



PATIENT

Versace Baines

PRESENTING CLINICAL SIGNS

Reason for Visit: VOMITING/ DIARRHEA History: PET IS HERE FOR VOMITING AND DIARRHEA THAT STARTED YESTERDAY AND GOT WORSE THIS MORNING. OWNER STATES BILE AND WATER IS WHAT IS COMING UP IN VOMIT. OWNER STATES SOFT SERVE BOWL MOVEMENT. NO BLOOD NOTED. (WENT IN HOUSE WHICH USUALLY DOESNT DO)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 7/9. Ambulatory x 4. Grade 3-4/4 MPL bilateral Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Distended. No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: ~3-5% dehydration Fecal: NPS and Normal Bacteria Flora on Direct Diagnostic Testing Needed: CBC/CHEM/cPL, Abdominal radiographs Declined Diagnostics/Treatments: None Findings: 1) CBC: WNL 2) CHEM: WNL 3) cPL: ABNORMAL

BREED

Yorkie

SEX

NM

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in three imaging planes are provided for review.

AGE

8 Years, 9 Months

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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

HOSPITAL NAME

DPC Veterinary
Hospital

The hepatic volume is moderately increased, and the hepatic margins are protruding caudally beyond the costal arch and are rounded. Two irregular mineralized bodies are superimposed on the liver , approximately level with the gallbladder.

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.

REFERRING VET

Dr. Rivera

Both kidneys are seen and present with normal size, shape, delineation and opacity. In the right lateral projection, a roundish hyperdense roundish structure is superimposed on the region of the renal pelvis, measuring 2 mm in size. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the lower urinary tract.

INVOICE

49743

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and contain a mild to moderate amount of gas and are mildly dilated.

DATE

1-21-22

The colon is seen in the expected position and presents with appropriate content.



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RADIOGRAPHIC DIAGNOSIS

- Gas pattern small intestinal loops
- Hepatomegaly
- Suspect cholecystolithiasis
- Hyperdense structure superimposed on renal pelvises

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Yorkie

The gas pattern of the small intestinal loops is suggestive for enteritis – might be accentuated by the history of vomiting. The odds for underlying pancreatitis are considered high, due to elevated cpl value. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. Recommend empirical management. If clinical signs are refractory to therapy, recommend a complete abdominal ultrasound examination.

SEX

NM

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

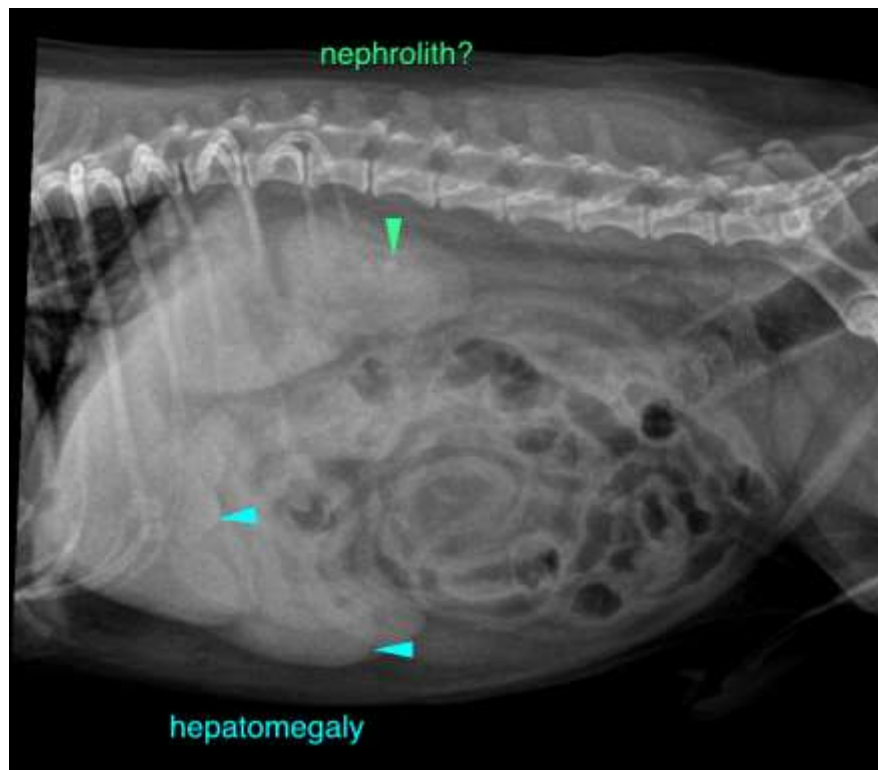
AGE

8 Years, 9 Months

The hyperdense body superimposed on the region of the renal pelvises in the right lateral view, can present an end-on projection of a renal vessel or nephrolithiasis.

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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