



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Tristan Monpis P is coming because he has been having diarrhea and vomiting (5 times) since yesterday. O is concern because he is crunching his abdomen like he is in pain. No neww food or treats. Recently dripping urine when urinating

SPECIES Abnormal PE/Chem/CBC/UA Results: Hydration: 4-6% dehydrated Mentation: BAR (is lethargic at home per mrs) Abd/GI: tense, mild generalized thickening of intestines. Bladder feels small and soft. Unable to feel prostate on ab palp. Rectal exam - would not tolerate, unable to do Uro/Perineum: left testicle in scrotum, right testicle in groin, both are normal in size.
BREED Musculoskeletal: back arched, no pain on light palpation of back. Good ROM of neck using treats but little more reluctant to look down. CBC/Chem/CPL: Monos 1520 - r/o inflammation Alk Phos 231 - non-specific enzyme CPL abnormal - r/o GI not pancreatitis given lack of abdominal pain and normal amylase/lipase Ab Rads - soft tissue opacity caudal abdomen pushing up on colon....suspect enlarged prostate Spondylosis, reduced disc spaces T11-L1, L2-5

SEX RADIOGRAPHIC STUDY OF THE ABDOMEN

SEX Male Right lateral and ventrodorsal views of the abdomen totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

AGE The abdominal serosal detail is maintained.
 11 Years, 8 Months The gastrointestinal tract is largely empty.

INTERPRETED BY Some of the small intestinal loops contain gas and present turgid. No abnormal dilation, plication, or radiopaque foreign material are seen.

Nele Eley, DVM
 Dr. med. Vet. DipECVDI
 The colon is empty. No fecal matter is seen. Dorsal deviation of the prepelvic descending colon due to presence of a large soft tissue opacity is noted. No evidence of concurrent sublumbar or other mass effect is noted.

HOSPITAL NAME The intervertebral disc spaces T11/12, T12/13, T13/L1, L1/2, L2/3, L3/4, and L4/5 present significant narrowing with vertebral end plate sclerosis and multifocal spondylosis deformans.
 DPC Veterinary Hospital

RADIOGRAPHIC DIAGNOSIS

- REFERRING VET**
- Suspect prostatomegaly of the non-neutered male.
 - Empty gastrointestinal tract/maldigestion pattern.
 - Multifocal chronic intervertebral disc disease within the caudal thoracic and lumbar spine.
- Dr. Feldt

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE The radiographic findings suggest presence of prostatic enlargement. Benign prostatic hyperplasia, prostatitis, and prostatic neoplasia are primary differential diagnoses. Correlate with the rectal palpation. The degree of enlargement is not unexpected for a non-neutered male of this age; however, in case of problems with defecation and abnormal prostatic palpation, further definition by means of ultrasound might be sought.
 53048

DATE Ultrasound should also be considered for further definition should the patient's clinical signs (vomiting and/or diarrhea) persist. No structural abnormality and no evidence of mechanical ileus
 7-23-22



PATIENT

Tristan Monpis

was found associated with the intestinal tract radiographically. However, functional ileus, subileus, abnormal motility, and mural changes cannot be ruled out.

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male

AGE

11 Years, 8 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

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.

INVOICE

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