VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine Breed: Staffordshire Bull Terrier Sex: Female Neutered Age: 9 yrs

Clinical History: 2-3 month gradual weight loss. Recently declining appetite and now anorexic. The owner has observed daily vomiting this past week.

This case history may be recognized from yesterday's Day 7 "It's Your Case" presentation. For those that identified the abnormality in the stomach on the edge of yesterday's thoracic images… Here's the rest of the abdominal story!

Details of study and technical comments:

Evaluation consists of right lateral, left lateral and ventrodorsal radiographs of the abdomen.

Diagnostic interpretation:

ABDOMEN:

The patient has a decreased body habitus (purple arrows) and the serosal contrast is mildly reduced. There is irregular, soft tissue opaque material noted within the pyloric portion of the stomach on the left lateral view (red arrows). This is not visible on the right lateral views. On the ventrodorsal and right lateral views, there is gas within the pyloric body and fundus (orange arrows). There appears to be plication of the proximal duodenum (yellow arrows). On the right lateral view, several small intestinal segments are superimposed over the dorsal retroperitoneal space (green arrowheads); this is attributed to rotation. Also on this view, there is a geometric shaped gas opacity that is likely within the lumen of a folding small intestinal segment (blue arrows).

The visible margins of the liver and spleen are within normal limits. The renal silhouettes are poorly defined. The urinary bladder is moderately distended and there is no evidence of radiopaque calculi. The lumbar vertebral column is unremarkable without evidence of fracture, luxation, or osteolysis.

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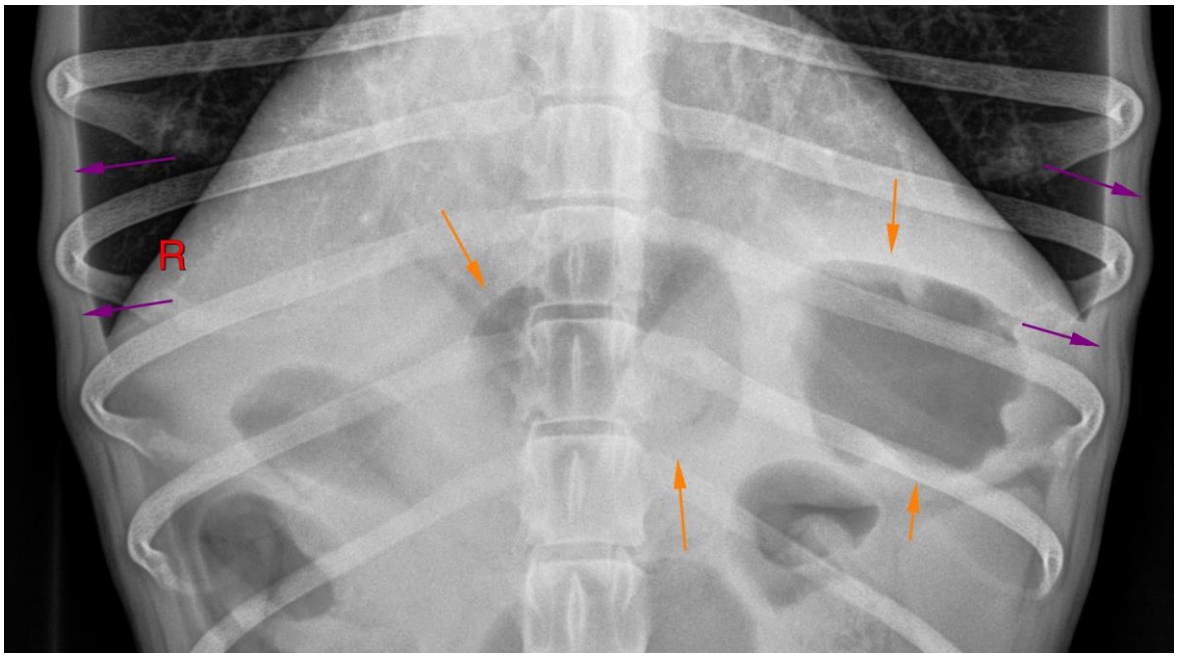

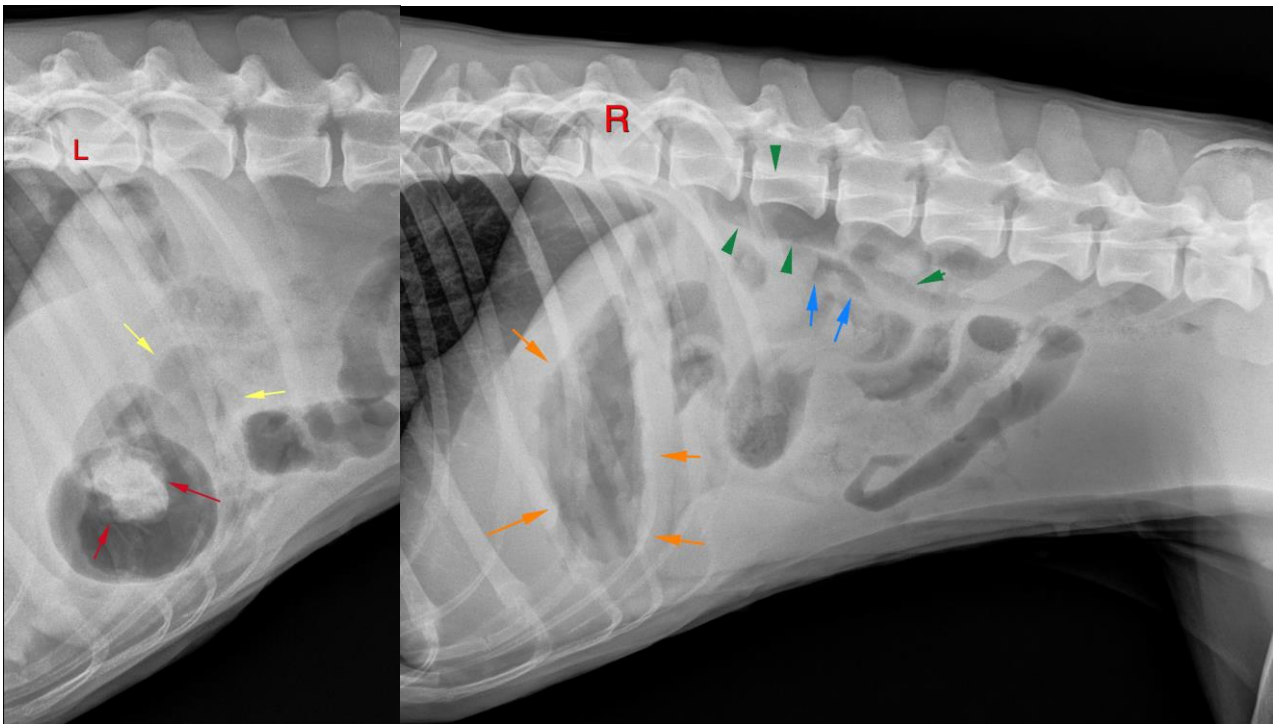

Conclusions:

Pyloric foreign body with proximal duodenal plication consistent with linear foreign material extending from the pylorus into the proximal duodenum.

Decreased serosal contrast. This is attributed to the thin condition of the patient

Additional comments:

On the left lateral view, the pyloric antrum is now in a nondependent position and has markedly improved distinction due to gas into this region. This allows identification of soft tissue material in the nondependent portion of the stomach suggesting that this material is anchored in the pylorus. The gathering of the most proximal duodenal segments is consistent with plication. This leads to the conclusion of pyloric outflow obstruction with extension into the proximal duodenum.

Serosal contrast is dependent on multiple factors including body condition, age, and the presence of fluid or gas within the peritoneal space. In this individual, the thin body condition results in decreased fat within the peritoneal space and close proximity of the soft tissue opaque viscera. In juvenile patients, brown fat has a higher water content resulting in reduced contrast. The reduction in serosal contrast is proportionate to the thin body condition.