



PATIENT PRESENTING CLINICAL SIGNS

Akkeri Kyle History: Got him from breeder 7/25 Had normal stool for a bit then turned to diarrhea Went back to normal for a bit then straight liquid Dribbling urine Sat Is now urinating large amounts 8/1 Passed rope collar 8/3 Vomited 4 collars Tues (4 break away collars from breeder) Vomited 7 times after the collars 8/3 Small amount of diarrhea, a little blood Mucus stools yesterday Was vomiting regular food Keeping down rice/Chicken mix 1/4 cup every 2 hours Not drinking a lot Stomach seems tender Hasn't vomited since 8/2

SPECIES
Canine

Abnormal PE/Chem/CBC/UA Results: Thin WNL

BREED RADIOGRAPHIC STUDY OF THE ABDOMEN

Belgian Malinois The body condition score is 3/9 with hardly any abdominal fat.

Skeletal immaturity is in line with the given age. The bony structures appear within normal limits.

SEX
Male The abdominal detail is poor; diaphragm and abdominal wall are intact.

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

AGE
11 Weeks The spleen is not visible.

The stomach contains some air which results in a mottled pattern on the VD view; a mineral opaque foreign object (approx. 1cm) is located in the pyloric region and changes position depending on gravity. Distribution and size of the small intestinal loops appear physiological; some small intestinal (S) loops contain solid material. Colon and rectum contain a small amount of unformed fecal matter.

INTERPRETED BY

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR The renal shadows are not visible. The cranial pole of the bladder is located just cranial to the pubic brim and its homogeneous fluid opacity is outlined by gas in an intestinal loop.

HOSPITAL NAME The sublumbar region appears physiological.

Elizabeth AH

RADIOGRAPHIC DIAGNOSIS

- Gastric foreign body, small
- Possible gastritis

REFERRING VET

Leon Anderson, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no ileus. The mosaic pattern in the fundus is likely due to thickened rugal folds associated with gastritis (e.g. secondary to the vomiting and/or the foreign object, renal dysplasia) or primary due to gastro-enteritis (e.g. parvo- or coronavirus infection). Renal dysplasia and dehydration (e.g. due to gastro-enteritis) can both result in an increased thirst. However, urea and creatinine should be elevated in case of renal dysplasia but biochemistry results are given as WNL. Conservative treatment with i.v. fluids, administration of antacids and GI diet should be tried, because a viral infection is the most likely reason for the gastro-intestinal signs. Abdominal ultrasound can help assess GIT wall thickness and layering as well as renal parenchyma changes. The position of the foreign object should be re-checked and compared to the VD view.

INVOICE

23783

DATE

8/4/23



PATIENT

Akkeri Kyle

SPECIES

Canine

BREED

Belgian Malinois

SEX

Male

AGE

11 Weeks



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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com

INTERPRETED BY

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

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

23783

DATE

8/4/23