inflammation and sloughing of the distal esophageal mucosa and possibly muscularis.

#### **Follow-up:**

Moxie is currently still a patient in the KSU ICU receiving the following treatments:

- Pantoprazole 20.6mg (5ml) IV q12h
- Maropitant 20mg (2ml) IV q24h
- Sucralfate slurry 1gm PO q6hr, with alternating (q12h) 5ml 2% lidocaine
- Unasyn 450mg (15ml) IV q8h
- Buprenorphine 0.3mg (1ml) IV q8hr
- IV LRS 50ml/hr

Moxie has had small amounts of soft stool with melena since the endoscopy. Moxie began to eat A/D slurry on her own on Tuesday and was eating well up to the present time (Thursday). She has not vomited, regurgated or had dyspnea since the endoscopy.

Moxie received recheck 3 view thoracic radiographs on Thursday to check for pneumo-mediastinum or other indicators of esophageal perforation.

#### **Discussion:**

An option for better visualizing and perhaps confirming an esophageal foreign body would be a positive contrast study. Feeding the animal barium may help to outline the foreign body and give more definite location of a foreign body.