

GE Revolution ACT in Diagnosing Gastric Perforation in a Cat

This case outlines the diagnostic approach and imaging findings in the management of a feline gastrointestinal perforation. A 9-year-old domestic shorthair presented with recurrent vomiting and abdominal distension. Following inconclusive initial investigations, CT imaging revealed a focal gastric abnormality. Surgery confirmed a perforated gastric ulcer.

Case Presentation

Patient

Species/Breed:
Domestic Shorthair (DSH)

Age:
9 years

Sex:
Male



Presenting Signs

- Recent vomiting
- Inappetence

Initial Assessment

Haematology/Biochemistry:

- Moderate neutrophilia
- All other results within normal limits

Treatment Given:

- Maropitant
- Famotidine

Clinical Response:

- Marked improvement

Re-Presentation (6 Weeks Later)

- Seen by OOH team
- Vomiting recurred
- Marked abdominal distension - suspected due to gas

Diagnostic Imaging and Procedures

Radiographs:

Pneumoperitoneum (Marked * in Image 1)

Abdominocentesis:

Large volume of free gas aspirated

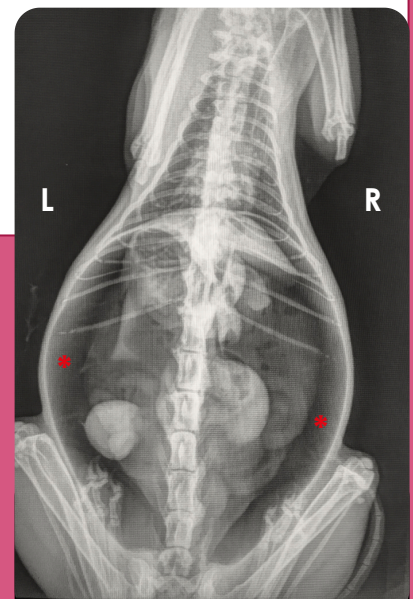


Image 1: DV radiograph of the abdomen and thorax showing pneumoperitoneum (*)

Clinical Progression

Following Day:

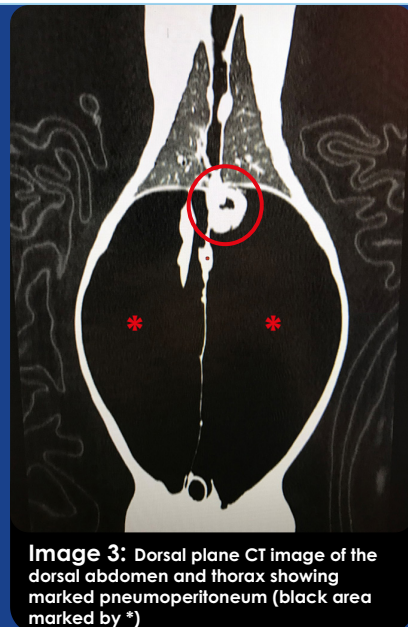
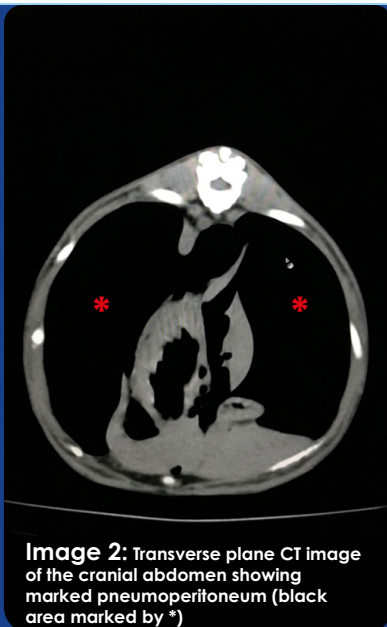
- Recurrence of abdominal distension

Differential Diagnoses:

- Ruptured gastrointestinal viscus
- Penetrating trauma (no history of trauma or external wounds)

CT Findings (GE Revolution ACT)

- Pneumoperitoneum confirmed (* in Images 2 and 3)
- Focal thickening of dorsal gastric wall (encircled in Image 3)



Exploratory Laparotomy

Intraoperative Findings:

- Localised thickening of the gastric fundus
- Small perforation present in the thickened region (blue arrow in Image 4)

Surgical Management:

- Resection of affected gastric tissue
- Primary closure of gastric wall

Histopathology:

- Perforated gastric ulcer
- Associated inflammation and reactive fibroplasia

Outcome

- Full recovery
- No recurrence several months post-op



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