



PATIENT

Chloe Wu

PRESENTING CLINICAL SIGNS

O STATES SEEMED TO BE BETTER AFTER FINISHING ABX IN JUNE. O WAS AWAY THE MONTH OF JULY O NOTICED P STARTED WITH SYMPTOMS AGAIN. O BROUGHT P TO VET CLOSER TO HOME WAS GIVEN CEFPODOX DOES NOT THINK HELPED AT ALL. O REQUESTS NAIL TRIM. P STILL ON THYROID MED O STATES DOES NOT GIVE CONSISTENTLY O GIVES EVENING DOSE CONSISTENTLY BUT MORNING DOSE GETS SKIPPED. O GAVE MEDICATION 6 HOURS AGO.

SPECIES

Canine

BREED

Puggle

SEX

SF

AGE

12 Years, 3 Months

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation. Oral cavity: Severe periodontal disease Musculoskeletal: BCS = 8/9. Ambulatory x 4. Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: CBC/CHEM/UA, Urine C&S, Abdominal Radiographs Declined Diagnostics/Treatments: None Findings: 1) CBC: NSF 2) CHEM: AMYL 330 (500-1500) 3) UA (cysto): SG 1.025, pH 5.0, BLD 250Ery/uL, RBC 39 /hpf, cocci suspect presence, no crystals present.

RADIOGRAPHIC STUDY OF THE ABDOMEN

The abdominal volume appears large.

The ventral abdominal wall is pendulous.

Mild generalized enlargement of the liver is seen.

Gastric aerophagia is noted as well as mildly turgid appearance of the nondilated small intestinal loops.

A moderate amount of inspissated fecal matter is seen within the colon.

The urinary bladder is mildly distended. A faintly mineral opaque ovoid structure of 3.5mm diameter is superimposed onto the urinary bladder.

The patient is mildly obese.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

RADIOGRAPHIC DIAGNOSIS

- Suspect urinary bladder calculus.
- Gastrointestinal maldigestion pattern/aerophagia.
- Hepatomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study suggests presence of a urinary bladder calculus. Struvite or oxalate compositions are considered most likely. Concurrent cystitis and lower urinary tract infection should be considered a potential. Further definition by means of ultrasound and full urinalysis (specific gravity, sediment, culture) could be considered.

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Differential diagnosis for the hepatomegaly includes vacuolar, metabolic, and endocrine hepatopathy. Diffuse inflammation/infection or diffuse neoplastic infiltrate cannot be ruled out entirely. Correlate with the laboratory values.

Consider potential of functional ileus or aerophagia due to excitement/stress.

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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.

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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

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