VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine Breed: Crossbreed, medium Sex: Female Neutered Age: 9 years

Clinical History:

large bowel diarrhea 2-3 days, vomited once yesterday, hyporexic; physical exam WNL

Details of study and technical comments:

Ventrodorsal, right and left lateral abdominal views. Images are of diagnostic quality.

Diagnostic interpretation:

Incomplete bridging spondyloses are present from Th9-S1.The lumbosacral intervertebral disc space is difficult to delineate due to new bone formation and rotation of the pelvis. The diaphysis of one femur is irregularly widened. The cortex is not continuous, the proximal and distal part of the intact cortices are bridged by smoothly delineated new bone formation. No fracture lines can be visualized. A small amount of soft tissue opaque material is present in the post cardial esophagus (bolus).

A metal opaque perfectly round structure is superimposed with the dorsal abdomen to the left of the midline ventral to L2-3 (retroperitoneal space. The detail of the retroperitoneal space is normal.

The liver does not extend over the caudal rib cage. The splenic head is in a normal position, the spleen seems to be mildly enlarged. The kidneys have a normal size and shape. The urinary bladder is mildly filled. The stomach is moderately filled with granular material. The gastric axis is normal. The descending duodenum contains a moderate amount of gas and has a straight course. The gastroduodenal angle is widened and the duodenum is displaced laterally (Fig.1). The serosal detail is reduced in the right cranial abdomen (Fig.1). Other small intestines contain small to moderate amounts of gas with signs of peristalsis. The colon contains a small amount of granular material and a moderate amount of gas. The cecum cannot be visualized.

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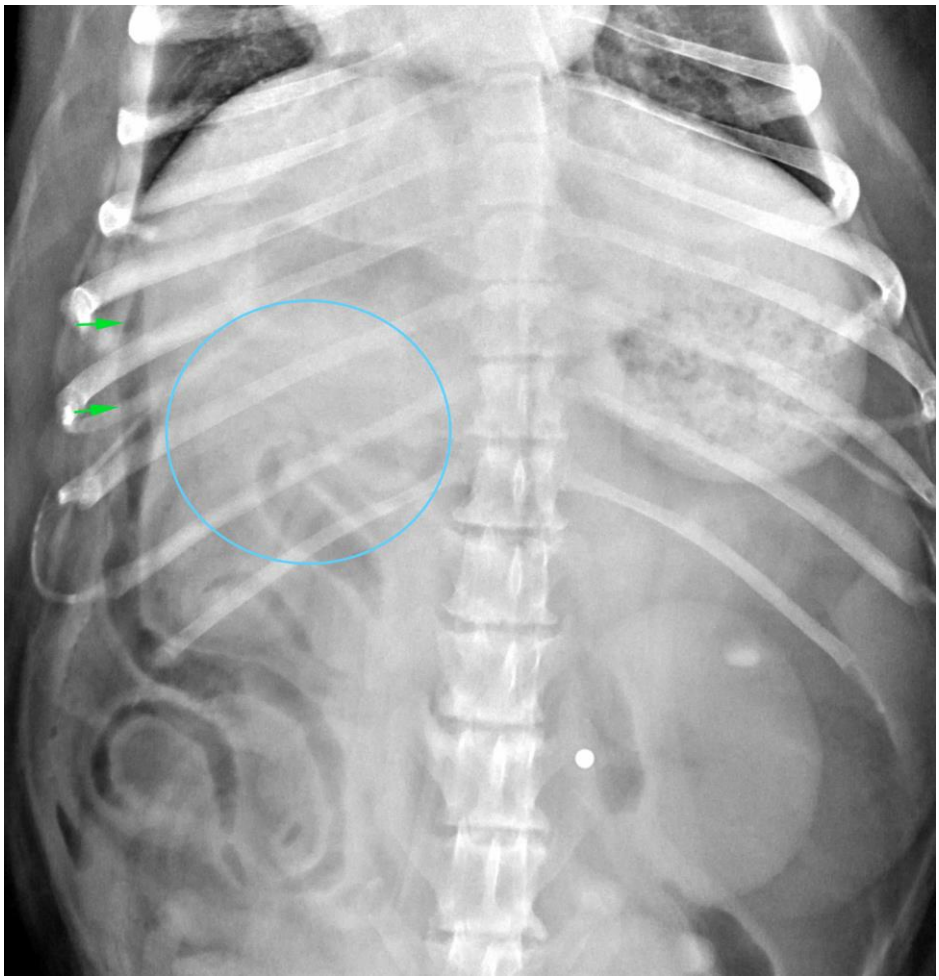

Fig.1) green arrows indicate the laterally displaced descending duodenum, the circle indicates the region of reduced serosal detail.

Conclusions

1) Indirect signs for pancreatitis with a focal loss of serosal detail.
2) Mild splenomegaly.
3) Signs for chronic intervertebral disc disease at the lumbosacral transition.
4) Chronic fracture of one femur (incidental).
5) Projectile in the retroperitoneal space (incidental).
6) Spondyloarthropathy in the thoracic and lumbar spine (incidental).

Additional comments:

The focally reduced abdominal detail, the widened gastroduodenal angle and the displacement of the descending duodenum indicate a pancreatitis, maybe associated with duodenitis and gastritis. A cPLI and ultrasound of the abdomen are recommended to confirm a pancreatitis.

The mild splenomegaly is unspecific and could be caused by congestion, storage, extramedullary hematopoiesis, less likely splenitis and diffuse neoplasia. In case ultrasound is performed, the spleen should be also evaluated to exclude possible parenchymal changes.

The significance of the lumbosacral findings have to be evaluated clinically. The fracture is healed but the cortex did not finally reform. The projectile is not associated with soft tissue changes or a reduced abdominal detail. The position could be determined during the abdominal ultrasound.

Reporting Radiologist:

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