



PATIENT PRESENTING CLINICAL SIGNS

Kilo Penn
 Patient presented for 1 month duration of ADR. O reports he is not himself and is not by her side like he normally is. Does not get as excited for walks, toys, etc as he has in the past. O reports no history of V/D , appetite is good. No weight loss noted and P does not seem to be in pain or discomfort at home.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - pending PE - TPR WNL; P has very tense abdomen throughout - once sedation no specific areas of concern palpable. No limping or lameness appreciated.

BREED

German Shepherd

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left and ventrodorsal views of the abdomen totaling 5 images available for review.

RADIOGRAPHIC FINDINGS

SEX

Spondylosis deformans is noted between T12/13, L3/4, and L5/6.

MN

A metal clip is seen in the ventral abdominal midline.

AGE

6 Years

Abdominal serosal detail is maintained.

Moderate generalized enlargement of the liver is noted.

Mild generalized enlargement of the spleen is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The stomach is postprandial and presents mild aerophagia.

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

HOSPITAL NAME

Boca Park Animal Hospital

The colon and cecum are seen in their anticipated position.

RADIOGRAPHIC DIAGNOSIS

- Moderate generalized hepatomegaly.
- Moderate generalized splenomegaly.
- Spondyloses.

REFERRING VET

Ashman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

53530

Differential diagnosis for the hepatomegaly includes metabolic, endocrine, and vacuolar hepatopathy. Diffuse inflammation, infection, or diffuse neoplastic infiltrate cannot be ruled out as differential diagnoses. Correlate with the laboratory values and consider abdominal ultrasound with eventual parenchymal sampling for further definition.

DATE

8-16-22

Mild splenomegaly is noted and may well represent idiopathic hypersplenism of the German shepherd dog. However, splenitis, diffuse neoplastic infiltrate, extramedullary hematopoiesis, reactive hyperplasia, and other cannot be ruled out entirely.



PATIENT

Kilo Penn

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.

SPECIES

Canine

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

German Shepherd

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