



PATIENT

Dingo Stidle

PRESENTING CLINICAL SIGNS

Rechecking: LETHARGY History: P IS A 4Y7M OLD INTACT MALE AUSTRALIAN CATTLE DOG PRESENTING TODAY FOR RECHECK LETHARGY. O STATES LETHARGY COMES AND GOES. P HAS NOT BEEN EATING WELL ON AND OFF. TODAY NOT DOING GREAT NOT PLAYING JUST LAYING. OVERNIGHT P HAD EPISODE OF VOMIT AND DIARRHEA. O STATES P DOES NOT NORMALLY EAT CANNED FOOD BUT FED CANNED FOOD THINKS THATS WHAT CAUSING DIARRHEA
 Abnormal PE/Chem/CBC/UA Results: Exam Notes: BAR; hydrated; soft suspect painful on GI palpation.

SPECIES

Canine

BREED

Australian Cattle Dog

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right lateral and ventrodorsal views totaling 2 images available for review.

SEX

Male Intact

RADIOGRAPHIC FINDINGS

Patient is a non-neutered male.

Mild prostatomegaly is noted.

AGE

4 Years, 7 Months

A 10.0 cm sized soft tissue opaque mid abdominal mass is seen close to the ventral abdominal wall. Moderate peripheral fat stranding with regionally reduced serosal detail is seen. The intestinal loops are deviated dorsally and caudally. The mass is seen to the left of the midline in the orthogonal view.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The splenic head presents volume contracted. The splenic tail is not clearly seen.

RADIOGRAPHIC DIAGNOSIS

- Large mid abdominal soft tissue mass with reduced serosal detail.
- Prostatomegaly of the non-neutered male.

HOSPITAL NAME

DPC Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mass of splenic origin is considered most likely. Differential diagnosis includes hematoma, neoplasia such as hemangioma or hemangiosarcoma, and less likely abscess as this is not the typical radiographic presentation of splenic abscess. Other mesenteric origin and pedunculated liver mass cannot be ruled out entirely but are thought less likely. The fat stranding and reduced serosal detail may reflect regional peritoneal effusion or peritonitis. Consider abdominal ultrasound for further definition and to determine the organ of origin as well as to further define the quality of the effusion. Three view thoracic radiographs to check for potential metastases are recommended as well.

REFERRING VET

Dr. White

INVOICE

49941

DATE

1-28-22



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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.

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