



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Old English Sheepdog

Sex: Male Neutered Age: 8 yr

Clinical History:

He has been anorexic and vomiting for three days.

Anatomic regions: Abdomen

Details of study and technical comments: 3 view abdomen

Diagnostic interpretation:

ABDOMEN:

There is mild reduction in peritoneal serosal contrast. There is no distinct evidence of peritoneal air is not noted. The liver, spleen and very limited view of the urinary tract are unremarkable. The head of the spleen is poorly defined.

The stomach is mildly distended with fluid and a small amount of air. The stomach is best visualized on the left lateral view where the gas distended pyloric antrum can be seen ventrally (red arrows). There is no distinct evidence of gastric malpositioning.

There is marked gas dilation of the transverse and ascending portions of the colon (orange arrows) and cecum (yellow arrows). The cecum is malpositioned in the left cranial abdomen. A portion of the distended large bowel contains granular mineral opacity material resembling faeces; this terminates abruptly at a soft tissue margin (blue arrows). The descending colon is not readily traced. Colonic segments noted in the cranial abdomen partially stacked upon one another (orange arrows). The small intestine has a uniform diameter and is caudally displaced by the colon (green arrows).

There are lumbar articular facet degenerative changes and multifocal smooth ventral bridging spondylosis deformans; likely incidental.

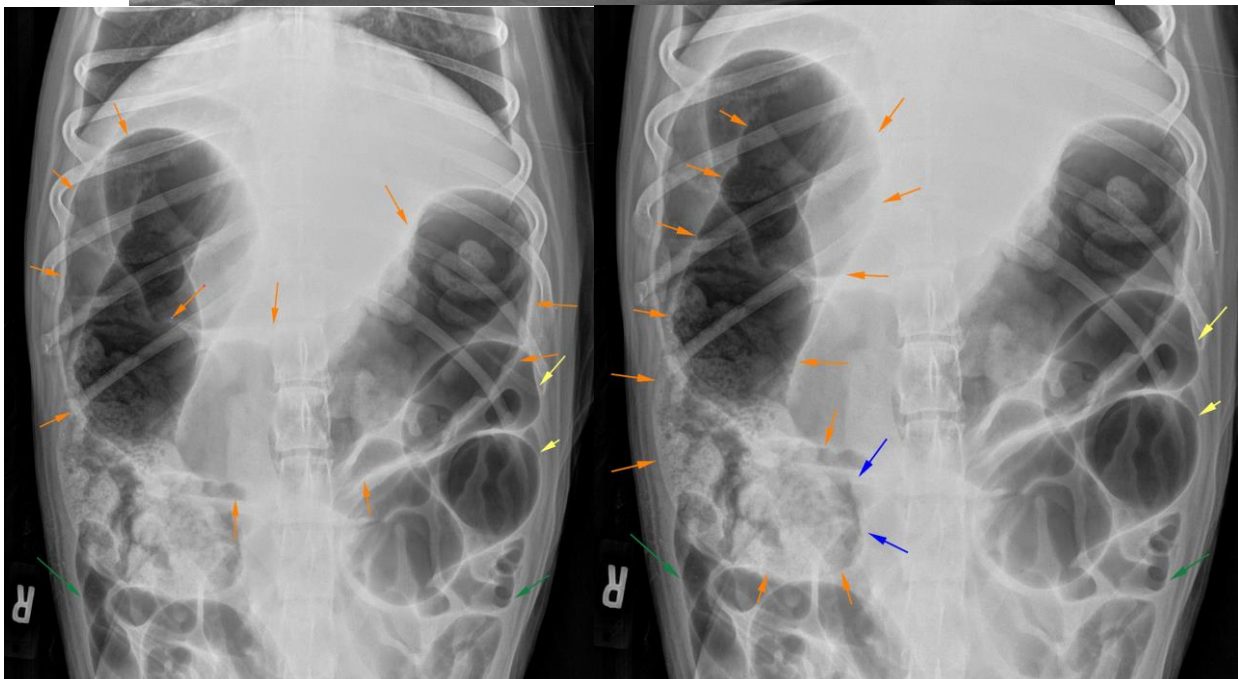
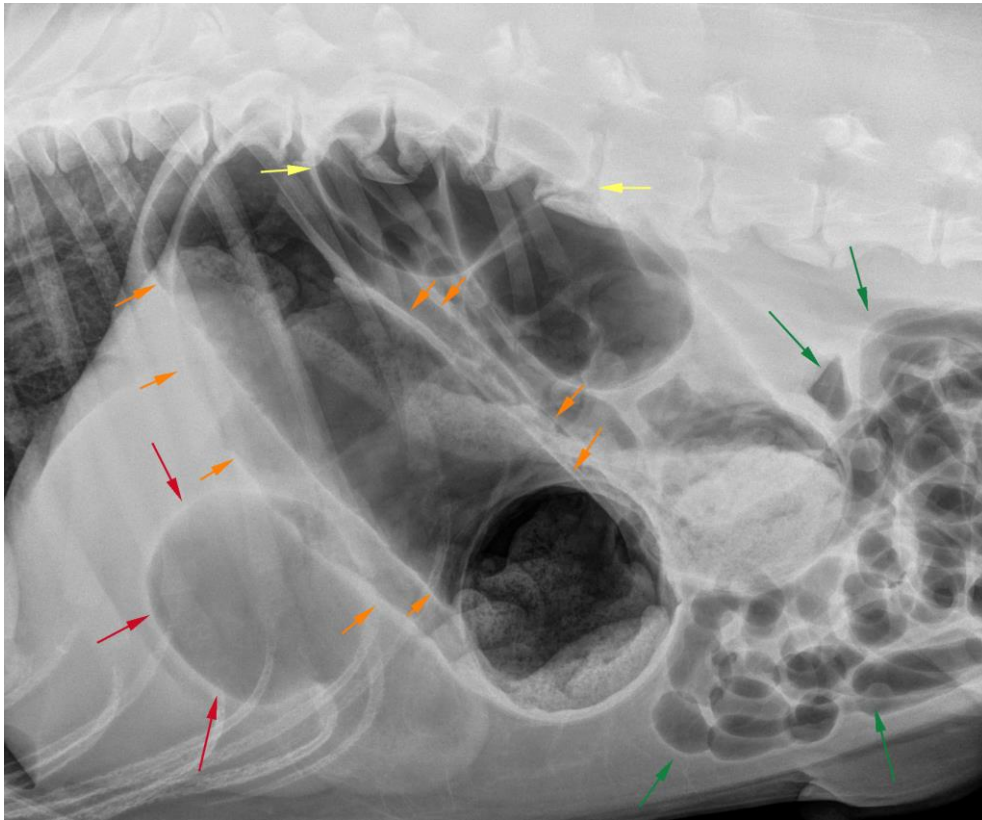


Reported by VetCT

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.



The same ventrodorsal view with orange arrows tracing margins of stacked colonic segments in the right abdomen.



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Conclusions:

Colonic and caecal malpositioning. Primary differential is colonic torsion. Alternative consideration may be given to severe colitis or typhlitis.

Additional comments:

Commonly torsion and volvulus are used interchangeably however the terms represent specific malpositioning. Torsion of intestinal segments is rotation about the axis of the segment while volvulus is the rotation at the vascular root. Malpositioning of the colon is most commonly due to torsion.

There are several Roentgen signs that have a high index of suspicion for this diagnosis:

- Segmental colonic distention
- Focal narrowing
- Displacement of the caecum
- Displacement of the descending colon

The small intestine is rarely implicated. In this case, three of the common findings are observed. While there is not focal narrowing, there is an abrupt margin of gas and soft tissue interface.

Clinical history is often vague with vomiting and abdominal pain, although nonspecific, are recognised as common components. These cases are surgical emergencies noting that there can be vascular compromise and the need for assessment of viability of tissues at surgery.

LITERATURE:

Gremillion, C. L., Savage, M., & Cohen, E. B. (2018). Radiographic findings and clinical factors in dogs with surgically confirmed or presumed colonic torsion. *Veterinary Radiology & Ultrasound*, 59(3), 272-278.

This report had been tailored for Academic use.



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