
PATIENT PRESENTING CLINICAL SIGNS

PATIENT Charlie Romines
SPECIES Canine
BREED French Bulldog
SEX Neutered Male
AGE 9 Years

Pet has a several month history of straining for bowel movements. Pet's tail is absent (Frenchie), no ataxia noted on physical exam. Rectal exam: anal sacs empty, normal anal tone. Since late September/early October, pet has had intermittent vomiting, regular liquid diarrhea that did not respond to Metronidazole. Pet is losing weight (about 10 pounds) since July 2021. Base line lab work, CBC: minor neutrophilia with normal white count. Chems: TP 7.7 (H), with increased globulins, otherwise normal. Urinalysis: USG 1.007, 2+ protein. Fecal parasite screen: Negative. Screening abdominal xrays, 3 view with 4th view an air enema to clarify the location of colon. (Previous radiographs from 2018 also included for comparison). Thank you, Dr. Salmon

RADIOGRAPHIC STUDY OF THE ABDOMEN
RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity. T8 is a wedge vertebra; spondylosis is present ventral to T6/7. Only one tail vertebra is present.

The abdominal detail is in line with the BCS; diaphragm and abdominal wall are intact.

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

The tail of the spleen appears slightly prominent with a physiological shape.

The stomach contains a small amount of air. An oval shaped, striated object (6x2.6cm) with a thick wall (0.5cm) is located dorsal to the colon and to the right of the midline, level L3-6. The small intestinal loops show a variable amount of luminal gas and appear stacked on the right lateral recumbent views. A soft tissue opacity of approx. 5cm length appears to be attached to the dorsal wall of the terminal colon and intrapelvic portion of the rectum. It has not been displaced by the introduced air.

The other structures appear physiological.

RADIOGRAPHIC DIAGNOSIS

- Mild ileus
- Intestinal foreign body
- Colonic mass

Incidental findings

- Congenital vertebral anomalies
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal changes are compatible with a small intestinal cloth foreign body. The changes in the colon are most likely due to a mass lesion (tumor, granuloma). For both regions abdominal ultrasound

DATE 11/24/21

33089

INTERPRETED BY

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

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Krishna Salmon

INVOICE



PATIENT is recommended to look at wall thickness and layering as well as the extent of possibly unraveled cloth. Proctoscopy can help obtain a grab biopsy from the colonic mass. Surgery is needed to remove the foreign body.

Charlie Romines

SPECIES

Canine

BREED

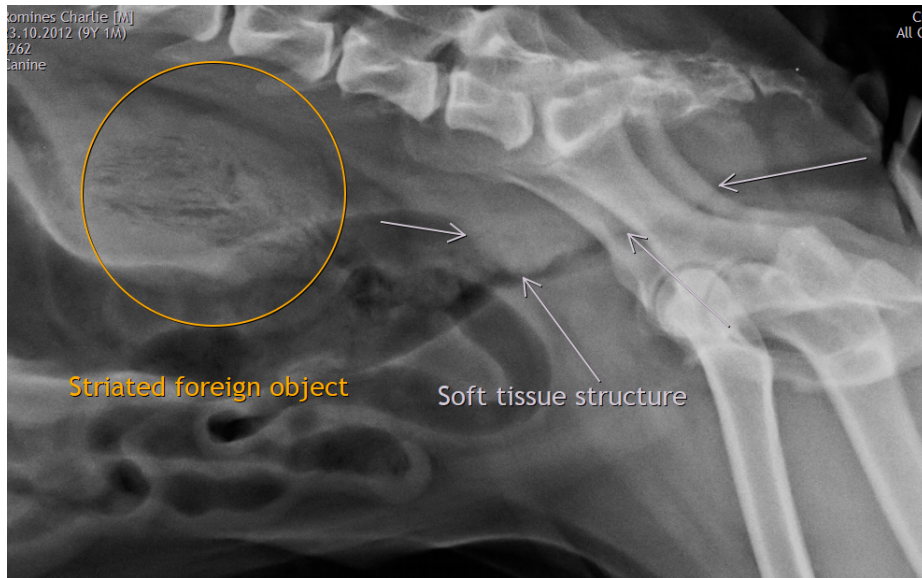
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Dr. med. Vet.,
DipECVDDI DVR

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.

HOSPITAL NAME

All Creatures AH

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REFERRING VET

Dr. Krisha Salmon

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