Case presentation:
- 14-year-old female neutered Siamese
- Acute onset non-productive retching/coughing two hours after feeding

Physical examination findings:
- Collapsed and obtunded, BCS 3/9
- Pale and tacky mucous membranes, CRT 1s
- Heart rate 140 bpm
- Femoral pulses synchronous but weak
- Respiratory rate 60 bpm with increased effort, no adventitious lung sounds
- Abdominal distension and discomfort
- Rectal body temperature 35.0˚C

Investigation:

**Significant laboratory findings**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Result</th>
<th>Units</th>
<th>Reference interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Packed cell volume</td>
<td>30</td>
<td>%</td>
<td>30 - 45</td>
</tr>
<tr>
<td>Total solids</td>
<td>89</td>
<td>g/L</td>
<td>50 - 80</td>
</tr>
<tr>
<td>Blood glucose</td>
<td>15.39</td>
<td>mmol/L</td>
<td>3.9 - 8.8</td>
</tr>
<tr>
<td>Serum potassium</td>
<td>2.5</td>
<td>mmol/L</td>
<td>3.5 - 5.8</td>
</tr>
<tr>
<td>Serum urea</td>
<td>15.0</td>
<td>mmol/L</td>
<td>5.7 - 12.9</td>
</tr>
</tbody>
</table>

Point of care abdominal ultrasound:
- A large heterogenous, mass-like structure in the mid-cranial abdomen
- Splenomegaly with mixed echogenicity
- No free abdominal fluid

Therapy:
- Fluid resuscitation, analgesia and oxygen therapy
- Stomach decompression with 20 G intravenous catheter
- Exploratory celiotomy findings:
  - Splenic torsion (identified intraoperatively)
  - Anticlockwise 180° gastric volvulus
- Hilar splenectomy facilitated stomach de-rotation followed by routine incisional gastropexy

Discussion:
To the authors’ knowledge this case is the first reported GDV in a cat with a 180° anticlockwise volvulus and concurrent splenic torsion. This case illustrates the importance of a logical and complex approach to our patients to prevent misdiagnosis.