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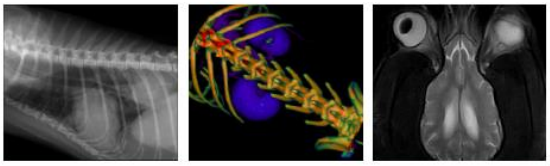


PATIENT

Lola Ross

SPECIES

Canine

BREED

French Bulldog

SEX

F

AGE

5 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Critical Vet Care/Suncoast Veterinary

REFERRING VET

Dr. Young

INVOICE

54247

DATE

9-22-22

PRESENTING CLINICAL SIGNS

P presented to the rDVM on 9/17/22 for vomiting starting 9/15. P continued to vomit/regurgitate last night. P had decreased appetite and stopped eating completely last night. P was seen by the rDVM last night and had SQ fluids and an enema. Today P has developed melena, is acting extremely lethargic, and has pale white gums. P saw Dr. Ward today for abdominal ultrasound where she saw thickened GI tract with enlarged mesenteric lymph nodes. She suspected at the time it was allergic gastritis with reactive lymph nodes. P was given Cerenia this morning. She is UTD on vax. She was bred by her rDVM (Dr. Kate Cole). She was transferred here for suspect anemia. On presentation here today, P was lethargic, mildly tachycardic, and pale. P had melena on rectal exam. BP was normal at 120 mmHg. Parvo snap was negative. PCV/TS was 15%/3.2. CBC showed severe anemia but was otherwise unremarkable. Chemistry profile showed mildly decreased creatinine, mild hyperphosphatemia, mild hypocalcemia, moderate panhypoproteinemia, decreased cholesterol, and mild hypokalemia. Coags were normal. Snap 4DX was neg*4. Fecal and Giardia to Imagyst were both negative. Blood type was DEA 1.1 negative. CBC with retic count and path review were submitted to IDEXX. Whole body radiographs showed possible left renomegaly but were otherwise unremarkable. By 2pm, PCV/TS dropped to 13%/3.0 and P became severely hypotensive (BP=35 mmHg). P also had a central line placed as her peripheral IV catheter blew. A pRBC transfusion was started at an increased rate and P's BP normalized. She was given a total of approximately 90mL of pRBC over 3 hours and she tolerated this transfusion well. The transfusion finished around 5pm. P has been stable since the transfusion finished. She is urinating normally and did have some diarrhea that was melena

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review. Assessment is limited due to the poor abdominal soft tissue contrast (likely within age related normal limits) as well as motion related artifacts.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

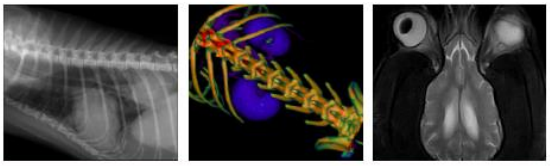
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. Mild gallbladder wall edema is noted.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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Diffuse small intestinal wall thickening is noted. The wall layering appears to be maintained. There is no evidence of foreign material, segmental dilation, or plication seen. The gastric wall presents mild generalized thickening. The gastric outlet appears to be patent.

Moderate symmetric mesenteric lymphadenomegaly is noted.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse gastroenteropathy with generalized wall thickening and mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support the presence of diffuse gastroenteropathy with functional ileus and mesenteric lymphadenomegaly. Differential diagnosis includes gastroenteritis and less likely diffuse infiltration with inflammatory cells such as inflammatory bowel disease, eosinophilic enteritis, or round cell neoplasia, and dietary indiscretion. No evidence of mechanical ileus or attenuating foreign material is found.

The lymph node changes are compatible with reactive lymphadenitis. A lymphomatous infiltrate cannot be ruled out entirely but is thought less likely.

The gallbladder wall edema is an unspecific finding and may be due to congestion, small amounts of peritoneal effusion, as well as cholecystitis. Correlate with the laboratory values.

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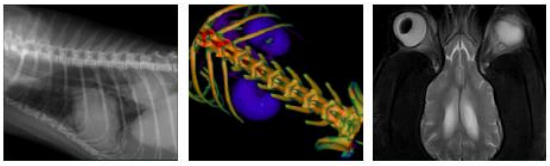

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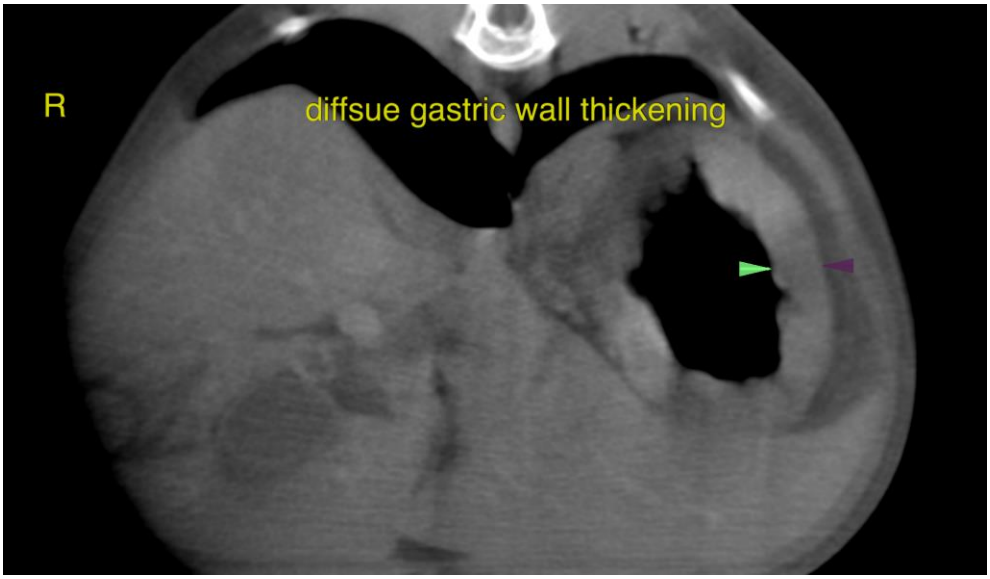

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com