



VETCT  
CONSULTANTS IN TELEMEDICINE

## IT'S YOUR CASE

Species: Canine

Breed: Chihuahua (Smooth Coat)

Sex: Male Neutered

Age: 6 years

### Clinical History:

He has acute onset of vomiting and diarrhea with hematochezia.

### 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 views.

### Diagnostic interpretation:

#### ABDOMEN:

There is good abdominal serosal contrast. The liver is contained within the costal arch (red arrows) and there is cranial rotation of the gastric axis/gastric body (orange arrows). The visible margins of the spleen are radiographically within normal limits.

The gastric silhouette contains a small volume of gas without evidence of foreign material. The small intestine is generally soft tissue opaque or contains a minimal amount of gas; it is within normal limits for diameter and margination. A small volume of heterogenous material is in the descending colon and rectum (green arrows).

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

The skeletal structures are unremarkable.



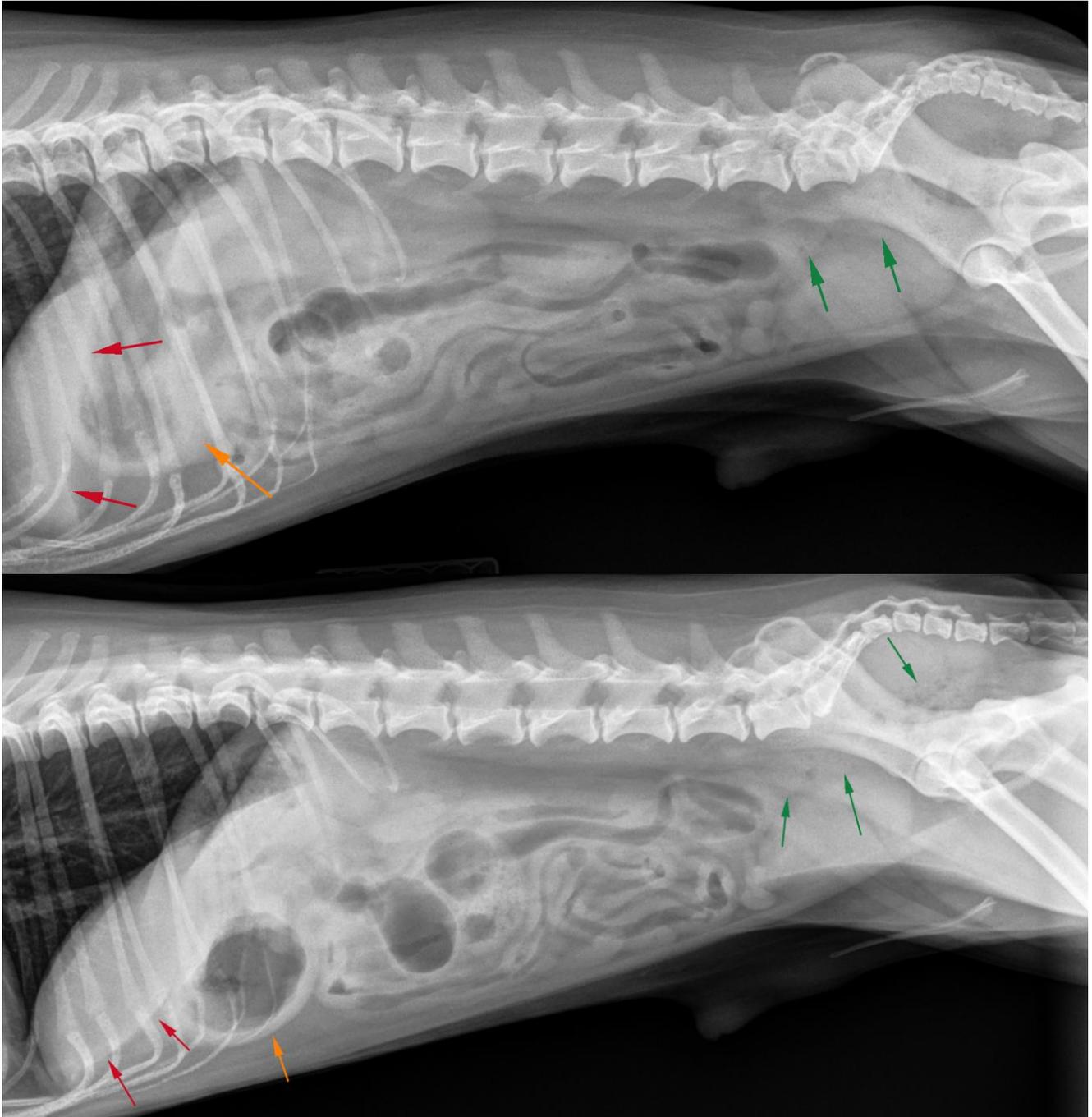
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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the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



### Conclusions:

Microhepatia. Non specific, consider portosystemic shunt, chronic hepatopathy, or anatomic variation.

Fluid and gas content in the colon is consistent with diarrhea. Given the reported signs, non specific colitis/enterocolitis which may be due to infectious or inflammatory processes is considered most likely.

No evidence of gastrointestinal foreign material or obstruction.

### Additional comments:



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Liver size can be variable based on the conformation of the patient. In deep chested patients, the liver can remain within the costal arch. The significance of the reduced liver size is uncertain. A portosystemic shunt, microvascular dysplasia or chronic hepatopathy can be further explored with biochemical profile, abdominal sonogram +/- multiphase computed tomography.



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