CLINICAL ARTICLE

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Surgical management of an entero-hysterocele in a Queen cat

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There is limited information available on acquired abdominal hernias in cats involving herniation of both the intestine and a gravid uterine horn. This report describes a case of ventral abdominal hernia resulting from the herniation of intestinal loops along with a gravid uterine horn.

A 1.5-year-old, non-descript queen cat weighing 3 kg was presented with a history of distension in the left ventral abdominal region (Fig. 1A). The animal owner reported no history of trauma or injury. On physical examination, the swelling was non-painful, irreducible, and firm in consistency. Radiographic evaluation revealed that the queen was pregnant with four fully developed foetuses, one of which was located within the ventral hernia (Fig. 1B). The queen subsequently delivered two live kittens and one dead kitten naturally, without the need for induction. Ultrasonographic examination confirmed that the foetus within the hernial sac was non-viable.

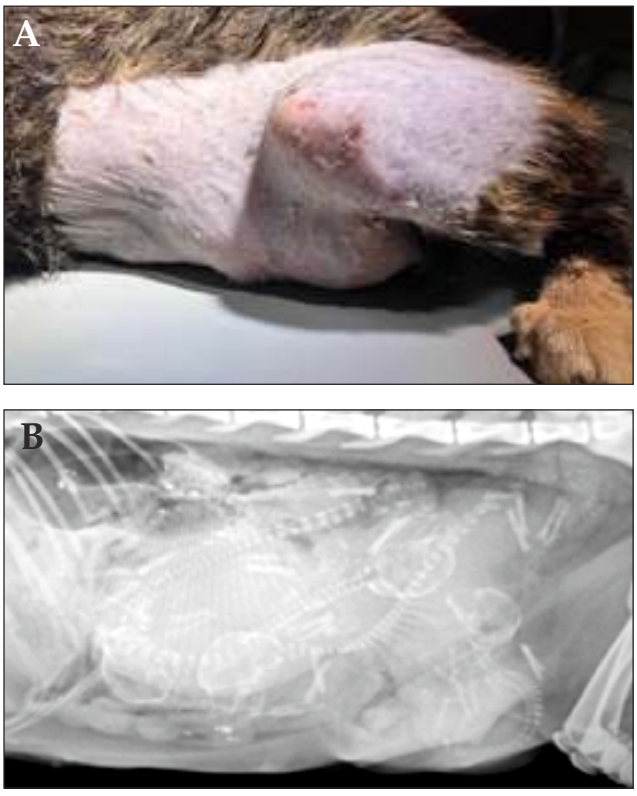

Fig. 1: Cat presented with ventral hernia (1A); radiograph (abdominal lateral) - pregnant cat with 4 foetuses and one foetus present in the hernial sac (1B).

The cat was premedicated with a combination of xylazine (0.1 mg/kg body weight) and ketamine (10 mg/kg) administered intramuscularly. Additional ketamine (20 mg/kg) was administered to achieve anaesthetic induction. General anaesthesia was maintained with xylazine (1 mg/kg) and ketamine (25 mg/kg) administered intravenously.

The cat was positioned in dorsal recumbency, and a surgical incision was made over the hernial sac. A torn uterine horn was identified within the hernial sac, from which a dead foetus was removed. The uterine horn was repaired using 2-0 polyglycolic acid (PGA) in Cushing's suture pattern after disinfecting the lumen with metronidazole. The repaired uterine horn was reinforced with additional inverted sutures and repositioned into the abdominal cavity. Intestinal adhesions were carefully dissected, and the intestinal loops were reduced back into the abdominal cavity through the hernial ring. Following peritoneal lavage with metronidazole, herniorrhaphy was performed using 2-0 PGA in an overlapping suture pattern. The muscle layers were apposed routinely, and the skin incision was closed using 1-0 nylon sutures.

Postoperative therapy included administration of amoxicillin (Amoxirum Forte) 90 mg i.v., metronidazole 10 mL i.v., meloxicam (Melonex) 0.2 mL i.m., pantoprazole (Pantop) 4 mg i.v., and a multivitamin preparation (Eldervit) 0.4 mL i.v., all given twice daily for 5 days. Additionally, syrup Cremaffin was administered at 1.5 mL orally, twice daily, for 14 days.

The animal recovered uneventfully. Similar to the present case, successful surgical management of ventral hernia in cats has been reported by Rizk and Samy (2016). Ventral hernia may result from trauma such as thrust, kick, or blunt force, as well as from abdominal distension (e.g., during pregnancy) or excessive straining during parturition (Tyagi and Singh, 1995).

References

Tyagi, R.P.S. and Singh, J. 1995. Ruminant Surgery. C.B.S. Publishers and Distributors, New Delhi.

Rizk, A. and Samy, A. 2016. Diagnosis and surgical repair of entero-cystocele in a cat. Open Vet. J. **6:** 162-164.

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