



IT'S YOUR CASE

Species: Canine

Breed: Rottweiler

Sex: Female Neutered

Age: 8 months

Clinical History:

She has had a 3-day history of vomiting, diarrhoea and worsening lethargy. She is inappetent and has progressed to anorexia. She has no known dietary indiscretion but is known to ingest rocks and gravel. She is quiet, uncomfortable on abdominal palpation, salivating profusely and has vomited several times since admission. Rectal exam reveals gritty diarrhoea.

Labs: leukopenia/neutropenia + inflammatory leukogram. Mild hyperphosphatemia, hypokalaemia.

Anatomic regions: Abdomen

Diagnostic interpretation:

ABDOMEN:

There is adequate abdominal serosal contrast. The visible margins of the liver and spleen are radiographically within normal limits.

The gastric silhouette contains a small volume of gas and is normal in position. In the right caudal quadrant, several segments of small intestine are distended and are at the upper end of normal limits for diameter (red arrows). A focal segment of small intestine is gas filled and exceeds the normal limits of diameter (orange arrows) in the right lateral view (timestamp 13: 32: 22). In the left lateral view, timestamp 13: 33: 33, this segment is within normal limits for diameter (yellow arrow). Low volume, fine granular mineral is in the descending colon. The remaining small intestine is generally soft tissue opaque and within normal limits for diameter and margination.

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

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

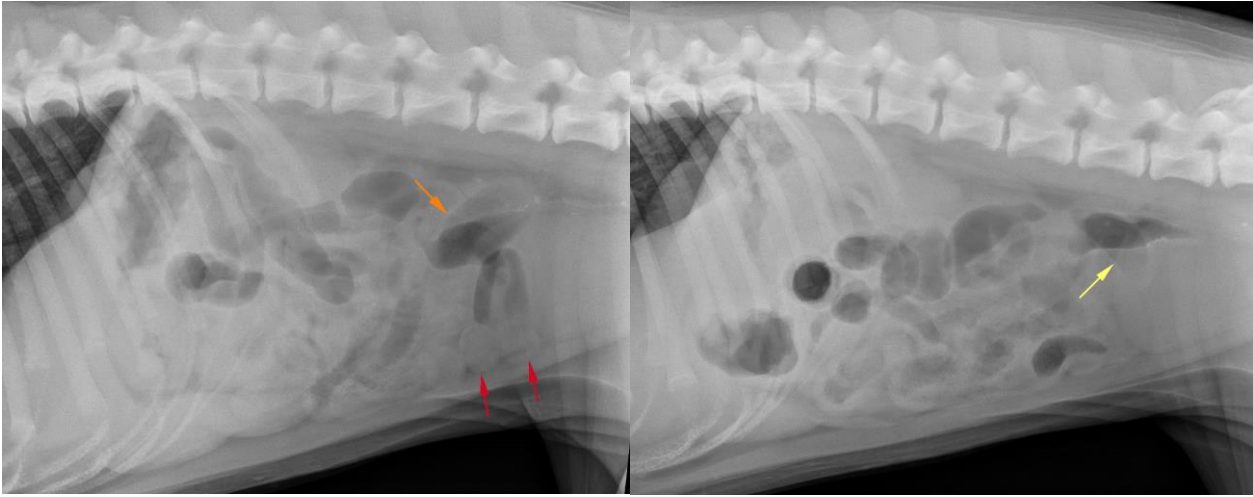


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Conclusions:

- Unremarkable thorax.
- Mildly dynamic segmental distention of the small intestine in the right cranial quadrant. Differentials include gastroenteritis versus early mechanical obstruction.

Additional comments:

The dynamic appearance of the small intestinal segments in the right caudal quadrant can be consistent with gastroenteritis or early mechanical obstruction. Serial evaluation with repeated abdominal radiography or abdominal sonogram following medical management may provide greater insight. Abdominal discomfort can be associated with both mechanical obstruction and with hypermotility (i.e. cramping).

Causes of gastroenteritis are broad and nonspecific. This may be due to environmental stressors (i.e. Stress, dietary indiscretion), intoxication or infection (i.e. parvovirus or parasitic).

This patient was confirmed to have parvovirus following radiographic exam.



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