



VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: XR

Report number:

Report date:

Referring Veterinarian:

Referring Practice:

Email address:

Owner: Patient:

Species: Canine

Breed: Shar Pei

Sex: Male Entire

Age: 1 year

Associated cases:

Clinical History:

3 days of inappetance, has had multiple vomits and had diarrhoea. Unknown access to toxins. No UTD vaccination or other preventatives.

Questions to be answered:

Is there a foreign body?

Number of series / images: 5 / 5

Series: [ABDOMEN_M_DV, ABDOMEN_M_LEFT LATERAL, ABDOMEN_M_VD, ABDOMEN_M_RIGHT LATERAL]

Study dated:

Study received:

Anatomic regions: Abdomen

Details of study and technical comments:

Right and left lateral and multiple VD views of the abdomen are provided.

The study is of good diagnostic quality.



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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.

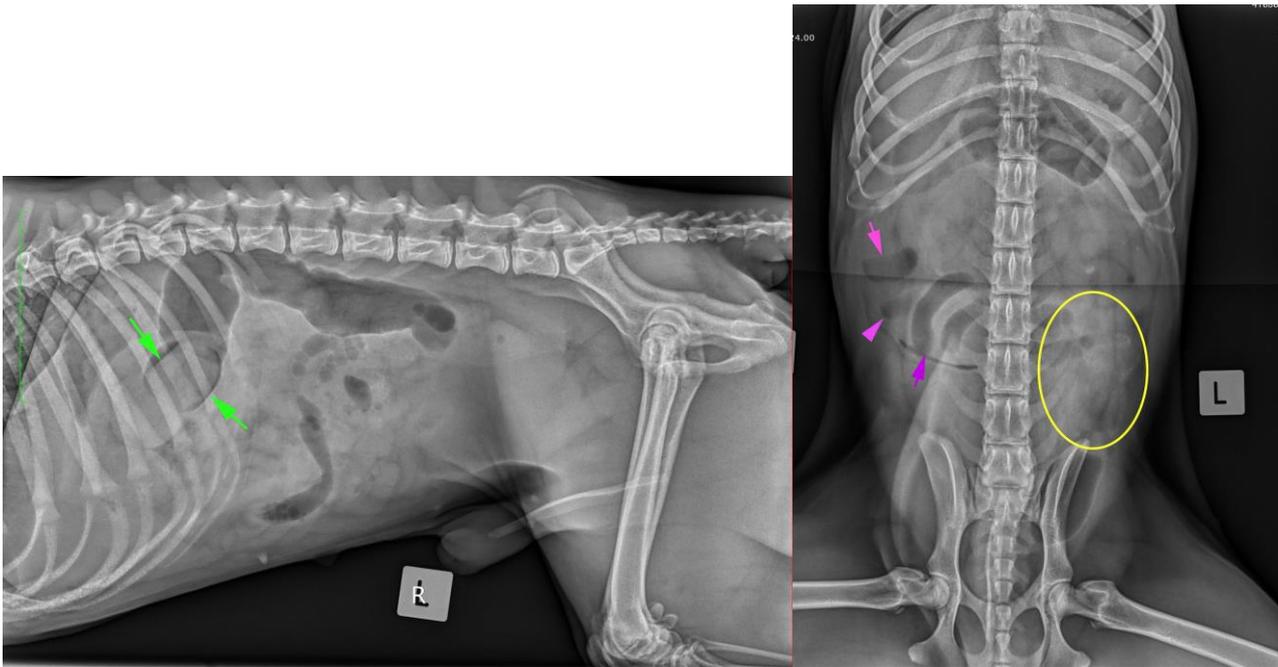
Diagnostic interpretation:

There is little subcutaneous, falciform and retroperitoneal fat.

The stomach is small and contains some gas. Most small intestinal loops are soft tissue opaque. A cluster of small intestinal loops in the caudal abdomen contains mineralised sediment (yellow circle, gravel sign). Some small intestinal loops contain gas. These gas bubbles are generally short and with a diameter at the upper level of normal but are stacked in the caudal abdomen (magenta arrows). The colon contains gas, that is in different locations on different views. On both lateral and the frog-leg VD view a sausage-like soft tissue opaque structure is present in the ascending and transverse colon, surrounded by gas (green arrows). The apparent length of this structure is different on the two lateral views.

The cardiac silhouette is small (yellow arrows).

Liver, spleen, urinary bladder and the imaged part of the body wall and skeleton are unremarkable.

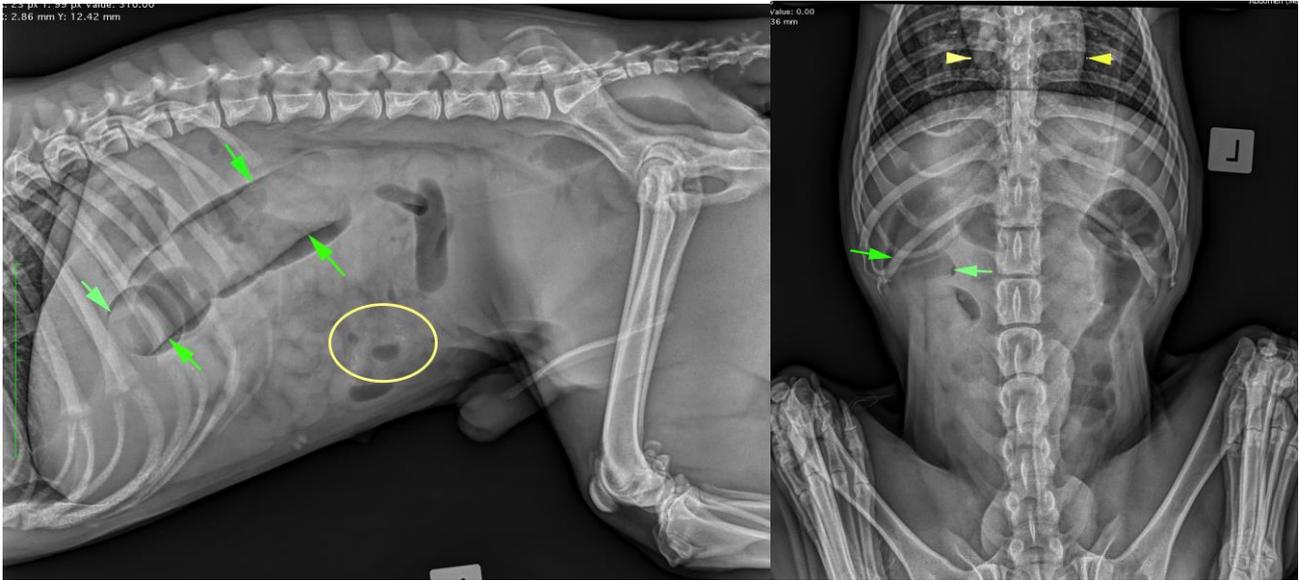


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Conclusions:

- Ileo-colic intussusception with small intestinal obstruction and possible gravel sign.
- Microcardia.

Additional comments:

The appearance of the small intestines is most likely secondary to the ileo-colic intussusception. The varying length of the intussusception radiographically may indicate a sliding intussusception or could be purely technical due to variable location of gas in the colon. If a concurrent small intestinal foreign is present, it is likely a linear foreign body. However, if the intussusception also includes jejunum, traction on the mesentery could possibly explain the appearance of the small intestines. Exploratory laparotomy or possibly closed reduction of the intussusception should be considered, especially if there is no indication of spontaneous resolution.

A small intestinal gravel sign usually indicates the presence of a chronic partial intestinal obstruction (subileus). However, ingestion of dirt is a possible differential diagnosis.

Differential diagnoses for microcardia include hypovolaemia, dehydration and hypotension and could be secondary to the intussusception, either through third space fluid loss or endotoxaemia.

Reporting Radiologist:

Please note this report has been tailored for academic use.



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