



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Max Bachelor

SPECIES
Canine

BREED
Yorkie

SEX
NM

AGE
12 Years

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. Oldenhoff

12y old MN Yorkie presents ADR. O reports pet has had 3 days of decreased appetite, and vomited once today with blood. 4 days ago pet had diarrhea in house, unsure how bms look since then since he uses yard. O reports pet is pu/pd and has had urinary accidents which is unlike him. O gave pet cat's food and a different diet few days ago. No hx sensitive gi.
 Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Dental calculus Lymph Nodes: No peripheral lymphadenopathy. Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Tenses on cranial abdominal palpation, no obvious masses. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted.

RADIOGRAPHIC STUDY OF THE ABDOMEN

Left lateral and ventrodorsal views of the abdomen totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

Suture material from prior neuter presents mineral opaque and is superimposed onto the caudoventral abdominal wall.

The abdominal serosal detail is maintained.

Mild generalized hepatomegaly is seen.

Two mineral opaque foci superimpose onto the kidneys, however, there also is summation with bowel in the same area.

The urinary bladder is mildly distended.

Moderate gastric aerophagia is seen.

The small intestinal loops are nondilated and evenly distributed throughout the mid abdomen.

The colon contains a moderate amount of fecal matter. The cecum contains gas and is seen slightly to the left of the midline level with the mid lumbar spine.

RADIOGRAPHIC DIAGNOSIS

- Gastrointestinal maldigestion pattern.
- No evidence of mechanical ileus.
- Mild hepatomegaly.
- Possible hypercalcemic nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the abdomen is negative for complete mechanical small intestinal ileus. Consider functional ileus a potential. Gastroenteropathy, pancreatopathy, intoxication,

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coagulopathy, all are considered potential causes of the hematemesis.

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Differential diagnosis for the hepatomegaly includes diffuse hepatopathy such as metabolic/endocrine, inflammatory/infectious, and less likely neoplastic. Correlate with the laboratory values. Abdominal ultrasound could be considered for further definition as it allows for the assessment of the gastrointestinal tract's wall, motility, mesentery, pancreas, liver, and biliary system with greater sensitivity.

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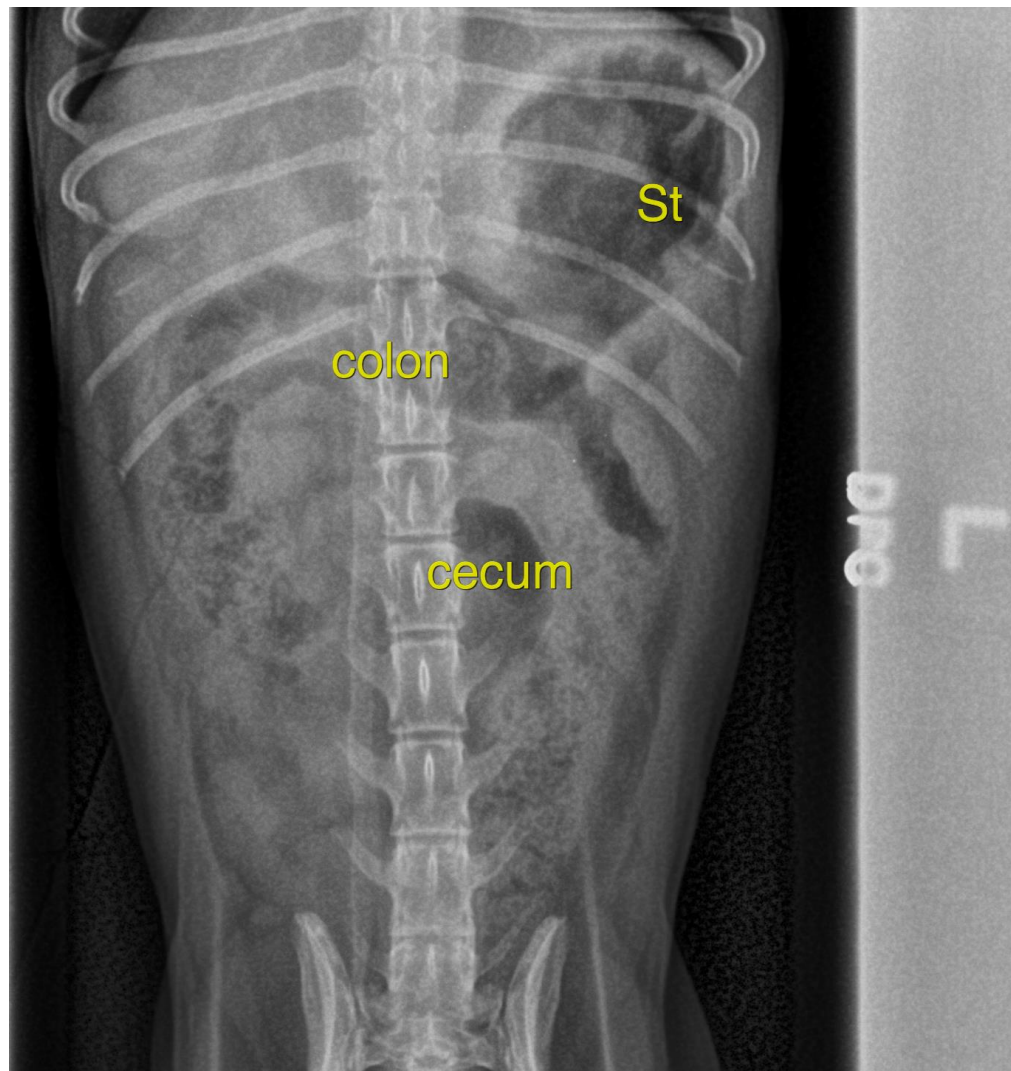
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Yorkie

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