



KUMA'S STORY

by Dr. Hanum Wensil-Strow

Kuma, a 9-week-old akita puppy, presented to the Emergency service for evaluation of continued vomiting, diarrhea, and lethargy. Kuma was seen 3 days prior for the same clinical signs and did not improve with medical management. Abdominal X-rays were performed at the first visit and did not show obvious signs of an obstruction but it was reported that an obstruction or an intussusception could not be ruled out. At the initial visit abdominal palpation was unremarkable but at the recheck visit an intussusception was then easily palpable. An intussusception is a condition in which one segment of intestine telescopes into an adjacent segment of the intestine. It is mostly commonly caused by inflammation in the intestines which in puppies is most commonly caused by intestinal parasites, infections, congenital abnormalities, or abrupt diet changes. This condition was confirmed via abdominal ultrasound which showed the classic "bullseye" appearance of the telescoped intestinal segments. This condition is very serious and can be life threatening so emergency surgery was recommended and Dr. Constantini came in to assist.

On abdominal explore an ileocolic intussusception was noted. In this type of intussusception the small intestine telescoped into the large intestine. **This type of intussusception is the most concerning due to the bacterial load in the colon.** The intestinal segments were carefully separated and unfortunately the inner portion of the intestinal segments were perforated and starting to necrose. At that point it was clear that a resection and anastomosis was necessary for appropriate repair. For this type of surgery, the unhealthy portion of intestines were resected and removed and the remaining intestinal edges are sutured back together. In Kuma's case approximately 22cm of intestine were removed. A plication was also performed. For a plication adjacent intestinal segments are sutured together to prevent reoccurrence of the intussusception.

Anesthesia provided a unique challenge given the difficulty and length of the procedure and the age of the patient. Technicians Denise and Jamie ran anesthesia and maintained the patient on a total injectable protocol. Kuma was maintained on a fentanyl and dexmedetomidine as constant rate infusions. Glycopyrrolate and fluids (including colloids) were used for blood pressure support during surgery. After surgery Kuma was continued on IV fluids and IV anesthetics and start on gastroprotectants (cerenia, ondansetron, pantoprazole) and anti-diarrheals (metronidazole). Antibiotics (cefazolin) were also given perioperatively. Kuma recovered beautifully. He quick regained his appetite and was happy to provide the whole staff with lots of tail wags. After two days Kuma was discharged with anti-diarrheals (metronidazole, proviable), a dewormer (panacur), anti-nauseas (cerenia, ondansetron), pain medications (gabapentin), and a bland diet. Kuma was rechecked 2 weeks after surgery for staple removal and is happy and healthy. His family is very grateful that Kuma has recovered well and he is now an important member of the family.