



IT'S YOUR CASE

Species: Canine

Breed: Labrador Retriever

Sex: Female Neutered

Age: 1.5 year

Clinical History:

She presented for a few days history of vomiting and rapid weight loss over the past month. Concern for dietary indiscretion and eating things off the ground. No recent exposure to toxins. Recently tested twice in for Lyme disease and was negative. History of histiocytoma on the L hock which was treated with doxycycline supportively and since has resolved. No other medications. No recent bloodwork.

Anatomic regions: Abdomen

Diagnostic interpretation:

ABDOMEN:

The gastric silhouette contains gas (red arrows); it is normal in position. The proximal duodenum contains gas or is segmentally uniformly soft tissue opaque (orange arrows). On the left lateral view, it extends to the cranial margin of a heterogeneously opaque mineral and air foreign body (yellow arrows) that focally distends the segment of small intestine. On the ventrodorsal view, it is suspected to lie ventrally to the T13 and L1 vertebrae. Adjacent to this region, there is focal distention of a small intestinal segment (light blue arrows). The remaining small intestine is generally soft tissue opaque or contains a small amount of gas; it is within normal limits for diameter and margination.

There is air and minimal faeces in the descending colon and rectum (green arrows).

The hepatic and splenic silhouettes are normal. The renal and urinary bladder silhouettes are smoothly marginated and within normal limits. The urinary bladder small. There are no radiopaque calculi.

The lumbar vertebral column is unremarkable without evidence of fracture, luxation or osteolysis.



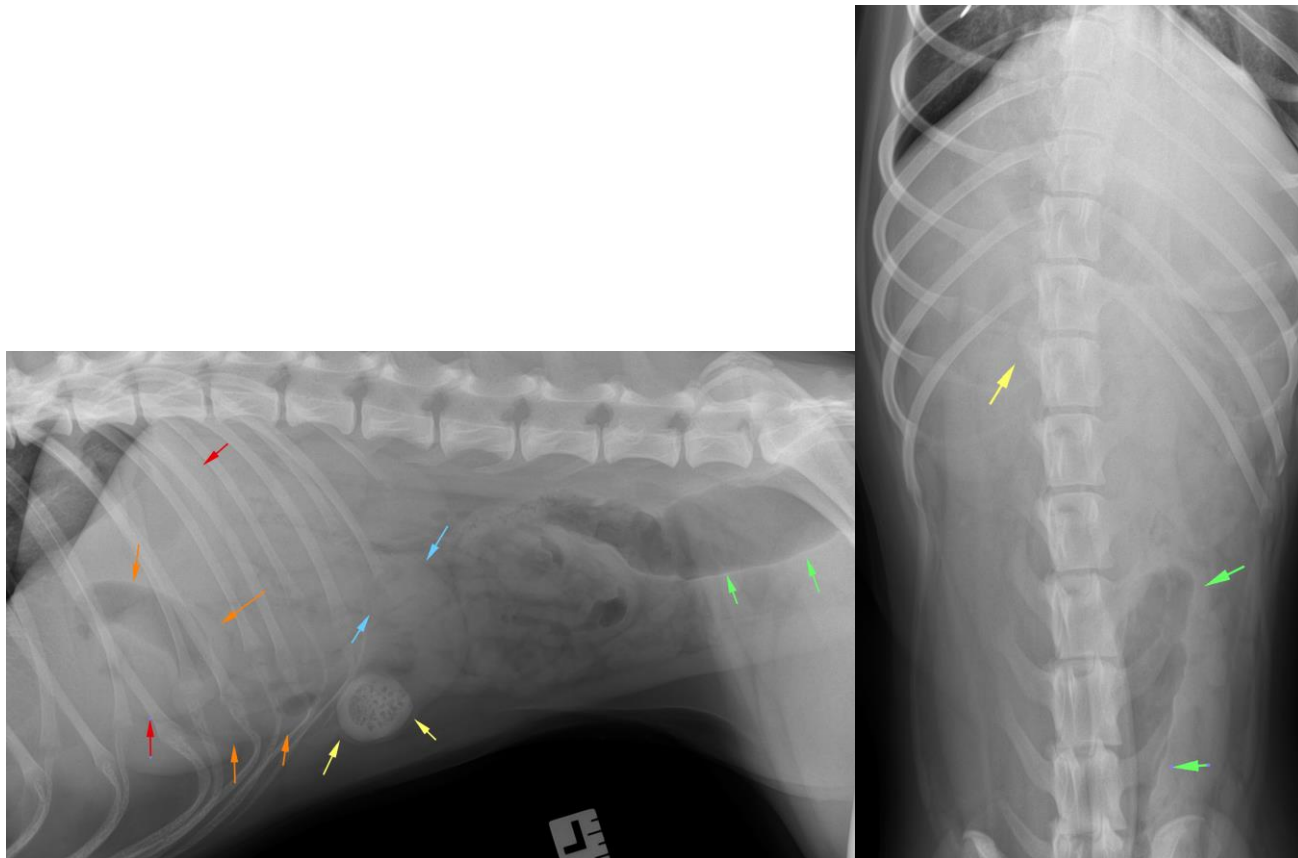
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Conclusions:

- Small intestinal foreign material with evidence of mechanical obstruction.

Additional comments:

Radiopaque foreign material in the small intestine with adjacent segments of distention concurrent with normal segments a small intestine is consistent with mechanical obstruction. The segment containing the material and associated distended segment does not follow the typical course of the colon. In conjunction with the history, mechanical obstruction is prioritised. Given the rapid weight loss, partial obstruction with now complete obstruction is considered likely.

The foreign material may represent a nut or foam filled ball. Although some foreign materials may advance aborad with medical management, foreign material with obstruction can potentiate gastrointestinal rupture. Surgical intervention should be considered.



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