



PATIENT

Cash Glick

PRESENTING CLINICAL SIGNS

Episodes of vomiting a few days ago, no interest in food, diarrhea. Has been hospitalized for the last couple of days. Quiet, alert, and responsive. Hx of PLE and IBD Thyroid carcinoma surgery in the past and radiation Hypocobalanemia

SPECIES

Canine

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

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

American Bulldog Mix

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SEX

Male Neutered

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

AGE

6 Years

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

HOSPITAL NAME

Mobile Pet Imaging

The stomach is distended with a large amount of food and fluid. The descending and ascending duodenum and oral part of the jejunum are severely dilated with a large amount of fluid. There is an intussusception of the jejunum over a length of 15.0 cm, approximately 20.0 cm aboral of the gastric outlet. A second site of intussusception spanning a length of approximately 4.0 cm of the jejunum is seen immediately aboral of the first larger intussusception. The remainder of the small intestine is nondilated and empty. There appears to be mild generalized wall thickening throughout the small intestine.

REFERRING VET

Meaux

Mild T13/L1 and L7/S1 spondyloses are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small intestinal (jejunal) intussusceptions with complete mechanical obstruction of the small bowel in two populations of small bowel loops.

INVOICE

49565

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

1-14-22

At the time of the examination, two sites of intussusceptions directly adjacent to each other within the jejunum are revealed by the CT study. The first and larger intussusception is situated approximately 20.0 - 25.0 cm distal of the gastric outlet and spans a length of 15.0 cm. The smaller intussusception is immediately aboral of the first intussusception and spans a length of approximately 4.0 cm. However, the situation is obviously subject to changes associated with the small intestinal motility. No evidence of peritonitis is seen at the time of the CT examination yet there appears to be generalized small intestinal wall thickening which parallels the history of IBD.



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No intestinal wall mass or associated lymphadenomegaly is noted. Timely surgical exploration is recommended.

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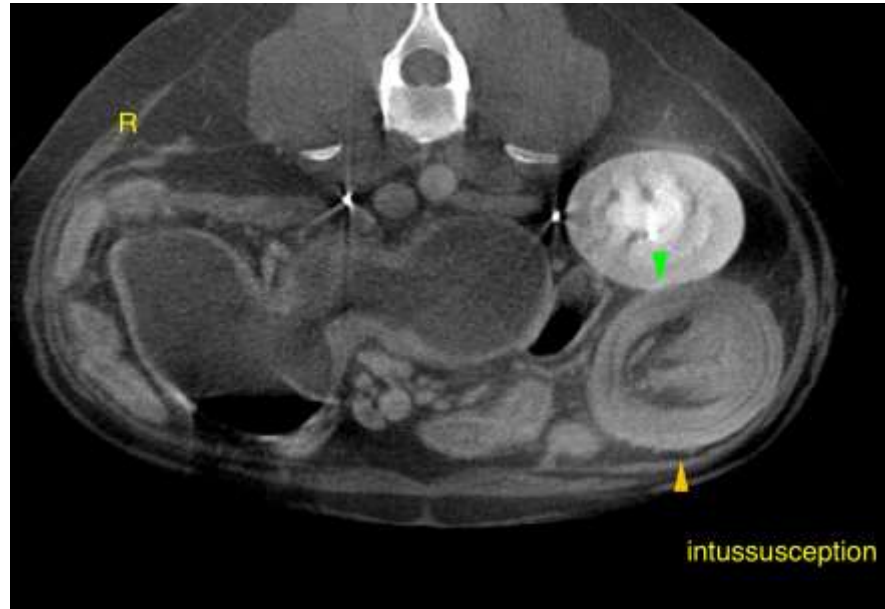
Meaux

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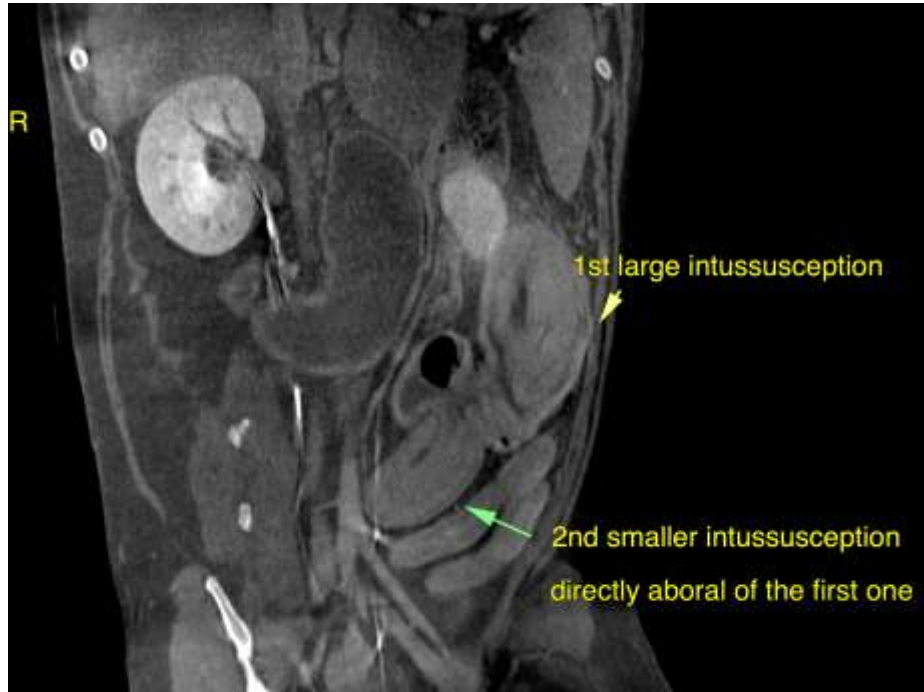
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Mobile Pet Imaging

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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