



**PATIENT PRESENTING CLINICAL SIGNS**

**Lulu Schneider**  
**SPECIES** History: Owner change the food 10 days ago to puppy food (origin) because of Lulu was losing weight. Vomiting and diarrhea started 5 days ago (one Thursday), vomiting stopped on Friday then vomited again on Saturday, no vomit since yesterday. Diarrhea still present, not bloody. Still Eating small amount. Was lethargic, today activity level is better. Losing weight. No history of coughing. Abnormal PE/Chem/CBC/UA Results: Blood work indicate mild dehydration, otherwise unremarkable. 4DX done 4 months ago and was negative. On Simparica Trio Blue.  
**Canine**

**BREED RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

**Labradoodle**  
 Displayed bony structures of spine and thorax are within normal limits without signs of a fracture, sub-/luxation and/or a lytic/sclerotic process.

**SEX Thorax:**

**Spayed Female**  
 The cardiac silhouette is normal without evidence of chamber enlargement. Vertebral heart score equals 9.0. Pulmonary vessels are normal in size and taper appropriately in the periphery.

**AGE** Lung shows hyperinflation with a mildly increased interstitial density. There is no evidence of focal/nodular lesions.

**2 Years**  
 The trachea is unremarkable in diameter and course. The luminal outline of the trachea is smooth. The carina and the bronchial tree appear normal.

**INTERPRETED BY**

**Sebastian Jawinski,**  
 German Board  
 Certified Vet Specialist  
 in Diagnostic Imaging  
 The mediastinum presents a prominent fissure separating the left cranial and right cranial lung lobes but shows expected soft tissue density. There is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen. Esophagus is not visible and considered as normal.

**HOSPITAL NAME**

The diaphragm is unremarkable, no signs of pleural effusion.

St. Catharine's AH

**Abdomen:**

**REFERRING VET**

Liver and spleen present as expected and are well defined.

Dr. Bekhit

Stomach and intestines are predominantly empty with a mildly gas-filled stomach and a gas distended colon. There is a small intestinal section recognized more located in the right central abdomen, best seen on the left lateral projection presenting mottled/cloth-like content. Beside that some chaotic small intestinal loops with small amounts of fluid are noted.

**INVOICE**

12540

Both kidneys are not well visualized but considered to be normal.

**DATE**

8/16/21

Serosal detail is intact without signs of abdominal or retroperitoneal effusion.



**PATIENT** Urinary bladder is empty and inconspicuous.

Lulu Schneider **RADIOGRAPHIC DIAGNOSIS**

- SPECIES**
- Empty stomach and colon with suspected small intestinal foreign material
  - Hyperinflated lungs with a mild increase of the interstitial pulmonary density, incidental finding

Canine **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED** Although the intestines are predominantly empty, an obstructive pattern caused by foreign material is suspected. This finding would match with the clinical presentation. Gastroenteritis/colitis could be present additionally or secondary to an obstructive lesion. I would recommend a complementary abdominal ultrasound to rule out an ileus.

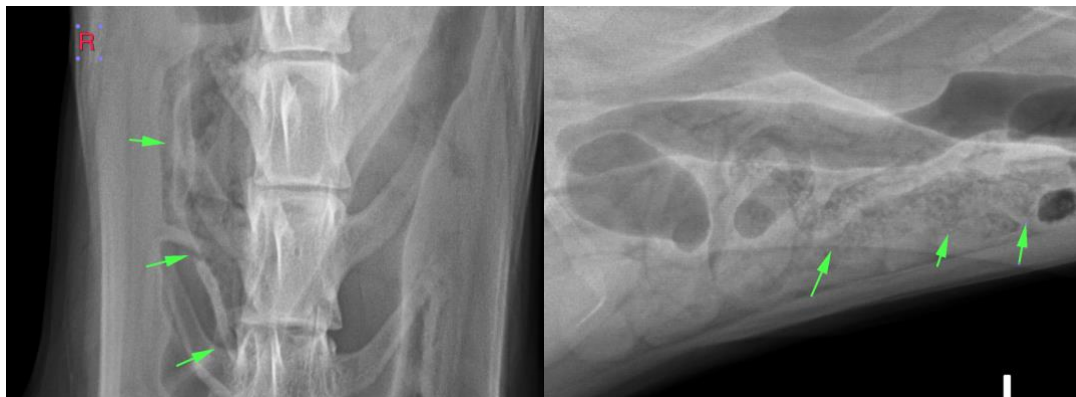
Labradoodle

**SEX**

Spayed Female

**AGE**

2 Years



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in Diagnostic Imaging

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

**HOSPITAL NAME**

St. Catharine's AH

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.

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

**REFERRING VET**

Dr. Bekhit

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