



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Yorkshire Terrier

Sex: Female Neutered

Age: 8 years

Clinical History:

8 yo FS Yorkie. Acute onset lethargy and single episode of vomiting. Prior history of pancreatitis.

Details of study and technical comments:

A radiographic study of the abdomen is presented for evaluation. The study consists of right and left lateral views as well as a ventrodorsal view.

Diagnostic interpretation:

ABDOMEN:

The liver extends beyond the costal arch with rounded margins (red arrow).

Best seen on the left lateral view there is a poorly defined increased opacity and decreased serosal detail in the retroperitoneal space with decreased visualization of the kidneys (orange arrows). Mid abdominal serosal detail is reduced, the falciform fat region is normal.

On the ventrodorsal view there is an increased soft tissue over the lesser curvature of the stomach (yellow arrow) but is not visible on the other views. The remaining gastrointestinal tract is within normal limits. The descending colon is gas distended and overlies the retroperitoneal space on the right lateral view.

The visible portion of the spleen is normal. The urinary bladder is superimposed by the gas-filled colon on both lateral views.

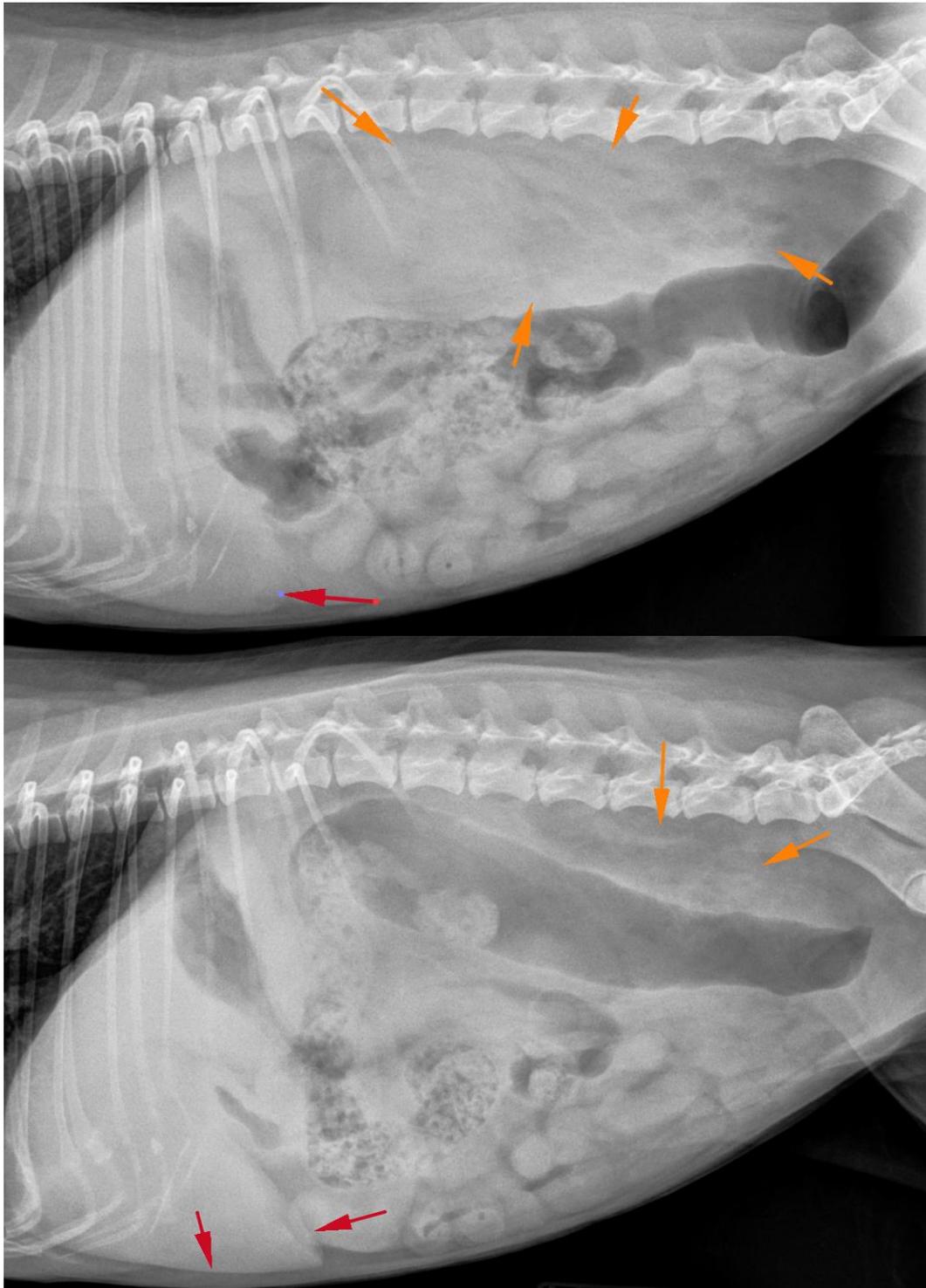


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t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

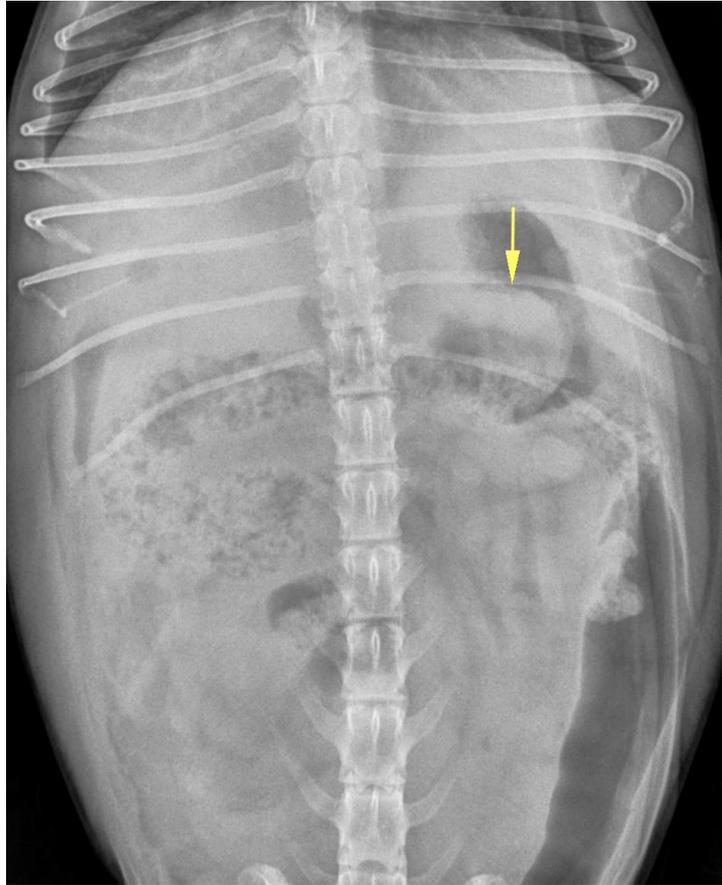


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Conclusions:

Retroperitoneal fluid. Differentials include non specific effusion, hemorrhage, urine, or neoplastic effusion, the concurrent presence of a mass could be masked by the decreased detail.

Reduced mid abdominal serosal detail may be due to peritoneal fluid, technical artifact.

Hepatomegaly. This is a not specific finding. Differential diagnoses to consider include metabolic disease (hyperadrenocorticism, steroid induced or diabetes mellitus), hepatitis, nodular hyperplasia, congestion or neoplasia. Correlation with clinical findings and biochemical profile is suggested.

Soft tissue feature of the stomach: superimposition artefact vs. true gastric or perigastric mass.

Additional comments:

The radiographs confirm substantial pathology of the retroperitoneal space, and a questionable gastric lesion. Retroperitoneal fluid can represent different types of fluid: haemorrhage, urine, exudate (i.e. pus) or neoplastic. Regarding the gastric mural feature, further assessment is needed to determine if this is a summation artifact or a true mural lesion. To assess this region, and provide further information about the retroperitoneal space, abdominal ultrasonography or computed tomography are suggested. This could also guide sampling to determine the nature of the retroperitoneal fluid and identify if concurrent peritoneal fluid is present.



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