Lab 18 Dissection Steps:

- (For this dissection trace the descending aorta caudally to find the arteries.)
- Identify a few of the lumbar arteries
- Identify the celiac a. and its 3 major branches: hepatic a., left gastric a., and splenic a.
  - Follow the hepatic a. and attempt to identify the following branches:
    - cystic a.
    - right gastric a. (this one breaks easily)
    - gastroduodenal a.
      - Identify the right gastroepiploic a. and cranial pancreaticoduodenal a. (terminal branches of gastroduodenal a.)
  - Follow the left gastric a. and attempt to identify esophageal branches
  - Follow the splenic a. and attempt to identify the left gastroepiploic a. (aa.), and pancreatic branches (not easily seen)
- Identify the cranial mesenteric a. and the following branches:
  - common trunk (in dog; separate branches are usually present in cat, i.e., cat does not usually have a common trunk)
    - middle colic a.
    - right colic a.
    - ileocolic a. (and attempt to identify the following branches of the ileocolic a.):
      - mesenteric ileal branch
      - colic branch
      - cecal a.
      - antimesenteric ileal branch
  - caudal pancreaticoduodenal a.
  - jejunal arteries
  - ileal arteries
- Attempt to identify the phrenicoabdominal a. (common trunk) (also seen in Lab 15) and the following branches:
  - cranial abdominal a.
  - caudal phrenic a.
- Identify the renal arteries (right & left)
- Identify the ovarian a./testicular a. (one on left & one on right; ID one or both, if possible)
- Identify the caudal mesenteric a. and its two terminal branches, the left colic a. and the cranial rectal a.
- Identify the deep circumflex iliac a. (also seen in Lab 15)
Identify the portal vein. Carefully reflect peritoneum and fat from the vein to expose its branches. (The portal vein tends to be very delicate and tears apart easily.) Identify the following:
- gastroduodenal v.
- splenic v.
  - Attempt to identify the left gastric v.
- cranial & caudal mesenteric veins

In MALE specimens, reflect the penis and scrotum to the right side.

Use the pruners/snips provided in lab to cut through the pelvic symphysis (ventral midline of the pelvis).

Locate the wing of the LEFT ilium and sever all muscles attaching to its medial and ventral surfaces.

Move the specimen to the edge of the table and apply ample force and pressure to abduct the left hind limb and crack the pelvis open.

On the left side, identify the levator ani m. and the coccygeus m. that make up the pelvic diaphragm.

Identify the pelvic plexus by tracing the left hypogastric nerve to it.

Know the extensions of the peritoneal cavity and visualize them on your specimen if possible:
- pararectal fossa
- rectogenital pouch
- vesicogenital pouch (female)
- pubovesical pouch

Note that males have 3 of these: the pararectal fossa, rectogenital pouch and pubovesical pouch. Females have all of them (pararectal fossa, rectogenital pouch, vesicogenital pouch and pubovesical pouch).