



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Kali Accetturo

SPECIES
K9

BREED
Pit Bull

SEX
F

AGE
2 Years

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

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Loduca

INVOICE
50746

DATE
3-7-22

P presents for ingestion of cotton rounds last night. O states she is unsure how many p was able to consume. P began vomitting this morning. Light pink vomit, when she got here and vomited food at home. O did offer P food this am, but P did not eat, P last ate at 6pm. Soft stool present this am. Flrst vomit ocured at 3 am. O adopted P 2 weeks ago. 3 weeks ago P had an exploratory sx due to chicken bones. Per O, they almost lost her, therefore rushed everything. No uterus was seen while the exploratory was performed per records. Records also states that P was positive for tapeworms Since O has had her, P has been doing great. Eating well and normal stools.

RADIOGRAPHIC STUDY OF THE ABDOMEN

Lateral and ventrodorsal orthogonal views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

The patient has a lumbosacral transitional vertebra.

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

There is an area of mildly reduced serosal detail in the craniodorsal abdomen caudal of the stomach. Ventral position of the ascending colon is noted.

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.

No foreign material can be identified in the gastrointestinal tract which, however, is not expected with cotton balls to begin with.

There is no evidence of abnormal dilation or plication of the small intestine. The small intestinal loops are turgid in appearance with predominance of a gas pattern.

Only a mild amount of fecal matter is seen in the colon.

RADIOGRAPHIC DIAGNOSIS

- No radiographic evidence of mechanical ileus.
- Questionably reduced serosal detail in the cranial abdomen and malpositioning of the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No direct radiographic signs of complete mechanical ileus are identified radiographically. Questionably reduced serosal detail and malpositioning of the colon are seen which may be summation artifacts and incidental and are no specific signs of ileus, yet with the patient history



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of definitive ingestion of foreign material, narrow clinical monitoring is advised and recheck radiographs or abdominal ultrasound should be obtained at any time the patient's clinical signs reoccur or deteriorate under symptomatic treatment and supportive care.

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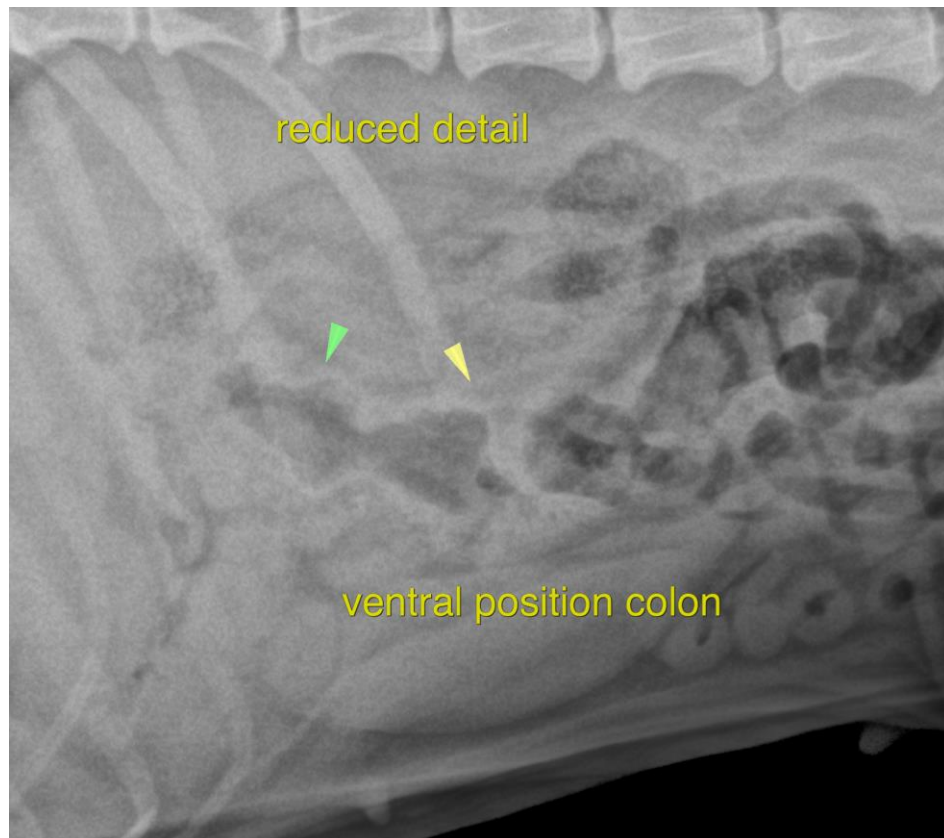
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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