

MCQ
Chapter 91 : The stomach

Tobias club 5/10/21

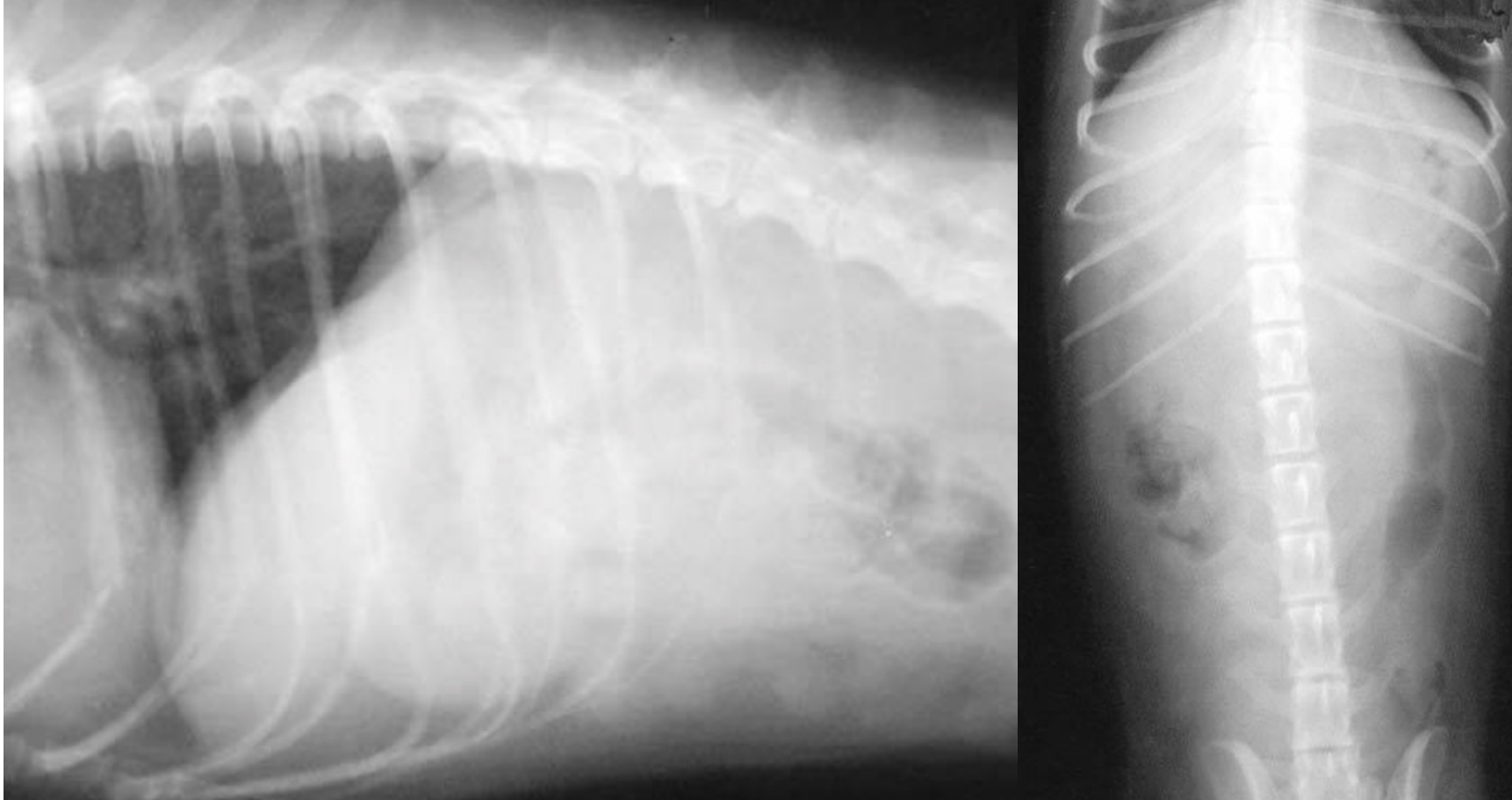


Which statement is correct regarding Gastric closure

- A. In the Connel suture technique, the suture penetrates into the submucosa without penetrating the organ lumen
- B. Polydioxanone has a rapid and significant loss of tensile strength in acidic environment and is the only suture negatively impacted in tensile strength by gastric fluid
- C. Subjective criteria to determine tissue viability (including gastric wall thickness, serosal surface color, evidence of serosal capillary perfusion, presence of peristalsis and fluorescein dye injection) proved to be 85% accurate in experimental model
- D. An inverting pattern for pyloroplasty or gastroduodenal or gastrojejunal anastomosis that incorporates submucosa is indicated



A 11 year old male Bulldog presented for vomiting with increasing frequency over the last several months. The vomitus contains partially digested food occurring generally hours after feeding. Detailed history from the owner revealed that the dog had undergone pyloromyotomy approximately 8 years previously because of similar clinical signs.



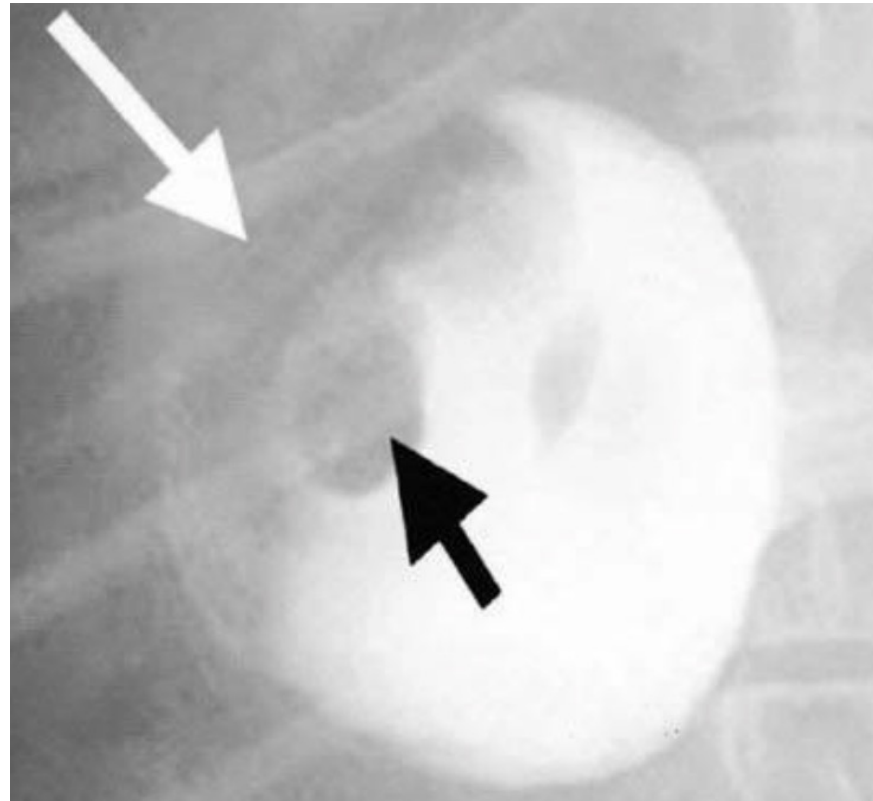


What is your radiographic findings ?

- A. A soft tissue opacity in the area of the pyloric antrum
- B. Deviation of stomach axis and cranial displacement of stomach
- C. Pyloric malposition
- D. An increase of gastric wall thickness in the area of the fundus



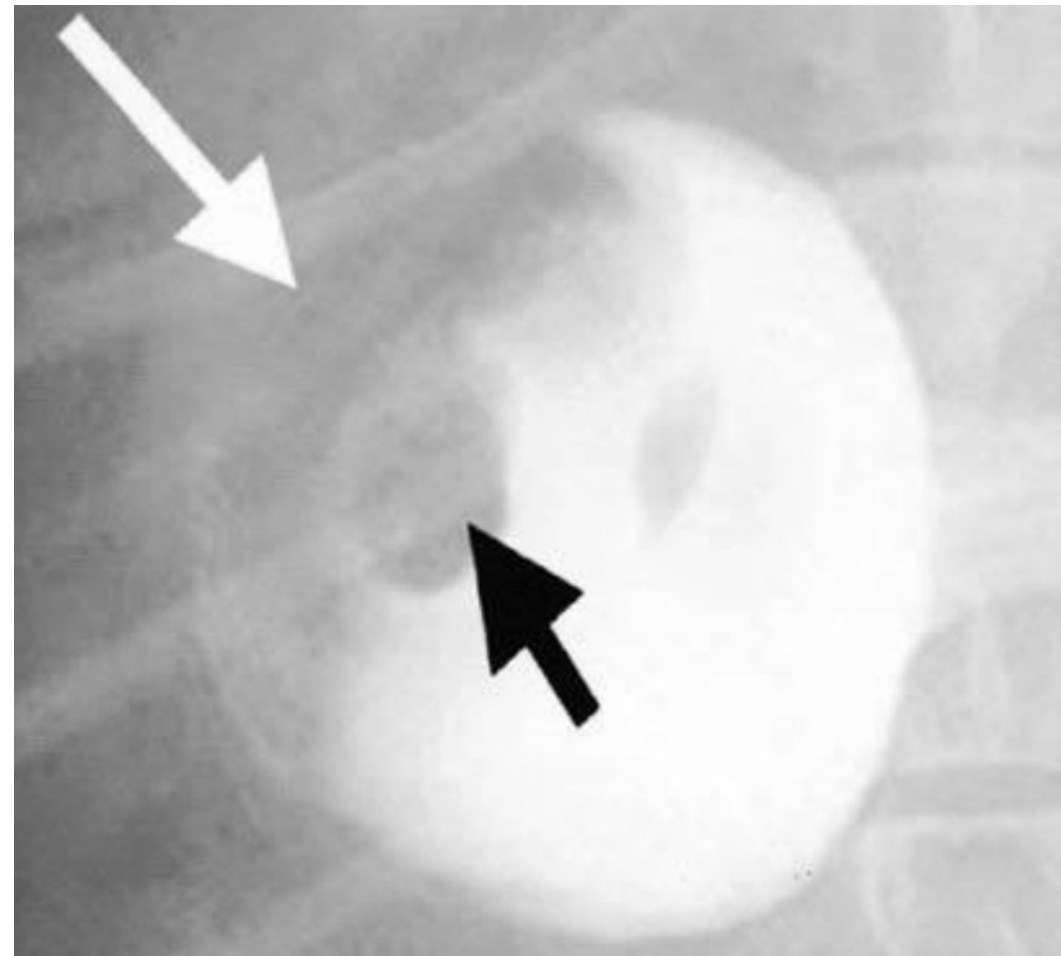
Filling defects in the pyloric region observed on survey radiographs were clearly delineated by use of positive contrast gastrography. Additional radiographs obtained during gastrography revealed that the barium sulfate had not advanced beyond the stomach, suggesting delayed gastric emptying.





Based on the contrast study, what is the cause of the clinical signs ?

- A. Peritonitis
- B. Gastritis +/- Ulcers
- C. Pyloric outflow obstruction
- D. Granulomatous fungal disease





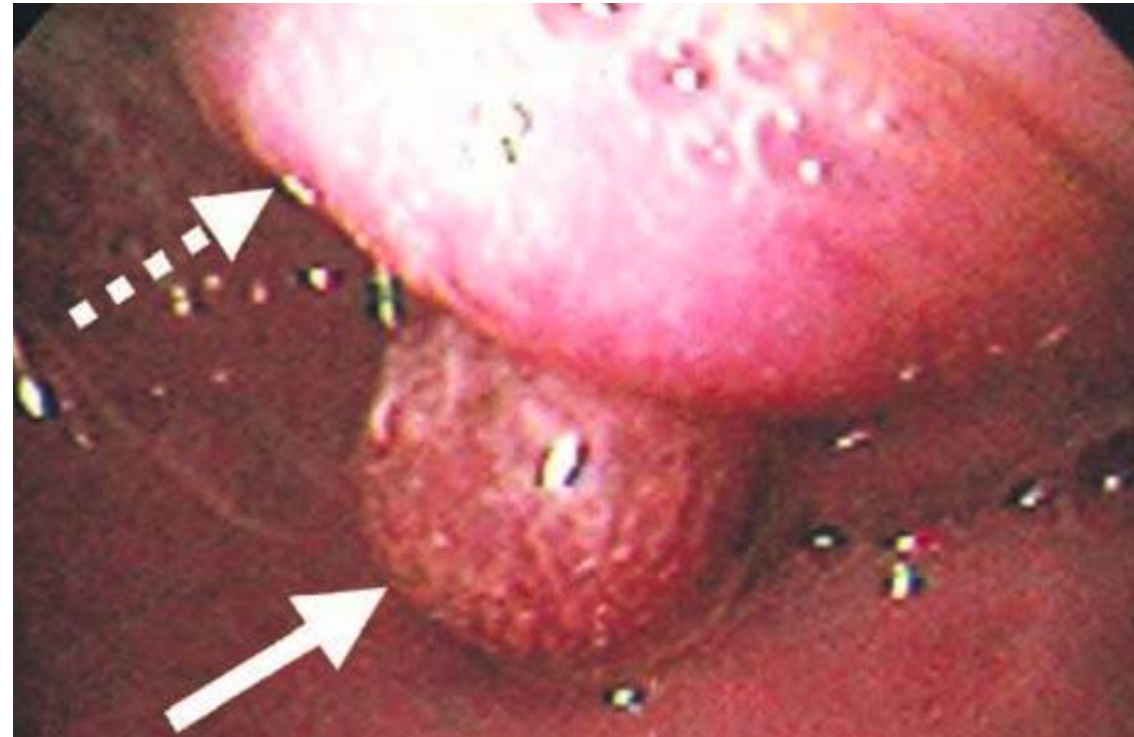
In the present case, which cause of pyloric outflow obstruction is less likely ?

- A. Congenital pyloric dysfunction
- B. Chronic hypertrophic pyloric gastropathy
- C. Gastric neoplasia
- D. Gastric foreign bodies.



Gastroscopy was performed. Endoscopic view of the pyloric sphincter not reveal

- A. Gastric foreign body in the pyloric sphincter mucosa
- B. Ring of thickened tissue around the pylorus
- C. Spherical polyp protruding through the pyloric sphincter
- D. Mild erythematous lesion of gastric mucosa





Based on clinical signs, endoscopic views and radiographs, the most likely diagnosis is

- A. Chronic hypertrophic pyloric gastropathy
- B. Congenital pyloric dysfunction
- C. Granulomatous fungal disease
- D. Gastric foreign bodies



Blood gaz analysis was performed

- pH : 7.47
- PCO₂- : 54mmHg
- HCO₃- : 35.8 mmol/L
- BE : 10.2 mmol/L

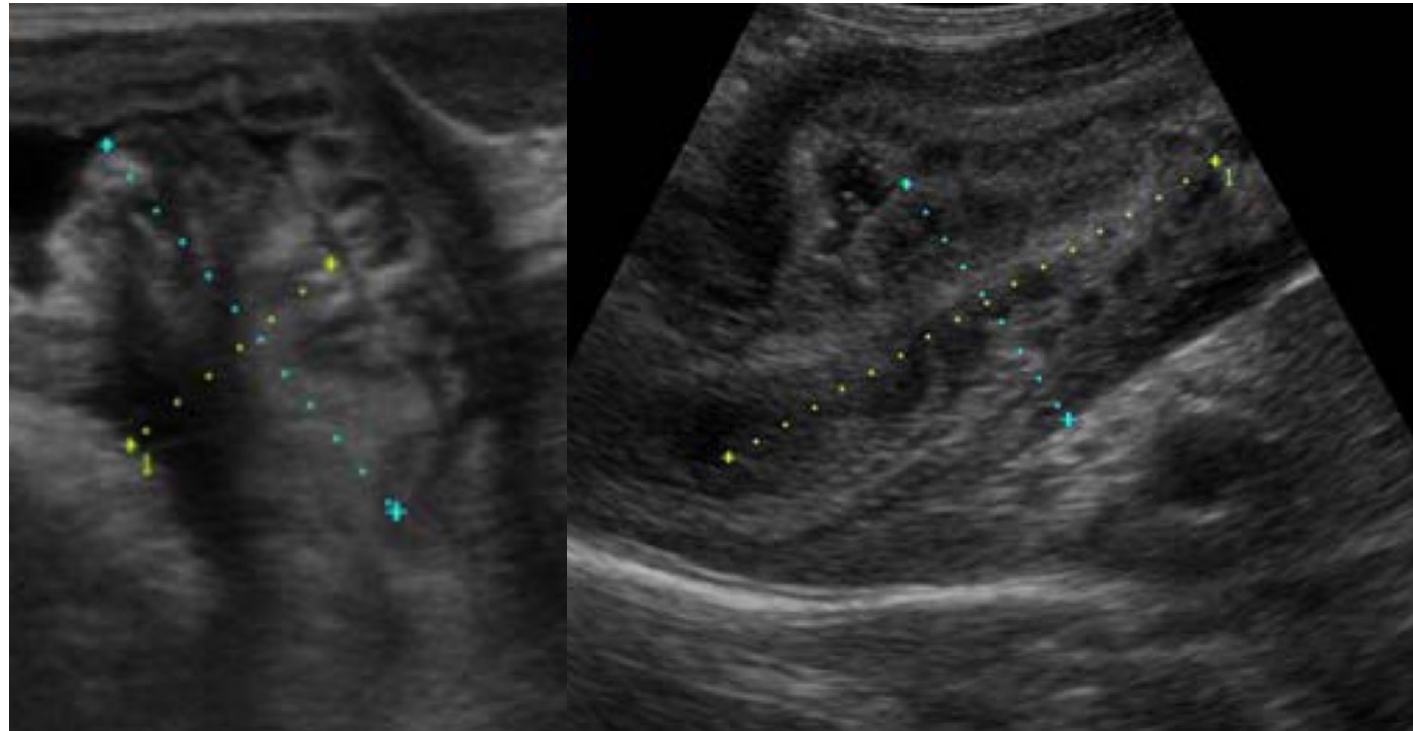
What is the acid base disorder of this dog ?

- A. Metabolic alkalosis with compensation
- B. Mixed acid base : Metabolic alkalosis with respiratory acidosis
- C. Mixed acid base: Metabolic and respiratory alkalosis
- D. Respiratory alkalosis with compensation



Ultrasound revealed severe thickening of all layers of the pyloric wall. Which surgical treatment would you recommend in this case ?

- A. Heineke-Mikulicz pyloroplasty
- B. Fredet Ramstedt pyloromyotomy
- C. Y-U advancement pyloroplasty
- D. Billroth I





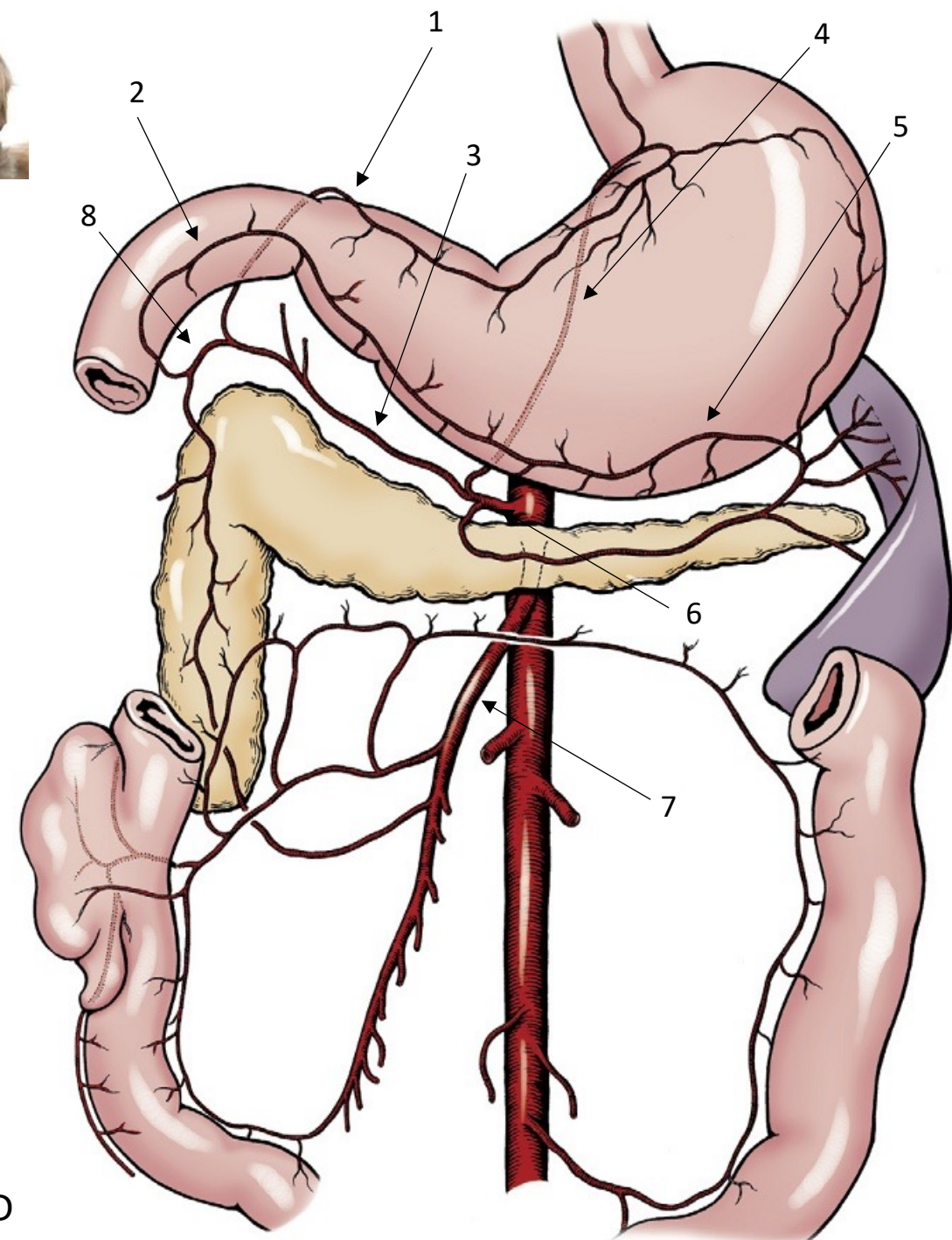
Which statement is not correct regarding presurgical preparation of gastric surgeries ?

- A. longer fasting times can decrease gastric pH and give a higher incidence of gastroesophageal reflux
- B. Preoperative administration of proton pump inhibitor (ranitidine) is indicated to increase gastric pH
- C. Wilson et al documented gastroesophageal reflux in 57% of dogs undergoing anesthesia for orthopaedic procedures, but clinically obvious regurgitation was noted only in 14% of anesthetized patients.
- D. When vomiting is a significant concern, a rapid induction and intubation without delay will provide an immediate airway protection.



Which legend is correct ?

- A. 2. R gastric / 4. L gastric/ 5. L Gastroepiploic / 6. Coelic / 7. cranial Mesenteric
- B. 1. R gastric/ 2. R gastroepiploic / 4. L Gastric / 6. Coeliac / 7. cranial mesenteric
- C. 1. R gastric/ 2. R gastroepiploic / 4. L Gastric / 6. cranial mesenteric/ 7. caudal mesenteric
- D. 2. R gastroepiploic / 3. Gastroduodenal / 5. L Gastroepiploic / 7. cranial mesenteric





Lymphatic drainage of stomach is not performed by:

- A. gastric lymph nodes
- B. splenic lymph nodes
- C. Pancreatico-duodenal lymph nodes
- D. hepatic lymph nodes



Temperature recommendations for lavage solution is within :

- A. 35° C to 37° C
- B. 36° C to 38° C
- C. 37° C to 39° C
- D. 38° C to 40° C