

# Acute Abdominal Emergencies in Cats

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*Critical Consults*



Emergency presentation of cats with GI signs is common, and the underlying disease may be challenging to diagnose. Physical examination findings, history, signalment, diagnostics (eg, CBC, serum chemistry panel), and imaging (eg, abdominal radiographs, emergent ultrasound examination [FAST]) are often needed to distinguish surgical conditions from those that can be managed medically.

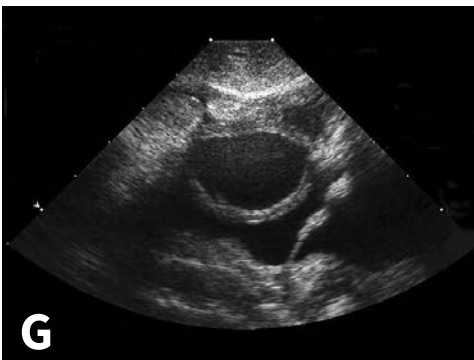
Physical examination should always include inspection under the tongue for a possible linear foreign body (eg, string), which can become anchored under the tongue when swallowed. Other examination findings may include dehydration, lethargy, and abnormal findings on abdominal palpation, including masses, GI foreign bodies, or organomegaly. Cats have been reported to show varying amounts of abdominal pain, even with significant GI disease, so a nonpainful abdomen should not rule out significant disease.<sup>1</sup>

## Match the Images

The following radiographs exhibit some commonly diagnosed emergent feline GI conditions. Match each radiograph with the corresponding description.

**Cats have been reported to show varying amounts of abdominal pain, even with significant GI disease, so a nonpainful abdomen should not rule out significant disease.**

FAST = focused assessment with sonography for trauma

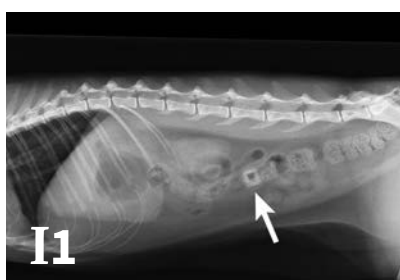
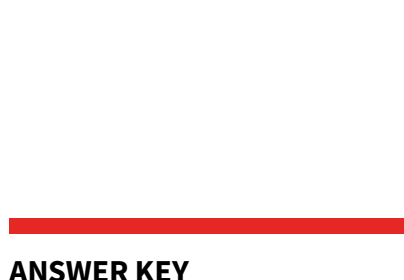
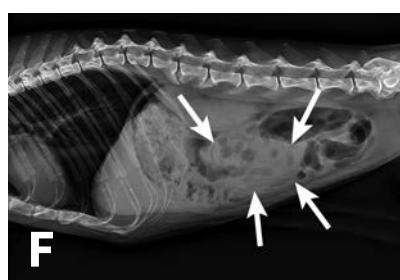
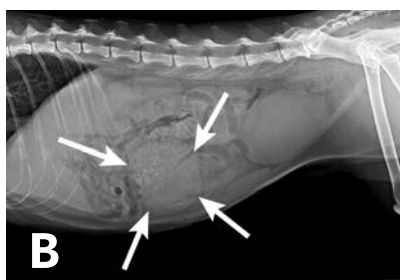
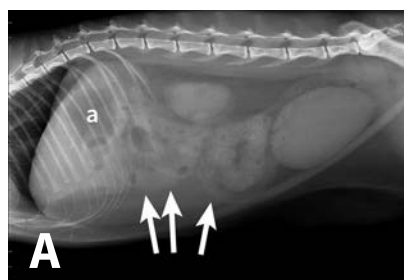


## DISEASE PROCESS

- ☐ Intussusception in a kitten
- ☐ Gastric foreign body
- ☐ Intestinal mass
- ☐ Linear GI foreign body
- ☐ Abdominal mass
- ☐ Severe pneumoperitoneum
- ☐ Positive FAST examination
- ☐ Linear foreign body
- ☐ Constipation
- ☐ Intestinal foreign body

## Acknowledgment

The author would like to thank Daniel E. Cronk, LVT, for his assistance in selecting and downloading images for this article.



## ANSWER KEY

**A Linear GI Foreign Body:** Radiograph shows the stomach distended with gas and fluid, with marked plication of almost the entire small intestine (arrows). This cat ingested a long string from a sewing box. Surgical treatment included multiple enterotomies and a gastrotomy; the cat recovered uneventfully.

**B Abdominal Mass:** Lateral radiograph showing a large intra-abdominal mass (arrows). A testicular Sertoli cell tumor was diagnosed, and surgical intervention for removal was successful.

**C Constipation:** Right lateral and VD radiographs show a severely distended colon packed with fecal material (arrows). This cat was treated with aggressive fluid therapy, analgesics, and, when better hydrated, sedation and manual removal of fecal material.

**D Gastric Foreign Body:** The stomach is distended in this radiograph from a cat that had ingested multiple hair ties. The cat recovered uneventfully after surgical gastrotomy.

**E Linear Foreign Body:** Plication of the small intestine is visible (arrows). This cat ingested part of a cat toy with long, linear felt material; it was removed through multiple enterotomies.

**F Intestinal Mass:** This mass (arrows) was associated with free abdominal fluid. Aspirates were consistent with carcinoma, and the cat was euthanized.

**G Positive FAST Examination:** Arrow represents urine within the bladder. FF indicates free fluid within the abdominal cavity.



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**IMAGES ENTIRE GI TRACT**



**NO ANESTHESIA REQUIRED**

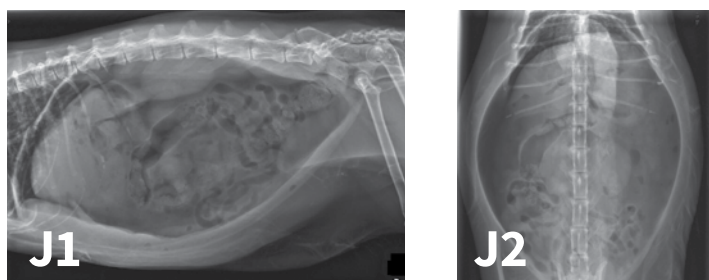
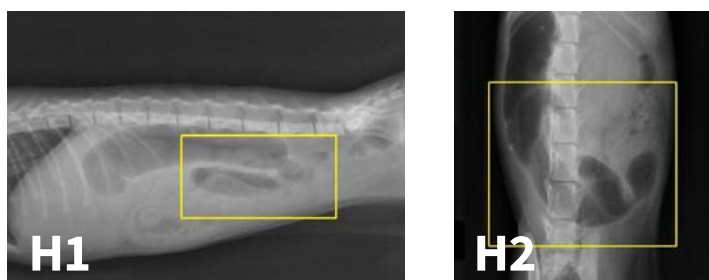
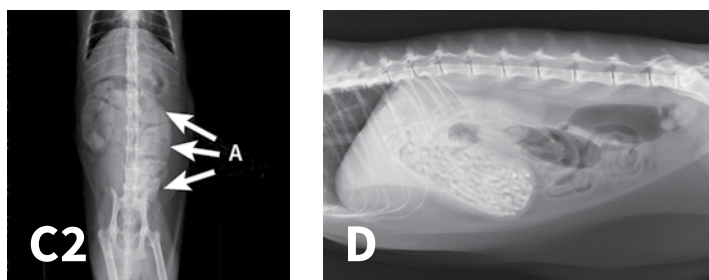


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**H Intussusception in a Kitten:** Lateral (H1) and VD (H2) radiographs showing intussusception in a kitten. **Yellow box** represents the region with a high-grade GI obstruction, indicating a severely dilated small bowel. Surgical intervention revealed a 4-cm intussusception of the distal jejunum. The kitten did well and was discharged following 2 days of post-operative care.

**I Intestinal Foreign Body:** Lateral (I1) and VD (I2) radiographs showing a cuboid-shaped radiopaque foreign body (**arrows**), which was a child's toy that was surgically removed.

**J Severe Pneumoperitoneum:** Left lateral (J1) and VD (J2) radiographs. This cat was euthanized and found on necropsy to have a ruptured gastric tumor. ■

See page 108 for references.