



PATIENT PRESENTING CLINICAL SIGNS

Mocha Rudko Presented for evaluation of GI signs and lethargy (~10 duration). Pt has been hyporexic or anorexic and vomiting bile. Pt also very lethargic. Unknown if any diarrhea. O unsure if pt drinking adequate amount of water but is observed drinking some. No known dietary indiscretion, no diet changes until after GI signs started. No current medications. No other health concerns reported.

SPECIES

K9 Abnormal PE/Chem/CBC/UA Results: Dull mentation; Generalized cachexia; Firm, non-painful, enlarged tissue/mass in cranial abdomen (suspect liver)

BREED

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

SEX

The surrounding bony structures are within normal limits.

SF

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

AGE

The serosal peritoneal detail is moderately decreased, and the peritoneal fat presents an irregular soft tissue striation (fat stranding).

10 Years

INTERPRETED BY

The hepatic volume is moderately increased, and the hepatic margins are rounded.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The splenic head is in the anticipated position and within normal limits for size 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

Reid Veterinary Hospital

The stomach is in its anticipated position and presents normal content. Cranial to the pyloric region of the stomach, superimposed on the liver, a linear, metal opaque, linear body is visible, measuring 2.0 cm in length.

REFERRING VET

Jeff Popwich

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

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

INVOICE

49359

- Hepatomegaly
- Moderate peritoneal effusion/peritonitis
- Small migrating foreign body – small wire – cranial abdomen/liver

RADIOGRAPHIC DIAGNOSIS

DATE

1-5-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. The peritoneal effusion can be secondary to hepatic disease,



PATIENT

Mocha Rudko

pancreatitis, hypalbuminemia, peritonitis, vasculitis, neoplasia, cardiac disease. Complementing workup by an abdominal ultrasound examination would be ideal, including tapping the peritoneal effusion. If not done so yet, complete blood work including cpl is recommended.

SPECIES

K9

The small migrating wire in the cranial abdomen is commonly an incidental finding and not associated with clinical signs – but in rare cases where the wire is stuck within the wall connecting the gastric lumen and peritoneal cavity (appears unlikely given the position of the wire).

BREED

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SEX

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AGE

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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.

INVOICE

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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
sebast.schaub@gmail.com

DATE

1-5-22