



**PATIENT PRESENTING CLINICAL SIGNS**

Mackie Tran  
 Persistent chronic bilious vomiting with hyporexia. Vomiting started March 2022. Vomitus is usually foamy/yellow, o thinks maybe more frequent in AM but will occur throughout the day occasionally. Frequency of several times weekly. P is also picky eater- o has hard time convincing to eat sometimes and will use food additives to encourage appetite. On exam, p is of appropriate BCS/MCS, generally unremarkable PE. Trial therapies: feeding small meals including right before bed to reduce empty-stomach vomiting (no improvement), Ultamino hypoallergenic diet (no improvement), famotidine PRN as decided by o (?).  
 Abnormal PE/Chem/CBC/UA Results: fecal (neg), CBC/chem (CBC WNL, mild inc GGT/AST), pre/post bile acids (WNL). cortisol : elevated 8.5 ug/dL, pending TLI/Folate/ Cobalamin and cPL

**SPECIES BREED**

Canine

Labradoodle

**RADIOGRAPHIC STUDY OF THE ABDOMEN & THORAX**

Right/left lateral and ventrodorsal views of the thorax and abdomen each totaling 6 images available for review.

**SEX**

FS

**RADIOGRAPHIC FINDINGS**

**Abdomen**

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

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

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and 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.

The stomach contains a mild amount of gas. Turgid appearance of the descending duodenum with luminal gas is seen.

The small intestinal loops are turgid and present gas content as well. However, no abnormal dilation, plication, or radiopaque foreign material is seen.

A moderate amount of fecal matter is seen within the colon and mixed with mineral opaque foci.

**Thorax**

The surrounding bony structures are within normal limits.

The heart is of normal size and shape and there is no evidence of specific chamber enlargement and no vascular lung pattern is seen. The pulmonary vasculature is within normal limits. The

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Northshore  
 Veterinary Hospital

**REFERRING VET**

Brita Kiffney

**INVOICE**

54743

**DATE**

10-20-22



**PATIENT** vertebral heart score is 10.8 with the reference range up to 10.5.

Mackie Tran The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

**SPECIES** The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Canine

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

**BREED**

Labradoodle

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**SEX**

FS

#### **RADIOGRAPHIC DIAGNOSIS**

- Gastrointestinal maldigestion pattern.
- Very mild generalized cardiomegaly.

**AGE**

12 Months

#### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals no signs of mechanical small intestinal ileus. Functional ileus appears likely based on the radiographic presentation of the gastrointestinal tract. Further definition by means of abdominal ultrasound could be considered in case of persisting clinical signs in order to obtain more detailed information about the gastrointestinal tract's wall layering, motility, and content.

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Minimal generalized enlargement of the cardiac silhouette is noted. Anemia, bradycardia, fever, or diastolic exposure are potential underlying causes next to cardiopathy which, however, is thought less likely.

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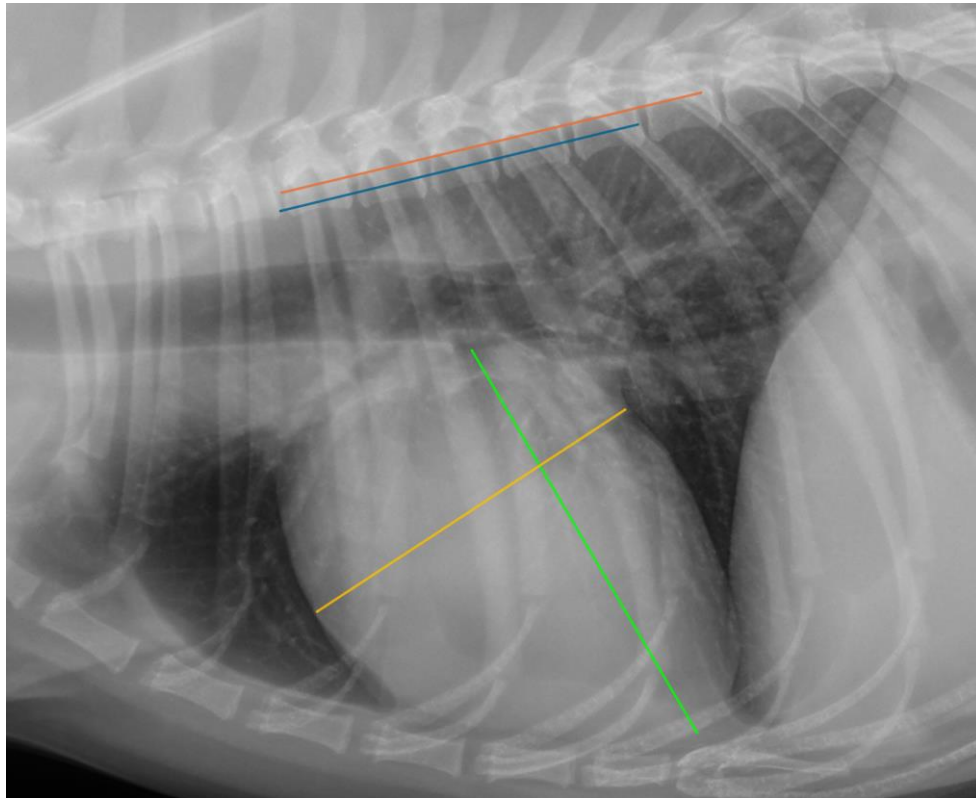
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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