

## **Gastrointestinal Linear Foreign Body with Serosal Migration in a Dog**

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**Introduction:** A 2-year-old intact male Miniature Schnauzer was presented to the Animal Medical Center, Chonbuk National University with the signs of anorexia and abdominal pain since last 6 weeks.

**Materials and methods:** Physical examination revealed that the dog was depressed and approximately 5% dehydrated and showed pain on abdominal palpation. Abdominal plain and contrast radiographs showed poor serosal detail, a focal segmental enlarged small bowel and plicated small intestines displaced to the left on midabdomen. Sonographic findings were zigzag shaped small intestines with decreased peristaltic and segmental movement, and hyperechoic mesentery on midabdomen. The complete blood count (CBC) values were within the reference ranges, but the serum biochemistry revealed decreased level of gamma-glutamyl transpeptidase (GGT), and creatine kinase (CK). A tentative diagnosis was made as gastrointestinal linear foreign body. An exploratory ventral midline laparotomy was performed for a confirmative diagnostic and therapeutic purpose, and the presence of a string gastrointestinal linear foreign body, originated in the stomach and extended to the ileum was observed. Gastrotomy was performed to remove the string from stomach. In the small intestine linear foreign body was located in the serosal layer. Partial enterotomy was performed on the mesenteric border of the intestine and the string was removed.

**Results:** After the surgical correction the dog was completely recovered from the clinical signs of anorexia and abdominal pain. No other complications were observed during a 6 month follow up period.

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