

**DATE PRESENTING CLINICAL SIGNS**

12/21/21 PRESENTED FOR VOMITING TIMES 2 DAYS. ACTIVE WITH GOOD APPETITE. RECENT WEIGHT LOSS OF 6 POUNDS.

Abnormal PE/Chem/CBC/UA Results: N/A

**PATIENT**

Simba Nussbaum

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Right/left lateral and ventrodorsal views totaling 3 images available in jpeg format.

**SPECIES**

Canine

Only jpg images were submitted. The transformation from DICOM to jpg only allows for limited manipulation of the image. For the best possible results, we suggest submitting DICOM images in the future. Please do not hesitate to contact us should you need any help with the submission process.

**BREED RADIOGRAPHIC FINDINGS**

Pitbull

The abdominal serosal detail is reduced caudal of the stomach.

**SEX**

MN

There is a mild mass effect onto the stomach with mild cranial deviation of the gastric fundus. The transverse colon appears to be pushed cranially as well. There is a soft tissue opacity with ill-defined margins caudal of the transverse colon widening the angle between the transverse and proximal descending colon.

The small intestine reveals no evidence of an obstructive pattern.

**AGE RADIOGRAPHIC DIAGNOSIS**

3 Years, 11 Months

- Suspect large intestinal / mesenteric mass effect at the transition between the transverse and descending colon - no radiographic evidence of complete mechanical obstruction at this point.

**INTERPRETED BY INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

Nele Ondreka, DVM  
Dr. med. vet.,  
DipECVDI

The radiographic study reveals a mass effect in the angle between the proximal descending colon and the transverse colon. Large bowel origin, lymph node, or other mesenteric origin are thought most likely. Differential diagnosis includes inflammatory lesions, obstructive lesions including intussusception, and less likely neoplasia. Further definition by means of ultrasound and eventual sampling is strongly recommended.

**HOSPITAL NAME**

Mt. Airy Animal  
Hospital

**REFERRING VET**

Dr. Riley

**INVOICE**

49165



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.

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