



PATIENT

Buddy Johnson

PRESENTING CLINICAL SIGNS

P presented 2 and 1/2 weeks ago for soft stool evaluation with some hemorrhagic components. Outpatient therapy with medication was provided w/ the recommendation for imaging should the P not improve. P presented today for continued diarrhea, now more liquid in consistency. P's appetite is also waning more than before. Some bilious vomit (2-3 times/week) is also present. Abnormal PE/Chem/CBC/UA Results: Scant stool noted on rectal with edematous colon on palpation (no signs of hemorrhagic component. Mild abdominal tension on palpation

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Shihpoo

Lateral and ventrodorsal views of the thorax and abdomen totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

SEX

MN

Abdomen

The surrounding bony structures are within normal limits.

The abdominal wall is smooth and thin.

AGE

12

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

A tubular soft tissue opacity with mild mass effect and mild ventral deviation of the mildly distended urinary bladder is seen in the pre-pelvic caudal abdomen in the position of the descending colon. The presentation is not typical for fecal material. An ovoid opacity with faint mineral presentation is seen dorsal of this structure.

REFERRING VET

Tifanie Silver

The small intestinal loops are non-dilated, yet they present turgid in appearance with a discrepant gas pattern.

A moderate amount of gas is present within the stomach as well.

INVOICE

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Thorax

The surrounding bony structures are within normal limits.

The cardiac silhouette is upright and thin. The pulmonary vasculature is this.

DATE

9-10-21

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.



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The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Multiple round soft tissue opaque interstitial nodules of up to 1.0 cm diameter are seen throughout all lung lobes.

SPECIES

Canine

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

BREED

Shihpoo

- Structured nodular interstitial lung pattern.
- Soft tissue mass effect in the caudal abdomen in the position of the descending colon.
- Potential for sublumbar lymphadenomegaly.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the lung are highly suggestive for pulmonary metastatic disease and should be considered so until proven otherwise. The differential diagnosis of granulomatous disease can never be ruled out entirely but is considered by far less likely.

AGE

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A maldigestion pattern is noted in the abdomen. The findings furthermore suggest potential for a mass effect within the pre-pelvic caudal abdomen in the position of the descending colon. Consider a large intestinal mass effect as well as pathologic enlargement of the prostate potential sources.

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There appears to be concurrent sublumbar lymphadenomegaly, however, further definition by means of ultrasound is required in order to further verify the radiographic findings.

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SEX

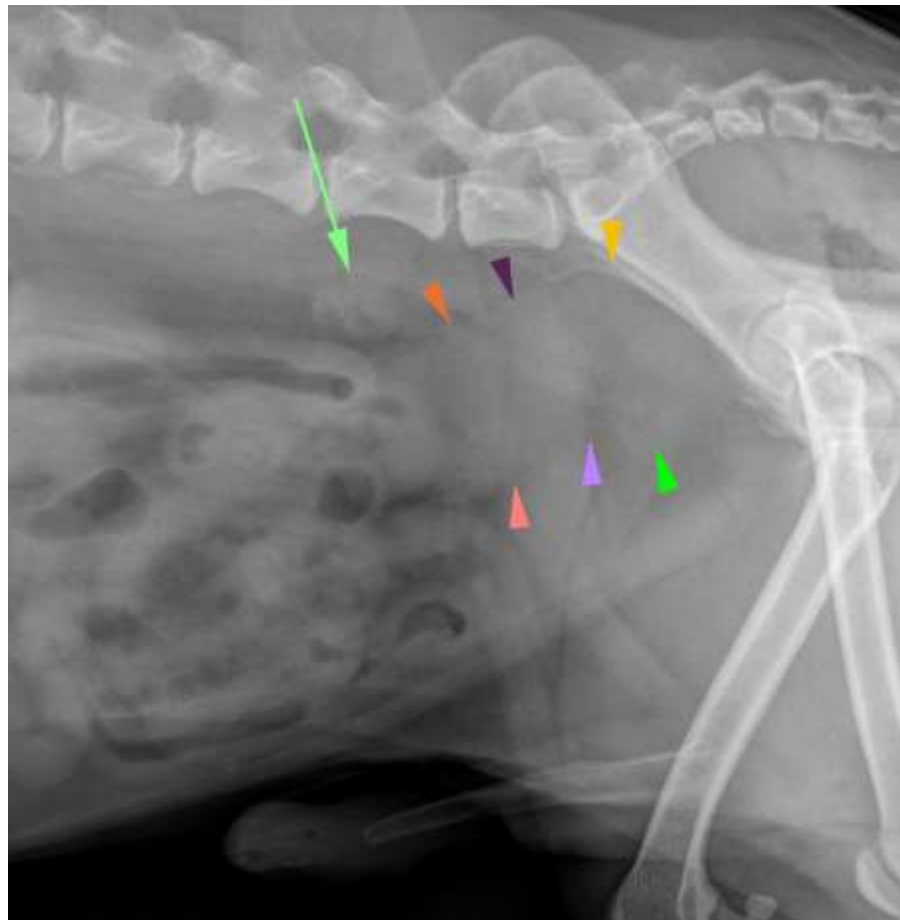
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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