



**PATIENT PRESENTING CLINICAL SIGNS**

Pia Maravilla Perez  
Montanez

1/10/23 Subjective/History: Indoor dog taken for leash walks. UTD on vaccines and preventatives. GP is Diaz Umpierre in Cupey. Fed Nutro dry. Only pet in house. Not an indiscriminate eater. Ate french fries this weekend. Since then has been vomiting inconsistently. O has given pet rice along with her kibble. Though good appetite the vomiting continues. No diarrhea noted. No known health issues Objective/Exams: BAR BCS 3/5 Pink and moist mm. Elongated nails. REst WNL 1/11/23 hx- pia is qar. no v/d. no appetite. mild icterus noted sclera/gums. H/L wnl. Abdomen no obvious masses, mildly tense. LN wnl. rectal wnl. firm feces, so limited as to how uch could advance index finger (due to feces). mild bilateral otitis (dirty ears). dull hair. so far cbc, chem, cPL normal. rads declined. hx french fries over the weekend. vaccines due february. current HW prevention. mainly indoors. 4. add metronidazole 7.5mg/kg iv bid 5. continue unasyn 30mg/kg iv bid 6. continue cerenia/protonix 7. add mirtazapine 8 clicks topico sid 8. add fenbendazole 50mg/kg po sid x 5 days. 9. si no mejora o empeora, strongly recommend abd. US - authorized. carrillo may come today. 10. increase fluids 50ml/hr 11. hospiti. until tomorrow.

**SPECIES**

Can

**BREED**

Mix

**SEX**

Female Spayed

Abnormal PE/Chem/CBC/UA Results: 1/10/23 : 1. CBC: WBC 22.92 NEU 20.51 EOS 0.03; 2. Cata 17: BUN 4 ALT 848 CHOL 497 AMYL 421; 3. cPL: NORMAL 1/11/23: 1. recheck cata 15 - ALT off charts, ALP >2000, GGT 17, T. bili 9.2!!! 2. abdominal rads - no obstruction, no obvious masses, lots of feces in colon. gas in funuds. 3. leptos snap neg.

**AGE**

5 Years

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Right lateral and ventrodorsal views of the abdomen totaling 4 images available for review.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

The abdominal serosal detail is maintained.

Thick appearance of the gastric rugal folds is noted. Moderate gastric aerophagia is seen. No abnormal content of the stomach is noted.

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The small intestinal loops are evenly distributed throughout the mid abdomen with no evidence of abnormal dilation, plication, or radiopaque foreign material.

The colon contains a moderate amount of inspissated fecal matter.

**REFERRING VET**

Mayra Fonseca

The spleen appears to be volume contracted.

The urinary bladder is moderately distended.

The liver and kidneys present within normal limits.

**INVOICE**

56145

**RADIOGRAPHIC DIAGNOSIS**

- Gastric maldigestion pattern.
- No radiographic evidence of mechanical intestinal ileus.

**DATE**

1-12-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals no signs of mechanical ileus. Functional ileus is a potential. The



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assessment of the gastric wall is subjective on radiographs. However, gastric wall thickening as in gastritis or infiltrative disease are potential causes of the radiographic appearance of the stomach. Further definition by means of ultrasound should be considered in case of persisting clinical signs in order to allow for the assessment of the gastric / gastrointestinal wall, content, and motility with greater sensitivity.

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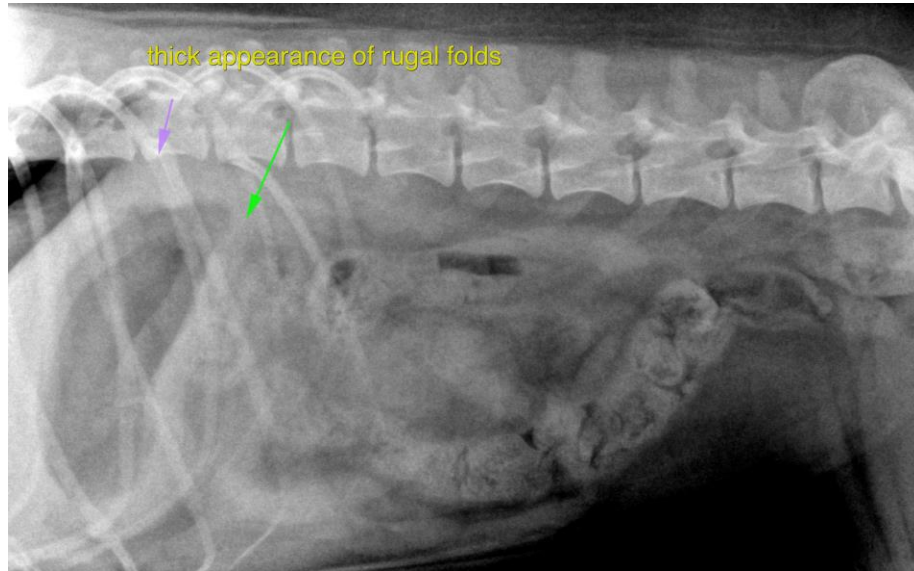
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**REFERRING VET**

Mayra Fonseca

**Nele Eley, DVM, Dr. med. vet., DipECVDI**  
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