



PATIENT

Onyx Reichelt

PRESENTING CLINICAL SIGNS

unilateral epistaxis post spay at the humane society , owner concerns about internal bleeding
Abnormal PE/Chem/CBC/UA Results: unremarkable

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN & THORAX

Right/left lateral and ventrodorsal views of the abdomen and thorax totaling 6 images available for review.

BREED

Labradoodle

RADIOGRAPHIC FINDINGS

Abdomen

Patient has a history of recent spay.

SEX

Female Spayed

Mild focal thickening of the ventral abdominal midline is seen.

The abdominal serosal detail is slightly reduced in the mid and dorsal abdomen. The serosal detail appears to be fully maintained in the remainder of the abdomen.

AGE

24 Months

A mild pneumoperitoneum is seen accentuated in the craniodorsal abdomen.

No evidence of organomegaly or mass effects are noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

There is no evidence of pleural mediastinum or pericardial effusion.

The lungs are moderately inflated.

HOSPITAL NAME

St. Catherine's Animal
Hospital

The cardiac silhouette is upright and thin. The pulmonary vasculature and caudal vena cava are thin.

Course and width of the trachea are considered within normal limits.

REFERRING VET

Dr. Boctor

RADIOGRAPHIC DIAGNOSIS

- Mild hypovolemia with microcardia and underperfusion of the lung.
- Pneumoperitoneum and abdominal wall changes within the expected limits after prior celiotomy.
- No evidence of major effusions within the thorax or abdomen.

INVOICE

53907

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are within the expected limits after prior abdominal surgery. At this time, there is no evidence of major effusive events within the abdomen or thorax.

DATE

8-31-22



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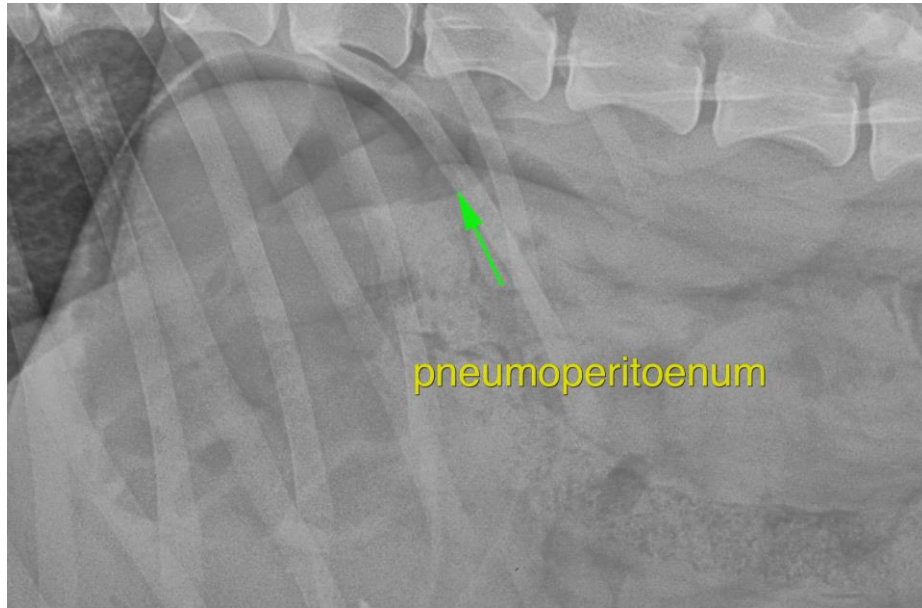
Dr. Boctor

INVOICE

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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.

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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