



PATIENT

Leela Walker

PRESENTING CLINICAL SIGNS

Leela presented for not eating well and lethargy. Abnormal PE/Chem/CBC/UA Results: Chem 17, CBC, electrolytes, and in-house U/A were normal

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral and ventrodorsal views totaling 3 images. Submission form says 6 total images, but I only have 3 available images for review.

BREED

Cattle Dog Cross

RADIOGRAPHIC FINDINGS

The patient is mildly obese.

SEX

Female Spayed

A fat opaque subcutaneous mass of 8.0 x 5.0 cm is seen in the right caudal abdominal wall. The abdominal serosal detail appears to be maintained.

Mild wet fur artifact is seen in the ventral abdominal area.

AGE

11

The liver is appropriate in position, size and presents uniform opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The stomach is post-prandial.

A mild amount of gas is seen in the small intestine. The small intestinal loops are mildly turgid in appearance. No evidence of abnormal dilation or abnormal content is seen.

HOSPITAL NAME

Cornelius Veterinary
Clinic

A moderate amount of fecal material is seen in the colon.

RADIOGRAPHIC DIAGNOSIS

- Abdominal wall lipoma.
- Radiographically normal abdomen.

REFERRING VET

H. Flint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no evidence of mechanical ileus, abdominal organomegaly, mass effects, or reduced serosal detail. However, abdominal ultrasound could be considered if not performed already in order to further assess for presence of echoarchitectural changes of the abdominal organs that may be occult radiographically.

INVOICE

49959

DATE

1-30-22



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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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