



International Journal of Veterinary Sciences and Animal Husbandry



ISSN: 2456-2912

NAAS Rating (2026): 4.61

VET 2026; 11(8): 24-26

© 2026 VET

www.veterinarypaper.com

Received: 02-06-2026

Accepted: 08-07-2026

Dr. M Gokulakrishnan

Professor, Department of Clinics,
Madras Veterinary College,
Chennai, Tamil Nadu, India

Dr. M Bharathidasan

Assistant Professor,
Department of Veterinary
Surgery and Radiology, Madras
Veterinary College, Chennai,
Tamil Nadu, India

Dr. M Madeena Begum

Assistant Professor, Department
of Clinics, Madras Veterinary
College, Chennai, Tamil Nadu,
India

Nishanthini L

U.G. Scholar, Madras Veterinary
College Chennai, Tamil Nadu,
India

Praveen V

U.G. Scholar, Madras Veterinary
College Chennai, Tamil Nadu,
India

Corresponding Author:

Dr. M Gokulakrishnan

Professor, Department of Clinics,
Madras Veterinary College,
Chennai, Tamil Nadu, India

Successful retrieval of sharp intestinal foreign body by enterotomy in a Labrador retriever dog

**M Gokulakrishnan, M Bharathidasan, M Madeena Begum, Nishanthini L
and Praveen V**

DOI: <https://www.doi.org/10.22271/veterinary.2026.v11.i8a.3688>

Abstract

An eight-month-old intact male Labrador Retriever weighing 20 kg was presented to Madras Veterinary College Teaching Hospital with a history of ingestion of a safety pin. Radiographic examination revealed a radiopaque foreign body within the intestinal loops. Clinical and laboratory parameters were within normal limits. Exploratory laparotomy followed by enterotomy was performed under general anaesthesia. The foreign body was successfully removed, and the animal recovered uneventfully with appropriate post-operative management. This case highlights the importance of early diagnosis and prompt surgical intervention in managing sharp gastrointestinal foreign bodies.

Keywords: Dog, enterotomy, foreign body, radiography, safety pin, surgery

Introduction

Foreign body ingestion is a frequently encountered clinical condition in small animal practice, particularly in young and active dogs. Breeds such as Labrador Retrievers are more prone due to their indiscriminate eating behaviour and tendency toward pica (Fossum 2019) [3]. Ingestion of foreign materials may result in partial or complete intestinal obstruction, mucosal injury, perforation, and subsequent peritonitis depending on the nature, size, and location of the object (Tobias and Johnston 2012) [2]. Sharp foreign bodies such as safety pins, needles, and bones are particularly hazardous as they can easily penetrate the gastrointestinal wall, resulting in life-threatening complications (Monnet 2013) [3]. Early diagnosis using radiography and timely surgical intervention are therefore crucial to prevent morbidity and mortality.

Case History and Observations

An eight-month-old intact male Labrador Retriever named Scotty, weighing 20 kg, was presented with a history of ingestion of a safety pin. The animal had a known habit of ingesting inanimate objects. On clinical examination, the dog was alert and active. All the vital parameters were within normal physiological limits. No signs of vomiting, anorexia, abdominal pain, or discomfort were observed. Haematological and serum biochemical analyses were within normal limits, indicating the absence of systemic involvement. A lateral abdominal radiograph revealed a clearly defined radiopaque structure consistent with a safety pin located within the intestinal loops, confirming the diagnosis and necessitating surgical intervention.

Treatment

The animal was prepared for surgery following standard preoperative protocols, including fasting and stabilization. Injection ceftriaxone – tazobactam @ 15 mg/kg IV was given pre-operatively

Anaesthetic Management

A balanced anaesthetic protocol was adopted to ensure smooth induction, maintenance, and recovery. Pre-medication was carried out using Butorphanol @ 0.2 mg/kg IM and Diazepam

@ 0.5 mg/kg IV. Anaesthesia was Induced with Propofol @ 4 mg/kg IV to effect, Maintained with Isoflurane (1.5–2.5%) in oxygen delivered via a rebreathing circuit.

Surgical Procedure

The animal was positioned in dorsal recumbency, and the surgical site was prepared aseptically. A mid-ventral coeliotomy incision was performed to access the abdominal cavity. Following entry into the abdominal cavity, the intestinal loops were gently exteriorized and systematically examined. The foreign body was identified within the intestinal lumen and exteriorised. The affected intestinal segment was isolated using sterile laparotomy sponges to prevent contamination. An enterotomy incision was made on the healthy intestinal segment proximal to the obstruction, and the foreign body (safety pin) was carefully retrieved to avoid further injury to the intestinal mucosa. The intestinal lumen was assessed for viability, and no abnormalities such as necrosis, discoloration or perforation were observed. The enterotomy site was sutured using polyglycolic acid (PGA) 3-0 in a double-layer simple continuous pattern. Approximately 10ml of normal saline was infused into the intestinal lumen to assess leakage, and no leakage was detected. The abdominal cavity was thoroughly lavaged with sterile normal saline, and residual fluid was removed using suction. Routine closure was performed with linea alba sutured using PGA 1-0 in Ford interlocking pattern. Subcutaneous and intradermal layers using PGA 2-0 and Skin closed with Polyamide (PA) 2-0 in cross mattress pattern. Post-operative bandage was applied.

Post-operative Care

Post-operatively, the animal was treated with oral medications. Tablet Cefpodoxime proxetil 400 mg SID, Tablet Pantoprazole 20 mg SID, Tablet Carprofen 50 mg BID, Tablet Tramadol 50 mg BID. Supportive fluid therapy was provided as needed. The owner was advised to continue oral antibiotic therapy and to apply an Elizabethan collar to prevent self-trauma. Feed was withheld for 24 hours and gradually reintroduced as a soft diet. The animal showed uneventful recovery without any complications.

Discussion

Foreign body ingestion is a common clinical condition in young dogs and is often associated with indiscriminate feeding habits (Slatter and Douglas 2003) [5]. Labrador Retrievers are particularly predisposed due to their highly inquisitive nature. Radiographic examination is a reliable diagnostic modality for detecting radiopaque foreign bodies such as metallic objects (Birchard *et al.*, 2006) [4]. Gastrointestinal foreign bodies in dogs commonly present with variable clinical signs ranging from mild discomfort to severe obstruction (Boag *et al.*, 2013) [7]. Systemic involvement of gastrointestinal foreign bodies depends on the severity and duration of obstruction (Ettinger *et al.*, 2017) [6]. In the present case, radiographic findings facilitated early diagnosis and surgical planning. Enterotomy is considered the procedure of choice when the foreign body is localized, and intestinal viability is preserved (Fossum 2019) [1]. The use of an antimesenteric incision minimizes vascular compromise and promotes optimal healing. Early surgical intervention is essential to prevent complications such as intestinal perforation, septic peritonitis, and adhesions (Monnet, 2013) [3]. Management of intestinal foreign bodies through surgical intervention has been associated with good prognosis in dogs when intestinal viability is maintained (Gokulakrishnan *et al.*,

2020) [8]. In the present case, early diagnosis and timely surgical intervention resulted in uneventful recovery.



Fig 1: X-ray showing radiopaque safety pin in intestine.



Fig 2: Pre-operative surgical site preparation of abdomen in dog.



Fig 3: Exploratory laparotomy performed through a ventral midline incision.



Fig 4: Safety pin foreign body identified within the intestinal lumen.



Fig 5: Enterotomy incision after removal of the safety pin.



Fig 6: Post-operative skin closure using sutures.

Conclusion

Early diagnosis using radiography and prompt surgical intervention are critical in the management of sharp intestinal foreign bodies. Proper surgical technique and appropriate post-operative care ensure successful recovery and favourable prognosis

Conflict of Interest

Not available

Financial Support

Not available

References

1. Fossum TW. Small animal surgery. 5th ed. Elsevier; 2019.
2. Tobias KM, Johnston SA. Veterinary surgery: small animal. Elsevier; 2012.
3. Monnet E. Small animal soft tissue surgery. Wiley-Blackwell; 2013.
4. Birchard SJ, Sherding RG. Saunders manual of small animal practice. 3rd ed. Saunders; 2006.
5. Slatter D. Textbook of small animal surgery. 3rd ed. Saunders; 2003.
6. Ettinger SJ, Feldman EC, Côté E, editors. Textbook of veterinary internal medicine. 8th ed. Elsevier; 2017.
7. Boag AK, *et al*. Gastrointestinal foreign bodies in dogs and cats. Companion Animal. 2013;18(2):62-68.
8. Gokulakrishnan M, Mohamed Ali G, Ruth Jemima Arputharani Jeyaraj. End-to-end enteroanastomosis following enterectomy after retrieval of an intestinal foreign body in a Doberman dog. International Journal of Current Microbiology and Applied Sciences. 2020;9(3):1916-1919.

How to Cite This Article

Gokulakrishnan M, Bharathidasan M, Begum MM, Nishanthini L, Praveen V. Successful retrieval of sharp intestinal foreign body by enterotomy in a Labrador retriever dog. International Journal of Veterinary Sciences and Animal Husbandry. 2026;11(8):24-26.

Creative Commons (CC) License

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.