

**DATE PRESENTING CLINICAL SIGNS**

10-15-21 Foreign body surgery 8/9/21 removed chewed up corncob and gravel, has not been right since surgery, weightloss, lack of appetite, shaking, heavy breathing, skin pigment change, muscle wasting. episodes of disorientation.

PATIENT Abnormal PE/Chem/CBC/UA Results: On 10/14/21 BUN 29, CRE 1.9 previous bloodwork done on 8/4 AND 9/10 labs WNL

Bella Martin **RADIOGRAPHIC STUDY OF THE ABDOMEN**

SPECIES 2 orthogonal views

Canine **RADIOGRAPHIC FINDINGS**

The body condition score is 5/9 with tucked in lateral abdominal walls.

BREED A small amount of ventral spondylosis on the cranial endplate T11.

Pit Bull Differentiation of the edges of all abdominal organs is reduced.

SEX The liver is located within the costal arch and the caudo-ventral lobe is pointed.

Female Spayed The spleen is not evident.

AGE The stomach contains a moderate amount of food. Gas filled small intestinal loops are located in the ventral abdomen and their diameter is at the upper limit of normal. A bread rolls shaped structure, most likely the cecum, with faint, mottled fecal contents and a gas cap is partially superimposed onto L 3 on the right side. The ascending and transverse colon are not readily visible. The descending colon is located to the left of the spinal column and contains marginally formed fecal matter. On the VD view a mottled opacity is located in an intestinal loop at the level of the left kidney and appears to continue caudally into a small intestinal, air filled loop which crosses L4 ending abruptly to the right of L4.

INTERPRETED BY

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

Both renal shadows are not obvious. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

The region of the sublumbar lymph nodes appears physiological.

HOSPITAL NAME

Mt. Airy Animal
Hospital

RADIOGRAPHIC DIAGNOSIS

- General loss of soft tissue detail
- Ingesta in intestinal loop

REFERRING VET

Atchley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

47819

The general loss of detail is most likely due to a combination of technique and little fat. However, inflamed mesentery and a small amount of abdominal fluid cannot be ruled out. The presence of food in stomach and feces in colon indicates that the animal is eating, and food is passing into the rectum. The position of cecum, ascending and transverse colon is not clear due to an insufficient amount of contrast/fecal matter. The granular matter in the region of the left kidney could be located in part of the colon, which would then be on the wrong side, or in a small intestinal loop. In light of the clinical signs further examinations are recommended: pneumocolonography is the easiest method to rule out colonic torsion, 2 orthogonal views are necessary. The mild elevation of renal values may be caused by dehydration or represent a beginning renal failure and should be rechecked with lipase and amylase. Abdominal ultrasound is recommended to assess if peritoneal fluid or a hyperechoic mesentery is

present, if intestinal wall layering and thickness are normal, and to evaluate renal size, and cortico-medullary differentiation. The change in breathing pattern could be due to pain or pulmonary infiltrate: chest radiographs are recommended.

TECHNICAL COMMENTS

A ground glass opacity blurs the opacity differences in periphery as well as in the center. Parallel lines extend from one short end of the image to the other and are especially prominent on the lateral view.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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