



Issue Date: Veterinary Technician  
January 2009  
(Vol 30, No 1)

Final View — A fork in the . . .

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Apache, a 10-year-old, neutered Siberian husky, was referred for ingesting a fork. On presentation, Apache was laterally recumbent, pale, and shocky. Blood work revealed a packed cell volume of 20% (normal: 37–55), albumin of 1.3 g/L (normal: 2.6–4.0), sodium of 167 mEq/L (normal: 140–154) and potassium of 7.8 mEq/L (normal: 3.8–5.6). Apache went into cardiac arrest, and multiple packed red blood cell transfusions were started.

Radiography revealed a fork in the left lung field. Apache was transferred to surgery, and a median sternotomy was performed. After 1.5 L of blood was removed from the thoracic cavity, the blunt end of the fork was visualized in the left caudal thoracic compartment. Most of the hemorrhaging appeared to be from a 1.5-cm perforation through the pulmonary vein of the left caudal lung lobe. A lung lobectomy was performed. The chest cavity was lavaged with warm saline, a thoracostomy tube was placed, and the sternotomy was closed. The abdomen was explored, and the fork was removed from the fundus of the stomach. The gastrotomy was closed with 2-0 polydioxanone suture. The abdomen was explored, and no other abnormalities were found. The abdomen was then lavaged with warm saline, a Jackson-Pratt drain was placed, and the incision was closed.

Apache had an uneventful recovery. The following morning, he was eating and walking around in his cage.



