
PATIENT PRESENTING CLINICAL SIGNS

Stanley Kyprianou Vomiting and diarrhea since Nov 1st. Vomiting stopped with cerenia but ongoing severe nausea. AUS Nov 4th showed material in stomach, but had eaten that morning. BW normal. Still nauseated and diarrhea despite cerenia. Concern for gastric FB

SPECIES Abnormal PE/Chem/CBC/UA Results: BW Nausea on physical, liquid diarrhea and dry skin

Canine **RADIOGRAPHIC STUDY OF THE ABDOMEN**

12:56 1x LLR, 3x VD
 15:00 3x LLR with tube, 2xDV with tube

BREED

Lab

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

SEX

The bony structures are within normal limits.

Neutered Male

The detail in the cranial abdominal is slightly reduced; diaphragm and abdominal wall are intact.

AGE

1.5 Years

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

The head of the spleen appears physiological.

INTERPRETED BY

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

12:56: the stomach contains spongy, more opaque material, fluid and some air. The gastric axis is slightly cranially rotated; fundus and pylorus are in a physiological position. The small intestinal loops just caudal to the cecum appear gathered. The intestinal loop that appears to start at rib 13 gas extends straight caudally and contains bubbles. The size of the intestinal loops is physiological. Ascending and transverse colon as well as the cecum contain gas. The desc. colon contains mainly fluid.

HOSPITAL NAME

Animal Health
 Partners

15:00: the fundus still contains foamy material, which is less obvious on the lateral views. A probe with a metal tip has been introduced and in two lateral views air is present in gastric body and pylorus; the pylorus is further dorsally and the fundus further ventrally located than on the views without air. The path of the air filled desc. duodenum is sigmoidal and the proximal duodenal diameter is increased. Gas filled jejunal loops with a physiological diameter are located between body wall and sigmoid curve. On both DV views an oval radiolucency with a central, almond shaped soft tissue opacity is located at the end of rib 13 on the right. This is not evident on any other views.

REFERRING VET

Dr. Murray

Both renal shadows appear physiological. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

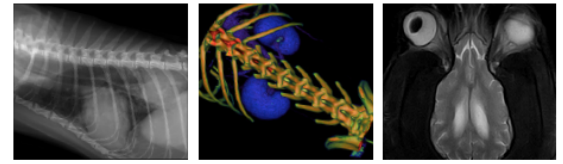
INVOICE RADIOGRAPHIC DIAGNOSIS

26913

- Liquidized food in the stomach
- Sigmoidal descending duodenum
- Odd intestinal gas distribution post introduction of air
- Gathered small intestinal loops

DATE

11/6/21



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stanley Kyprianou

The shape of the duodenum and gathered appearance of small intestinal loops suggest a linear foreign object e.g. cloth. Repeating the radiographs after the animal has been starved for 24 hours is recommended to see if the foamy gastric material persists. Alternatively, a repeat ultrasound examination should concentrate on the identification of a linear foreign object; a sliding intussusception may be evident if hypermotility is present. A Barium follow through is an alternative to ultrasound but a 24-hour view has to be included if nothing shows up before this time. The almond shaped structure is most likely caused by a curved intestinal loop rather than a solid foreign body. Supportive treatment including infusion should be continued during this time because viral enteritis is a differential diagnosis which will lead to dehydration fast. Should the animal have deteriorated, a celiotomy may be necessary based on the on a clinical severity.

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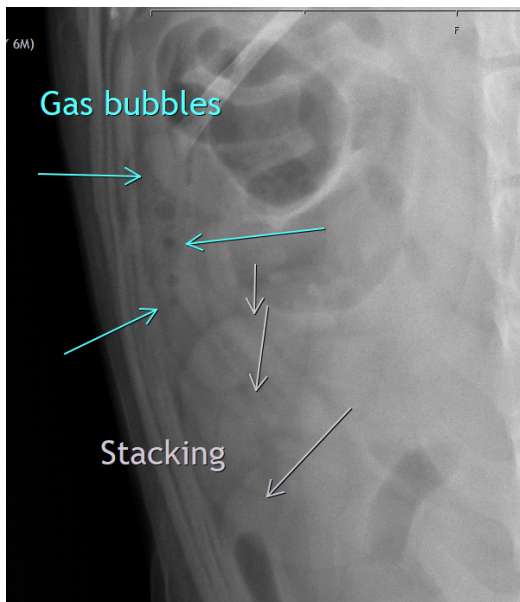
Dr. Murray

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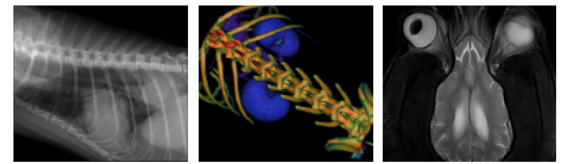
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PATIENT

Stanley Kyprianou

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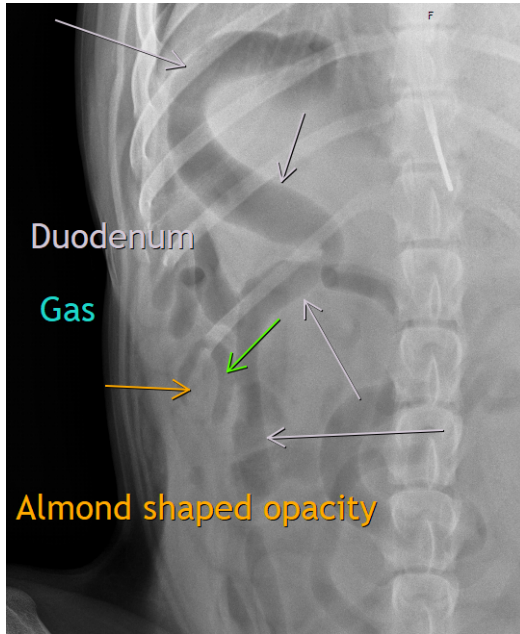
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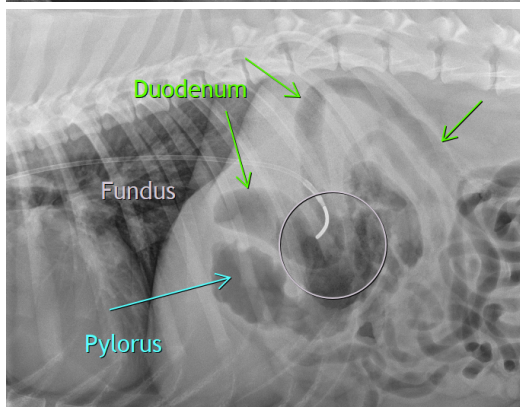
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15:00



15:00

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.

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