# Clinical Signs- Intestinal Surgery

* Frequent clinical signs and physical findings include colic, distended abdomen, tachycardia, and shock.
* A very distended abdomen requires rapid assistance. A stomach tube should be passed to decompress the rumen. If no free gas is coming out of the tube, it might be a frothy bloat or intestinal volvulus.
* Abnormal findings at rectal palpation are presence of fresh blood, absence of feces, tension band, distended small bowel, distended cecum, or a mass among small bowels.
* Ileus and peracute enteritis can be easily confused with jejunal obstruction. Usually, the small bowel will be distended primarily with fluids and easily palpable per rectum. Tension bands may also be palpated.
* In volvulus, intestines are severely distended with gas occupying the pelvic cavity.
* Intussusception is difficult to identify precisely but usually is suspected if a hard mass is felt among distended small bowels.
* Jejunal hemorrhage syndrome (JHS) might have a similar rectal examination finding except that the rectum is filled with ripe raspberry-like feces in variable quantity.
* Animals with enteritis may have a fever and show other clinical signs or laboratory results compatible with it (ie, leukopenia).
* Finally, the heart rate is a good indicator of the severity of the condition but should be correlated with other findings. A cow with mildly distended small bowel and a heart rate of 80 beats per minute (bpm) does not need immediate assistance. However, a cow with a distended organ and heart rate of 100 bpm and dehydrated needs immediate assistance.
* Ultrasound imaging is very helpful to evaluate the abdomen in cattle. Presence of severely distended and empty intestines at the ultrasound examination indicates obstruction. Surgery is indicated even if the cause if not clearly identified at this point.

A cow standing in a stall

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