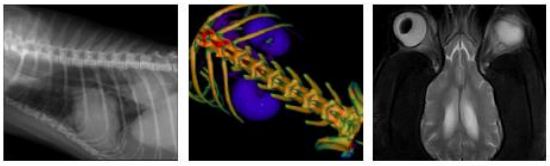
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roxy Stanziani

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

10

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. Mostafa Elshafie

INVOICE

49907

DATE

1-27-22

PRESENTING CLINICAL SIGNS

Pet is not eating as much and is drinking a lot of water. vomited the other day and it triggered a seizure. not acting herself. CCL injury vs rupture
Abnormal PE/Chem/CBC/UA Results: Diag- ALP 1077, ALb 4.5, K 3.3 CBC- Neu 12.88 CPL- Abnormal

RADIOGRAPH OF THORAX, ABDOMEN AND STIFLES

Abdomen and Thorax : 2 orthogonal views each, DP hind paw, lateral stifle, lateral femur including hip and stifle joint

RADIOGRAPHIC FINDINGS

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

The left rib of T13 is poorly developed and only 6 lumbar vertebrae are present.

Thorax

The thoracic structures appear physiological.

Abdomen

The gastric axis is rotated caudally. The pyloric region appears to be distended on the lateral view and mineral sediment appears to be present; the small intestinal loops have a physiological distribution and size. Colon and rectum contain a moderate amount of fecal matter.

The other abdominal structures appear physiological.

Stifle

The stifle joint has smooth subchondral bone surfaces, and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad is reduced in size and the caudal fascial plains are partially obscured. New bone formation is not evident.

RADIOGRAPHIC DIAGNOSIS

- Hepatomegaly, mild
- Sediment in a cranial abdominal viscus
- Joint effusion stifle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A moderate joint effusion can be associated with joint disease (inflammation due to cruciate disease) or blood due to trauma. Fibrous tissue due to chronic instability is a differential diagnosis but in the absence of new bone this appears unlikely. Radiographically I have to assume that a partial rupture of the cruciate ligament is present, but an appropriate imaging diagnosis can only be reached with MRI. Clinical examination on the sedated animal will allow a better assessment.
The sediment could be located in gall bladder or pylorus. As it is not obvious in the right cranial abdomen I assume it to be in the pylorus and recommend ultrasound to rule out pyloric outflow obstruction and pancreatitis. Hepatomegaly can be due to Cushing's disease, diabetes and primary hepatic diseases which can also be detected ultrasonographically.

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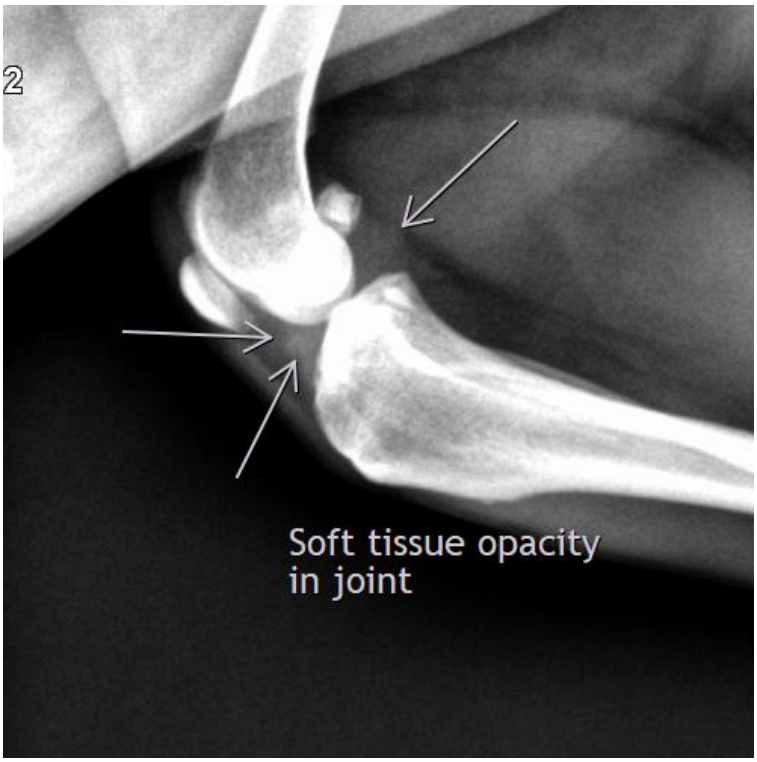
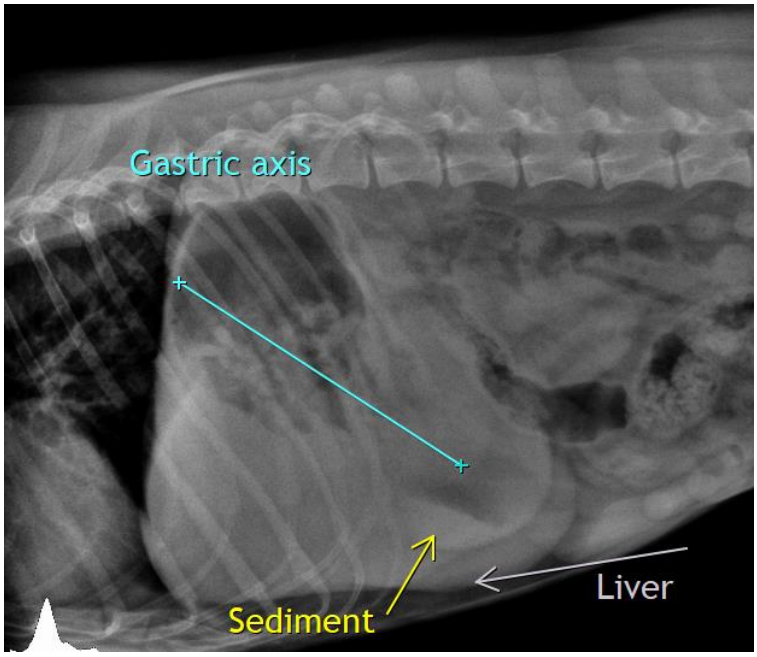
TECHNICAL COMMENTS

No side marker on leg views.





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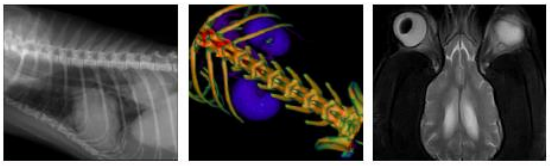

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com