



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Luke Hidrobo
SPECIES Canine
BREED Shepherd Mix
SEX NM
AGE 6 Years

Reason for Visit: decreased appetite History: p is here for decreased appetite(eats only half his meals), slightly lethargic, o noted p is normally a couch potato but been more lethargic than usual c/s/v/d: none e/d/u/d: decreased appetite diet: halo dry/wet fas score: 0, good boy did anal gland and urinate when did xrays, fearful Current Medications (dose and frequency): cytopoint inj 7/14/23, OMEGA 3 SUP, CBD Heartworm Prevention / Flea Prevention: HG/NG Known Allergies and Medical Conditions: hx of chronic ear infections Microchip ID: / No microchip Vital Signs Weight: 90.8LBS Temp: 101.9 HR: RR: panting mm/crt: slightly tacky Abnormal PE/Chem/CBC/UA Results: Hydration: Slightly dehydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; minimal debris AU; No cough on tracheal palpation. Oral Cavity: scant dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no palpable organomegaly or abnormalities Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. Decreased ROM both hips. BCS 6/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: abd rads Declined Diagnostics/Treatments: Findings: abd rads - pending Assessment: hyporexia r/o enteritis, neoplasia, GI disease, other overweight hx of ear infections hx of atopy Treatment Plan: 1 L SQ fluids Treatment Declined: Prescriptions to Dispense: Dietary (food) Recommendations: feed something P will be interested in Recheck Needed: based on rad report Follow-up Care: Additional Comments: Discussed that there was nothing obvious on rads except possibly a large spleen. Will call with rad report. Offered appetite stimulant but Os prefer to offer P something he loves and see if he's interested. (Next step may be GI panel.)

INTERPRETED BY RADIOGRAPHIC STUDY OF THE ABDOMEN

Nele Eley, DVM
 Dr. med. Vet. DipECVDI
 Right/left lateral and ventrodorsal views of the abdomen totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

HOSPITAL NAME The stomach contains a moderate amount of gas. No malpositioning or abnormal content is noted.

DPC Veterinary Hospital
 The abdominal serosal detail appears to be slightly reduced in the right cranial abdomen in an area superimposed onto the cecum on the orthogonal view.

REFERRING VET The small intestinal loops are evenly distributed throughout the mid abdomen with no evidence of abnormal dilation, plication, or radiopaque foreign material.

Dr. White
 The descending colon contains a moderate amount of fecal matter.

INVOICE Prominence of the splenic silhouette is noted.

59583
 Presence of the right kidney cannot be ascertained which may be due to superimposition with the gastrointestinal tract.

DATE The radiographic presentation of the liver is considered within expected limits.

7-31-23



PATIENT

Luke Hidrobo

RADIOGRAPHIC DIAGNOSIS

- Suspect regionally reduced serosal detail in the right cranial abdomen.
- Splenomegaly.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The impression of reduced serosal detail can be due to regional mesenteropathy, regional effusion, or crowding of the intestine in this specific region. Further definition by means of abdominal ultrasound could be considered in case of persisting clinical signs. The radiographic findings are subtle, and their significance is undetermined.

BREED

Shepherd Mix

Idiopathic German shepherd dog hypersplenism is the most likely cause of the diffuse splenic enlargement. Congestion, splenitis, reactive hyperplasia, extramedullary hematopoiesis, and diffuse infiltrative disease are potential but less likely differential diagnoses.

SEX

NM

AGE

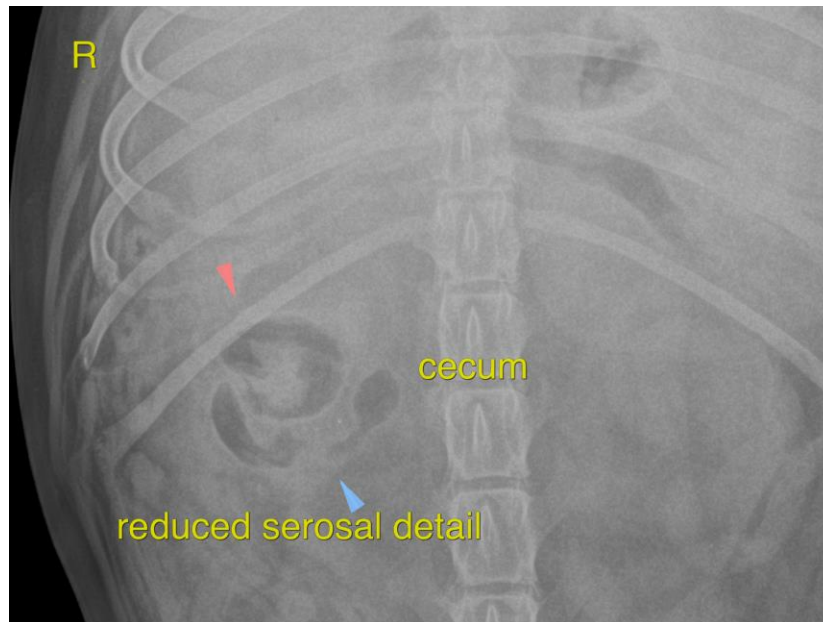
6 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital



REFERRING VET

Dr. White

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.

INVOICE

59583

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.

DATE

7-31-23

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
info@sonopath.com