



PATIENT

Roxy Cullwell

PRESENTING CLINICAL SIGNS

P has had ongoing loose stool (unusual for P) and 1x bout of vomiting, with no known dietary indiscretion, changes in the environment, or changes in regular diet.
Abnormal PE/Chem/CBC/UA Results: Moderate tension on palpation of the cranial and caudal abdomen

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral and ventrodorsal views totaling 3 images available for review.

BREED

Terrier Mix

RADIOGRAPHIC FINDINGS

The patient is mildly obese.

SEX

FS

The surrounding bony structures are within normal limits.

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

AGE

3

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

Boca Park Animal
Hospital

The stomach is contracted.

The small intestinal loops are regularly distributed throughout the mid abdomen. There is no evidence of abnormal dilation; however, the small intestinal loops are turgid in appearance with uniformly soft tissue opaque content and no evidence of peristaltic segmentation.

REFERRING VET

Tifanie Silver

The descending colon contains a mild amount of fecal material only.

RADIOGRAPHIC DIAGNOSIS

- Gastrointestinal maldigestion pattern - no evidence of abdominal masses, mechanical ileus, or radiopaque foreign material.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals an unspecific gastrointestinal maldigestion pattern which supports the presence of functional small intestinal ileus. No evidence of mechanical ileus is found. Underlying causes include allergy, dietary indiscretion, gastroenteritis, and infiltrative pathology. Further definition by means of abdominal ultrasound should be considered if not performed already.

DATE

8-26-21



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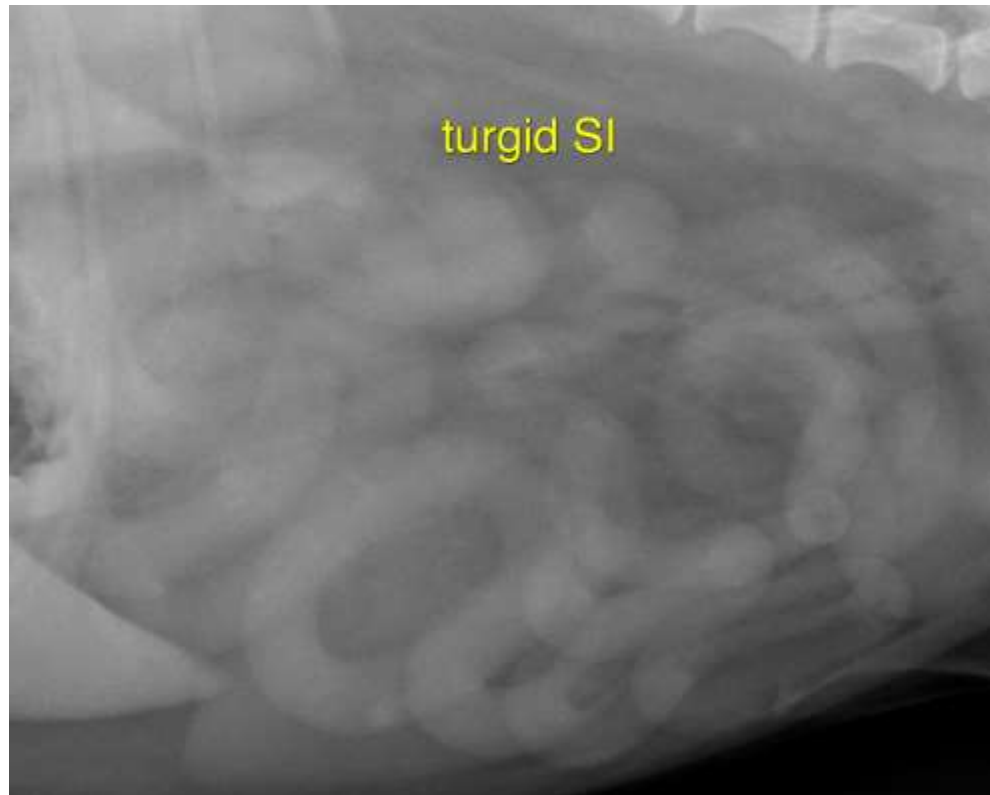
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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