Exploratory laparotomy procedure:

(events after the abdominal contents were exteriorized)

1. First, the duodenum was located, to which it was then evaluated for its position, size, and orientation. It was flaccid, 3-4 cm in diameter, and oriented horizontal in the dorsal third of the incision.
2. The Liver was found in the right lateral compartment cranial to the 13th rib - edges sharp (not rounded), firm with a smooth surface.
3. The right kidney was located in the dorsal retroperitoneal space, cranial to the incision.
4. As the caudal border of the liver is palpated in the ventral direction the gall bladder is encountered.
5. The caudal border of the liver is palpated to the ventral extent. This left the surgeon in the cranial abdomen, against the diaphragm where the heartbeat was felt with the back of the hand.
6. Below the caudal border the liver the omasum was felt (honeycomb feel).
7. Once the reticulum has been assessed the ventral peritoneum is swept for adhesions or remnants of the falciform ligament.
8. In the ventral compartment of the abdomen, proceed behind the omental curtain into the central compartment for the left kidney.
9. With the palm directed ventral, proceed along the right rumen wall in a cranio-ventral direction until the omasum encountered it feels feel like a soccer ball
10. On the dorso-caudal surface of the omasum in a fold of omentum, you find the left gastric artery (should run cranial to caudal unless a displacement has altered the orientation
11. Palpate the intestines for foreign bodies, gas distended loops, sausages, or fecal balls
12. Go under the left kidney and over the caudal sac of the rumen into the left compartment to feel for signs of peritonitis or a DA.
13. Proceed along the cranial ribcage to locate the spleen - feels granular
14. The rectum located within the pelvis - center of the pelvic canal suspended by the mesorectum