



**PATIENT PRESENTING CLINICAL SIGNS**

Emily MacArthur

History: 10yr old SF Doodle mix is presented today b/c 8-9pm last night P started whining at O to go out which is normal but then P came back in & kept asking to go out back and forth for about 2 hours. O went to bed around 11 & P woke up O's son at 3am crying to go out & the back & forth went on for about 45 minutes so O's left her outside thought to give her more time but then sometime in the middle of thenight O saw P had pooped blood in her bedroom a fairly large amount. O noticed P straining so they tried to give her a hawian roll soaked in coconut oil she ate 1/2 of it. At 9:30 this morning P threw up bial & began wheezing / coughing for about 20 minutes. O did states that over the last 3months + - P has been going into bathroom to eat pads when left alone. also this morning P went to check yard to see how many times P went & O only saw one bowel movement that was small.

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

SF

**AGE**

10 Years

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: slightly tacky gums Mentation: BAR EENT: No nasal discharge; clear no discharge OU; very mild debris and lots of aberrant hair AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present, dental attrition on incisors Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Soft circular SQ mass ventral thorax. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Suspect painful mid-abdomen Uro/Perineum: N; Rectal WNL - no blood on glove, no masses Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate Fecal:

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Right/left lateral and ventrodorsal views totaling 3 images available for review.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

**REFERRING VET**

Dr. White

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

**INVOICE**

53603

The stomach is empty except for a mild amount of gas.

**DATE**

8-21-22

A large amount of gas is distributed regularly throughout the small intestine. Fairly little signs of peristalsis are seen throughout the small intestine. The small intestinal loops present mild generalized dilation. No segmental dilation is seen and there is no evidence of plication or radiopaque foreign material.



**PATIENT**

Hypersegmentation of the colon is seen. The colon is mostly empty except for gas.

Emily MacArthur

**RADIOGRAPHIC DIAGNOSIS**

- Gastrointestinal maldigestion pattern.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings suggest functional gastrointestinal ileus. There is no radiographic evidence of mechanical small intestinal obstruction even though subileus cannot be ruled out entirely and further definition by means of abdominal ultrasound could be pursued in case of persisting or deteriorating clinical signs.

**BREED**

Labradoodle

**SEX**

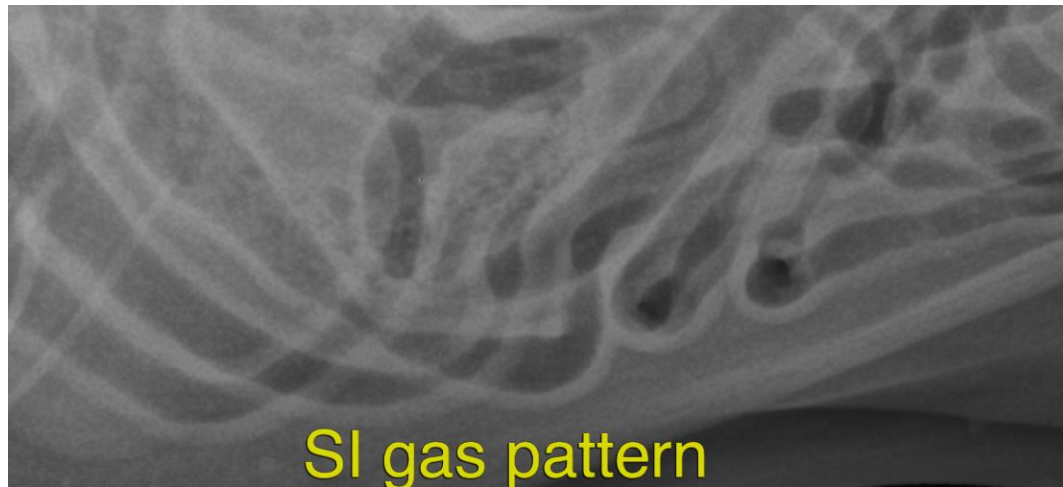
SF

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SI gas pattern

**HOSPITAL NAME**

DPC Veterinary  
Hospital

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.

**REFERRING VET**

Dr. White

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.

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