



PATIENT

Murphy Dykes

PRESENTING CLINICAL SIGNS

Reason for Visit: Vomiting History: Owner reports Murphy has been vomiting every day for at least a week. No observed diarrhea but patient typically defecates unobserved in yard. Vomited up a mango pit about ten days ago. Vomiting occurs mostly in the morning. Otherwise BAR, active, good appetite. **Last fed 13 hours prior to obtaining radiographs**

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted.

BREED

Bulldog Mix

SEX

NM

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

AGE

1 Year, 9 Months

RADIOGRAPHIC FINDINGS

Corkscrew tail breed with multiple congenital vertebral malformations in the sacrococcygeal spine.

Both coxofemoral joints present severe dysplasia with severe subluxation of the right and luxation of the left femoral head.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The caudal and dorsal mediastinum is widened by a soft tissue opacity which is best seen on the orthogonal view.

HOSPITAL NAME

DPC Veterinary
Hospital

The gastric fundus can be seen displaced cranial to the diaphragmatic crura on both lateral views with the lower esophageal sphincter being displaced cranially as well.

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

REFERRING VET

Ward

The colon presents within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Hiatal hernia with cranial displacement of the lower esophageal sphincter and part of the gastric fundus.
- Severe bilateral canine hip dysplasia with severe subluxation and luxation of the hip joints.

INVOICE

53857

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

8-31-22

The radiographic study reveals a hiatal hernia with cranial displacement of the lower esophageal sphincter and gastric fundus. Permanent versus sliding and congenital versus acquired hernia is a potential in this young patient. A congenital hernia appears most likely and displacement of the lower esophageal sphincter appears to be present consistently in all three available images.



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REFERRING VET

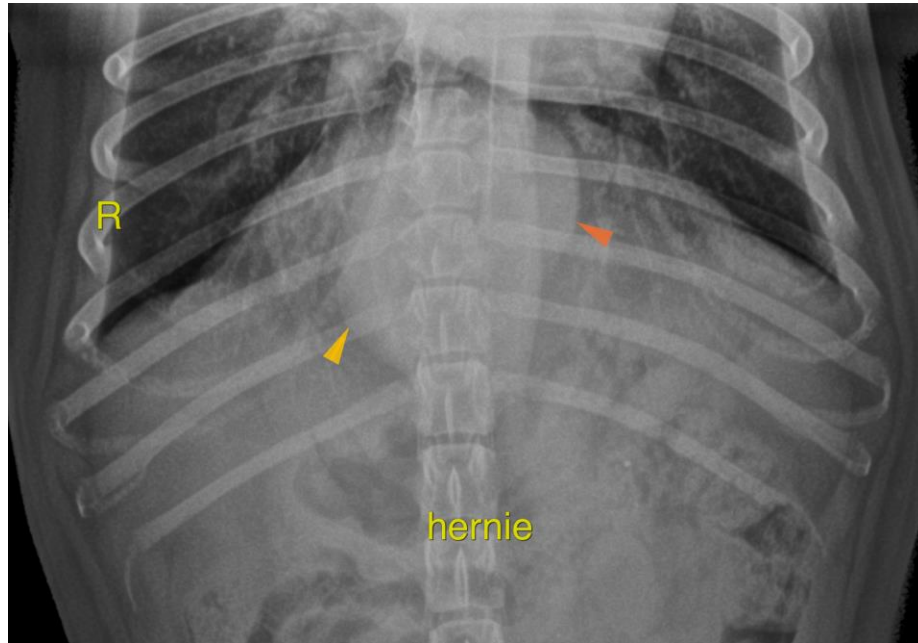
Ward

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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.

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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