

## IT'S YOUR CASE

Species: Canine

Breed: Labrador Retriever

Sex: Male Entire

Age: 5 years

### Clinical History:

Has had multiple episodes of vomiting but has not eaten in several days.

### Anatomic regions: Abdomen

**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 reduced right cranial abdominal serosal contrast. The gastric silhouette is moderately distended with heterogenous soft tissue and gas opaque material in the body, fundus, and cardia. The pyloric antrum is poorly defined on the ventrodorsal view but contains a small volume of gas on the left lateral view (red arrows). The descending duodenum contains a small volume of gas and heterogenous material (orange arrows). The small intestine is generally within normal limits for diameter and margination; it contains a small volume of gas, heterogenous material or uniformly soft tissue opaque. A segment of small intestine contains a slight layered appearance of gas on the left lateral view however this is not visible on other views (yellow arrow). Several segments containing heterogenous material cannot be definitively distinguished between large and small intestine (blue arrows); the material has a slight granular quality. On the ventrodorsal view, there is a plane of soft tissue defined over the left abdomen that likely represents a skinfold (green arrows). The descending colon and rectum contain a small volume of heterogenous faecal material.

The visible margins of the liver and spleen are radiographically within normal limits. The 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.

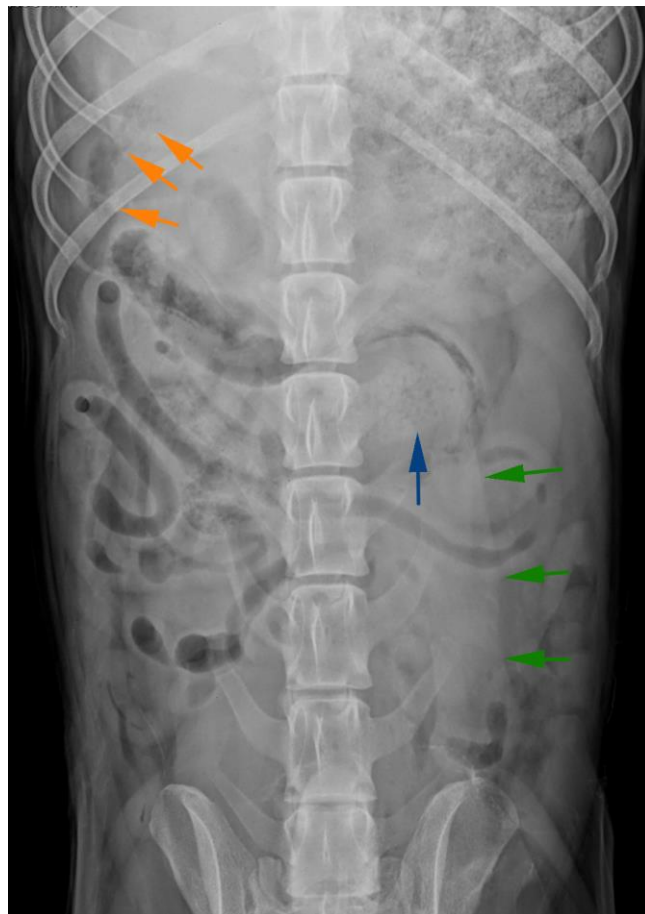
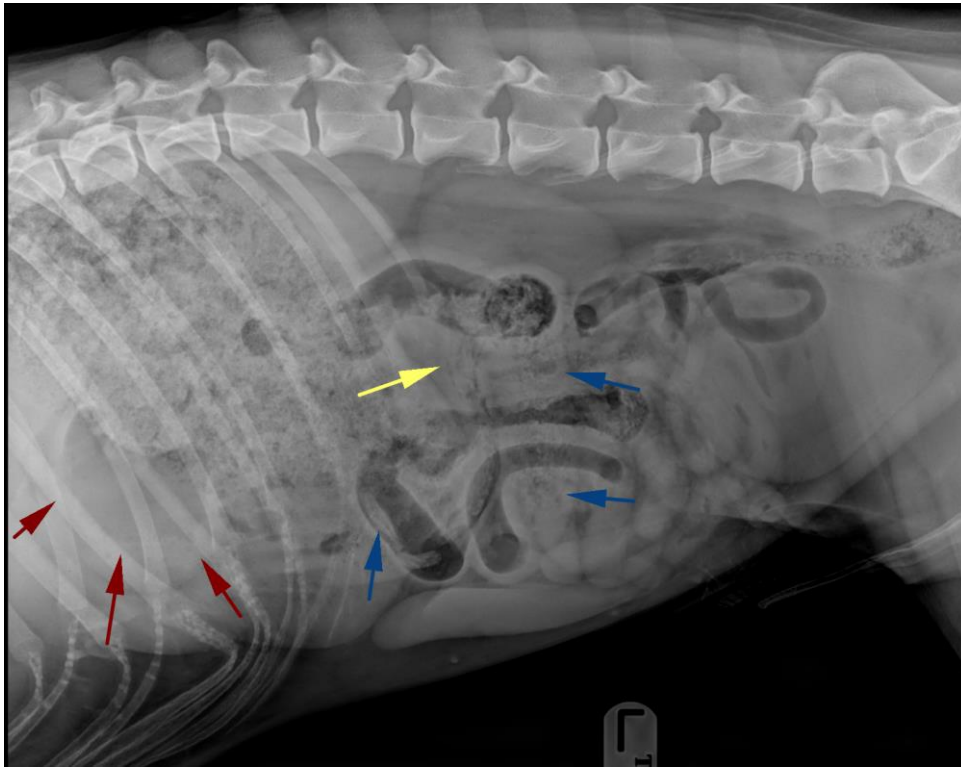


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.



**Conclusions:**



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Moderate gastric distention with granular ingesta. Given history of vomiting and anorexia, foreign material is given strong consideration. Normal ingesta with delayed gastric emptying can also have this appearance, a combination of both is also possible.

Heterogenous material within the descending duodenum is abnormal given patient is anorexic. Foreign material vs. less likely delayed small intestinal transit. Other segments of small intestine also have mixed contents, which may be additional foreign material or delayed intestinal transit.

Reduced right cranial serosal definition. This may represent low volume effusion, focal peritonitis or steatitis.

**Additional comments:**

The presence of gastric contents in this individual should be interpreted with consideration of historical feeding and volume of emesis. If patient is truly fasted for a prolonged period, then foreign material is highly likely with this volume of gastric contents. Delayed gastric emptying can occur secondary to mechanical obstruction by a mass lesion. Functional ileus can be associated with delayed gastric emptying and may be secondary to gastroenteritis or systemic disease (i.e. pancreatitis). The appearance of the material within the gastric silhouette is heterogenous and resembles ingesta. This can conceal several types of non-radiopaque foreign material.

The heterogenous material within the small intestine confounds distinction between large and small intestine. Although there is not a very obviously distended segment, early or partial obstruction cannot be entirely excluded. The heterogenous and somewhat granular appearance may be indicative of some foreign material.

The reduced serosal definition in the right cranial quadrant can be consistent with gastroenteritis or pancreatitis. The volume of effusion may increase following volume resuscitation if the patient is dehydrated.

If the patient has abdominal discomfort, the concern for mechanical obstruction of the gastrointestinal tract is heightened. This is important in clinical assessment of the patient when determining if surgical intervention is warranted.

Further evaluation can be made with additional imaging such as serial radiography following a period of fasting or abdominal ultrasound. The material within the stomach will likely impede the efficacy of ultrasound if performed prior to gastric emptying. Computed tomography can improve more detailed assessment of intraluminal contents.



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