



PATIENT

PRESENTING CLINICAL SIGNS

Kaimen Baumgartner

Kaimen has had an ~ 1 week history of decreased appetite and vomiting. The vomiting seems to be occurring hours after eating, and when he does vomit it is all his food from previous in the vomit. O even saw a snap pea he had given 30 hours prior to the vomit. He is having small normal BM's up until today, where it was more like diarrhea. No blood in the stool or vomit. No history of FB ingestion. His activity level is still about the same, however o reports he is sleeping more than usual (and he was definitely less active in our hospital than normal). Previous history of hypothyroidism currently well-managed with thyroxine BID. When he presented last week initially, we did CBC/Chemistry (see results below) and initiated medical management of the vomiting (cerenia sent home, told to feed bland diet, and omeprazole trial). He said he initially improved for a few days, but his symptoms have returned and slightly worsened. T4 and UA done today (see results below).

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

13 Years

Abnormal PE/Chem/CBC/UA Results: Not dehydrated on PE. MM pink/moist/CRT < 1 sec. Mild generalized muscle atrophy. Mild proprioceptive deficits in hind legs and weakness in hind legs. Abdomen was soft and non-painful but he did act nauseous on abdominal palpation. CBC - Mild increase in platelet count, stress lymphopenia. Chemistry - Mild increases in ALP/ALT. Normothyroid. UA showed mild hematuria/proteinuria. Abdominal radiographs: Gas-filled GIT, especially colon. Unable to see details of some of the abdominal organs. Liver borders were indistinct, as were stomach borders. Poss foreign or food material in GIT or mass in abdomen (difficult for me to tell today). Positioning not ideal on V/D. Ddx - Obstruction in GIT? Mass/neoplasia in abdomen? Liver disease?

RADIOGRAPHIC STUDY OF THE ABDOMEN

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Right/left lateral and ventrodorsal views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Smooth ventrally bridging spondylosis is seen between L5 and L6.

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The abdominal serosal detail is mildly reduced which, however, may be due to the crowding of the intestine in the mid abdomen.

The gastrointestinal tract presents generalized aerophagia. No evidence of radiopaque foreign material is seen.

REFERRING VET

Anique McCrea-
Spence

The small bowel presents no evidence of significant dilation or plication. The small intestinal loops, however, are turgid in appearance and sparse signs of peristalsis are seen only.

The colon contains a mild amount of fecal matter next to the gas and is seen in its anticipated position.

INVOICE

50782

RADIOGRAPHIC DIAGNOSIS

- Gastrointestinal maldigestion pattern with extensive aerophagia - no radiographic evidence of mechanical ileus.

DATE

3-7-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no signs of mechanical ileus. The maldigestion pattern supports



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the presence of functional / paralytic ileus. Subileus can never be ruled out entirely. However, the primary suspicion based on the radiographic presentation would be functional ileus. No definitive mass effect or organomegaly is seen. With the longer standing clinical history and patient demographics, ultrasound could be considered as an immediate next step for further definition. In any case, ultrasound should be opted for should the clinical signs persist or deteriorate.

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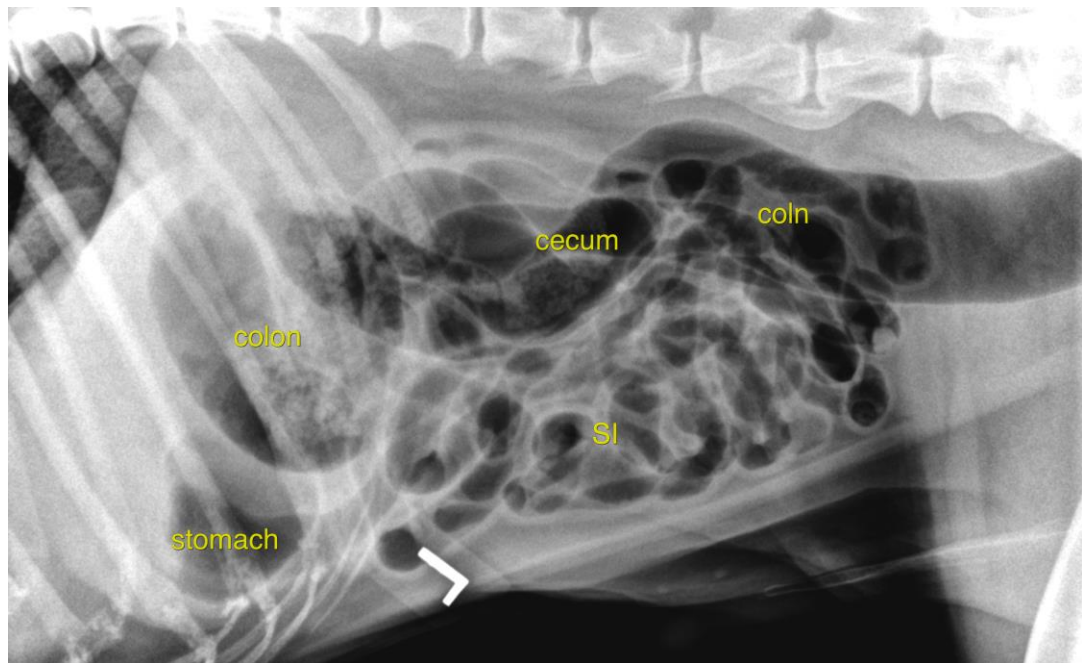
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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