



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Benny Petermann

SPECIES
Canine

BREED
Schnauzer/Poodle Mix

SEX
Male

AGE
2 Months

2/21/23 P was purchased from pet store and had vomited once before leaving and multiple times when in the vehicle. O thought this might have been due to new stimuli or motion sickness, but P continued to vomit at home and was very lethargic. At rDVM Abdomen was noted mildly distended, slightly tense and resistant w/ cranial abdominal palpation. Radiographs taken- No obvious FB, obstructions or abnormalities appreciated throughout GI tract. Fairly homogenous with mild gas distension and areas of rugal folds/peristalsis noted within stomach. Softer stools noted throughout distal GI. -Suspicious of a gastroenteritis given hx, PE, and x-ray findings. Cannot r/o 2nd to parasitism vs. infectious, or underlying congenital abnormality. P was given an injection of Cerenia, Ondansetron, and Vitamin B Complex and sent home with metronidazole 0.2mL PO BIDx 10d, Cerenia 1/4 16mg PO SIDx 4d, and Panacur 0.6mL PO SIDx5d. 2/22/23 P cont. not eating, but able to hold small amounts of water down. O has to syringe feed. P is still lethargic. 2/24/23. Not improving and collapsed at home. O described P as having a seizure. Gave P karo syrup and brought into clinic. rDVM hospitalized through 2/27/23. P would appear BAR, would urinate and defecate some, but had to be continuously syringe fed Q2hr. GLU starting at 4:40pm on 2/24 at 37mg/dL and stayed within 37- 48mg/dL until 9pm when GLU reached 194mg/dL after starting a dextrose CRI and remained normal since. r DVM discussed possible genetic defects and recommended bile acids. O approved 2/28/23 Bile Acids Preprandial-fasted 12hr- Abnormally Elevated Postprandial- Less than pre, but still mildly elevated- suggested of PSS. CBC- Non-Regenerative Anemia, Leukocytosis, Neutrophilia Chem- Decreased TB, ALB, Glu, Ca, Creat, BUN, Na, K, Cl. r DVM then referred for CT dx then +/- sx correction. 3/14/23. P is QAR, Interested in eating and holding it down.
Abnormal PE/Chem/CBC/UA Results: PE- Mild Gr 1/4 MPL R CBC- anemia Chem- Low CREA BW attached to case upload

INTERPRETED BY COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Nele Eley, DVM
Dr. med. Vet. DipECVDI
Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

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.

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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REFERRING VET

Brad Bartholomay

INVOICE

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Structurally normal abdomen
- No evidence of macroscopic portosystemic shunting - neither intra- nor extrahepatic

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No macroscopic vascular bypass of the liver was noted in the pre- and post-contrast studies of the abdomen. However, if the clinical signs are consistent with insufficiency of the liver, primary non-cirrhotic portal hypertension (microvascular dysplasia) or other diffuse parenchymal liver disease would still be a potential and should be ruled out by means of ultrasound guided or surgical liver biopsy.

SEX

Male

In general ultrasound guided Tru-cut biopsies of the liver may be performed with reasonably low potential for complications under the following conditions: platelet count $> 50 \times 10^3/\mu\text{l}$, $< 25\%$ prolongation of PT/PTT - less of deviation from normal values acceptable in presence of peritoneal effusion. The intensity of the post procedural patient monitoring needs to be tailored to the degree of deviation from normal reference ranges.

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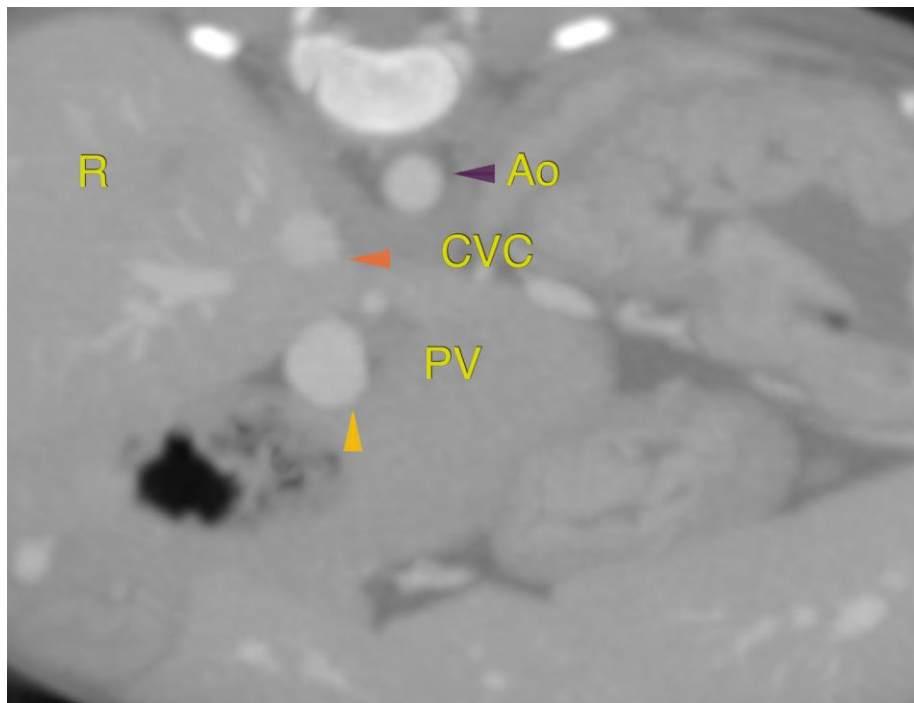
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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