



PATIENT

Pluto Yao

PRESENTING CLINICAL SIGNS

vomiting for 2 days
Abnormal PE/Chem/CBC/UA Results: bw is unremarkable

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in two orthogonal imaging planes are provided for review.

BREED

Lab Retriever Mix

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

Male

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.

AGE

15 Months

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

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

The stomach is in its anticipated position and contains a mild to moderate amount of gas.

HOSPITAL NAME

St. Catherine's Animal
Hospital

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and is empty. The cecum is moderately distended by gas and foamy material.

REFERRING VET

Dr. Boctor

RADIOGRAPHIC DIAGNOSIS

- Empty gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

49837

There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. Recommend empirical management for potential underlying gastroenteritis. If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination; in some cases, a high ileus may lack classical radiographic signs of mechanical obstruction.

DATE

1-25-22



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REFERRING VET

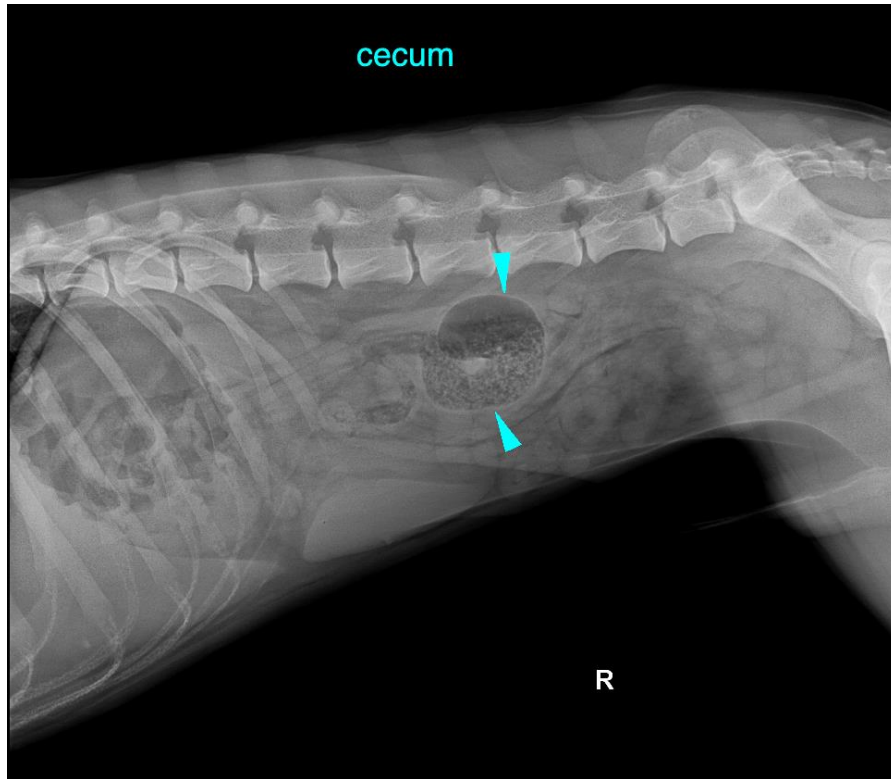
Dr. Boctor

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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