**CHAPTER-4**

**RESULTS**

**4.1 Postoperative care and progress**

Postoperatively, the dog was monitored in the intensive care unit. Laboratory evaluation revealed a hematocrit of 35%, mature neutrophilia (29 × 103 cells/μL ) and leukocytosis (31 × 103 cells/μL).The ampicillin (40mg/kg Tid) and metronidazole (10mg/kg Bid) were injected intravenously to decrease leucocytosis. The total protein concentration had decreased to 3.3 g/dL (reference range: 5.6–7.3 g/dL), and the albumin concentration was 1.5 g/dL (reference range: 3.1–4.1 g/dL). The calcium concentration had decreased to 8.1 mg/dL (reference range: 9.3–11.4 mg/dL), and the sodium and chloride concentrations were high at 158 mmol/L (reference range: 146–154 mmol/L) and 127 mmol/L (reference range: 107–117 mmol/L), respectively. The dog received two 240-mL transfusions of fresh frozen plasma. Clindamycin (10 mg/kg [4.5 mg/lb] IV q8h) and enrofloxacin (7.5 mg/kg [3.4 mg/lb] IV q12h) were administered because of significant gastric and enteric compromise. Maropitant citrate (1 mg/kg [0.45 mg/lb] SC q24h) and a constant-rate infusion of metoclopramide (1 mg/kg/d [0.45 mg/lb/d]) were injected to prevent vomiting. Pantoprazole (1 mg/kg [0.45 mg/lb] IV q24h), famotidine (0.5 mg/kg [0.22 mg/lb] IV q12h), and sucralfate (1 g PO q8h) were administered to treat and prevent gastritis. Intravenous fluids with potassium supplementation (Normosol-R [Abbott Animal Health] with 16 mEq/L of potassium chloride) were administered at 90 mL/kg/d (41 mL/lb/d) IV. For pain management, lidocaine (50 μL/kg/h [22.7 μL/lb/h]) and fentanyl (3 μL/kg/h [1.36 μL/lb/h]) were administered as constant-rate infusions After surgery, the patient recovered slowly and did not vomit for 5 days, after which the patient regurgitated once daily.Two days after surgery, abdominal radiography showed lines and a less severely dilated affected ileocolic junction. The dog was fed via a gastrostomy tube for 5 days after surgery; Enteral medications were administered via the gastrostomy tube. Medical management included tramadol (2.7 mg/kg [1.2 mg/ lb] q12h), omeprazole (1 mg/kg [0.45 mg/lb] q24h), sucralfate (1 g slurry q8h), and metoclopramide (0.25 mg/kg [0.11 mg/lb] q8h before feeding).Postoperatively, Broad-spectruantibiotic ciprofloxacin (6.75 mg/kg [3 mg/lb] q12h) and clindamycin (12 mg/kg [5.4 mg/lb] q8h were continued for prevent the secondary bacterial infection of dog.

**4.2 Outcome**

Five days after surgery the patient removed the gastrostomy tube . After a week of surgery, the patient recovered slowly and did not vomit. Abdominal radiography and endoscopy of the gastrointestinal tract were conducted 7 days after initial presentation and surgery. Radiography showed lines and less dilated affected ileocolic junction and an accumulation of gas and digested food proximal to the lower intestinal part. The Intestinal mucosa also appeared normal, and the intestine was fixed in position because of the enteropexies. Endoscopy revealed no overt cause of vomiting, and the only noted cause of regurgitation was gastritis. Postoperatively, the patient was recovered slowly. There were no signs about recurrence of intussusceptions.