



PATIENT PRESENTING CLINICAL SIGNS

Ace Rodriguez

P IS AN 11Y7M OLD M/N AMERICAN BULLDOG PRESENTING TODAY FOR ADR. O STATES P HAS NOT BEEN ABLE TO WALK FOR PAST 3 DAYS. O GAVE GABAPENTIN PRIOR TO VISIT. OVER PAST YEAR P HAS DIFFICULTY GETTING UP SOMETIMES WON'T GET UP TO EAT SO GETS WEAK. O BRINGS BOWL TO P SO STILL E/D NORMAL. HIND END WEAKNESS O HAS TO CARRY P TO GO OUTSIDE. O NOTICED DARK "BLACK" URINE YESTERDAY AND LIQUID DIARRHEA. PANTING HEAVILY IN HOUSE. TAIL TUCKED NOT LETTING O TOUCH LEGS. O FEELS STOMACH VERY HARD AND FLATULENT. NO OTHER PROBLEMS/CONCERNS.

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

11 Years, 7 Months

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no obvious murmur, pulses strong and synchronous, normal bronchovesicular sounds. Panting heavy EENT:OU: lenticular sclerosis. AU: not examined. No nasal discharge. Oral cavity: Bright pink MM, moderate dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 3. Ataxic in hind end. LH- see neuro notes. Moderate generalized muscle atrophy Uro/Perineum: No significant lesions Abd/GI: Tense, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. LH- CP deficits, no motor, knuckling and crossing over. RH: no deficits. No pain elicited on spinal palpation. Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N 1) CBC: RBC 4.50 (5.65-8.87), HCT 30.4 (37.3-61.7), HGB 10.9 (13.1-20.5), WBC 21.18 (5.05-16.76), NEU 15.68 (2.95-11.64), band suspected, MONO 2.09 (0.16-1.12) 2) CHEM: SDMA 21 (0-14), TP 9.3 (5.2-8.2), GLOB 6.3 (2.5-4.5), ALKP 390 (23-212), TBIL 1.3 (0.0-0.9), AMYL 2380 (500-1500) 3) UA (cysto): SG 1.018, LEU 25Leu/uL, PRO 500mg/dL, BLD 250Ery/uL, rods and cocci present.WBC 2/hpf, RBC 7/hpf 4) 4dx snap test: Negative 5) TT4: WNL

INTERPRETED BY RADIOGRAPHIC STUDY OF THE ABDOMEN

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A complete set of radiographs of the abdomen is provided for review.

RADIOGRAPHIC FINDINGS

HOSPITAL NAME

DPC Veterinary
Hospital

The vertebral endplates L1/L2 and L7/S1 present moderate spondylosis formation. Both stifle joints present moderate osteophyte new bone formation.

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

REFERRING VET

Dr. Rivera

The serosal peritoneal detail is decreased and presents a mild to moderate soft tissue striation.

The liver is appropriate in position, size and presents uniform opacity.

INVOICE

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Centered on the caudal extremity of the spleen, a well-defined, spherical soft tissue opaque mass, measuring approximately 9 cm in size is visible. Mild centrifugal displacement of the small intestinal loops is seen.

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.

DATE

3-13-22

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

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen



PATIENT within the small intestinal loops and considered within normal limits.

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

RADIOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Splenic soft tissue mass
- Mild peritoneal effusion
- Degenerative osteoarthritis stifle joints bilaterally
- Spondylosis deformans

BREED

American Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the splenic mass and potentials include neoplasia (e.g. hemangiosarcoma), nodular hyperplasia, hematoma. The peritoneal effusion is concerning for secondary hemoabdomen due to hemorrhage of the splenic mass. Ultrasound might be used for further workup and potential surgical planning.

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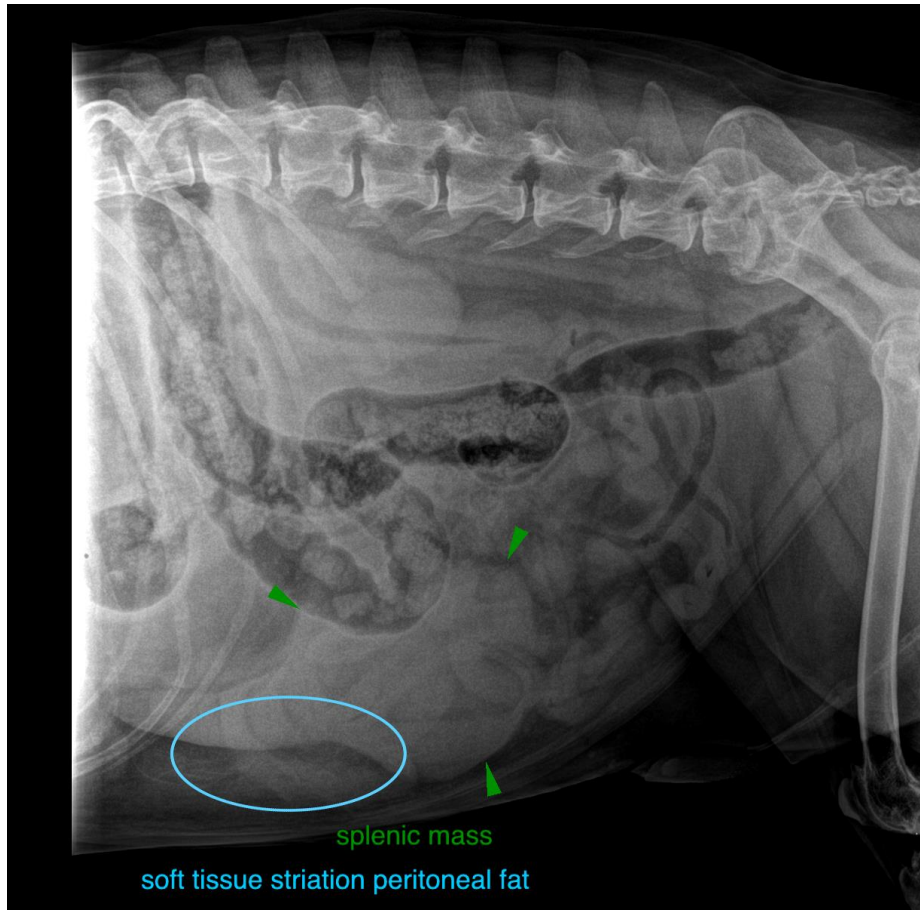
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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