

IMAGING PERFORMED BYSVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com**PATIENT**

Blu Cook 48589A

SPECIES

Canine

BREED

Bullmastiff

SEX

Male Neutered

AGE

7 Years

WEIGHT

59kg

INTERPRETED BYSebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists-Dr.
Delamaide**INVOICE**

50224

DATE

2-9-22

PRESENTING CLINICAL SIGNS

For the last few weeks, Blu has been vomiting about once a week. Last night, he was not responding normally to stimuli, walking into things, and laying in unusual places. He became severely lethargic last night, to the point where he would not even open his eyes when called. Today, he has remained mentally inappropriate and lethargic. This morning, he was laying down and his whole body was shaking like he was shivering. Around 1:30pm today, he vomited green/brown foamy liquid. For the last few days, Blu's appetite has been decreasing. Today, he became inappetent. His water consumption is normal. He has a history of allergies and passive regurgitation. Three weeks ago, he had abdominal x-rays done at pcDVM for the regurgitation. He has no history of foreign body ingestion, but he occasionally eats mulch and feces. In further questioning of history, owners report what sounds like a focal facial seizure last Summer, characterized by him becoming mentally inappropriate / non-responsive for 1-2 minutes, head shaking back and forth, and then confusion/exhaustion afterwards. This was a singular event. Blu was obtunded on presentation. Mannitol was given overnight.

Abnormal PE/Chem/CBC/UA Results: Hypochloremia, isosthenuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition.

Left kidney measures 8.68 cm length, right kidney 8.94 cm. There is a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are considered to be normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 2.99 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

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All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal. The abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

- Normal sonographic findings of the abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current study shows normal findings of the abdomen. There are no overt signs of a florid inflammatory or even neoplastic lesion noted.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

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