



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Truffle Rosenblatt
SPECIES Canine
BREED Cockapoo

History: Truffle is a 10month old cockapoo SF, here for a follow up from the ER(saint francis), p went to the ER last night for having explosive diarrhea then passing out, o was sent home with flagyl, p was very thethargic yesterday, o mentioned p ate iguana poop on friday and once yesterday, this past week p hasn't been wanting to eat breakfast until later in the day, o main concern is p passing out
 Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: QAR EENT: N Oral Cavity: MM PINK SLIGHTLY TACKY CRT 1-2 SEC Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: NOT PAINFUL, FLUID IN INTESTINES. NO PALAPBLE FB Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: QNS

Abnormal PE/Chem/CBC/UA Results: GIVEN NORMAL CHOL/ALB. TIBILI MILDLY ELEVATED DUE TO HEMOLYSIS (SAMPLE NOT ICTERIC)

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

SEX

Spayed Female
 An overview study including the thorax and abdomen in two imaging planes is provided for review.

RADIOGRAPHIC FINDINGS

AGE

Thorax

10 Months
 The surrounding bony structures are within normal limits.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

At the right thoracic wall a moderate subcutaneous swelling with multiple small central gas bubbles is visible – consistent with preceding subcutaneous fluid administration.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

HOSPITAL NAME

DPC Veterinary H

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

REFERRING VET

Dr. Feldt

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

DATE

Abdomen

10/11/21



PATIENT

Truffle Rosenblatt

The surrounding bony structures are within normal limits.

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

SPECIES

Canine

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

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

BREED

Cockapoo

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.

SEX

Spayed Female

The stomach is in its anticipated position and empty.

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.

AGE

10 Months

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

- Empty stomach
- Suspect preceding subcutaneous fluid administration right thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The current radiographic study presents without abnormalities, rule out cardiogenic origin versus absences of neurological origin.

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AGE

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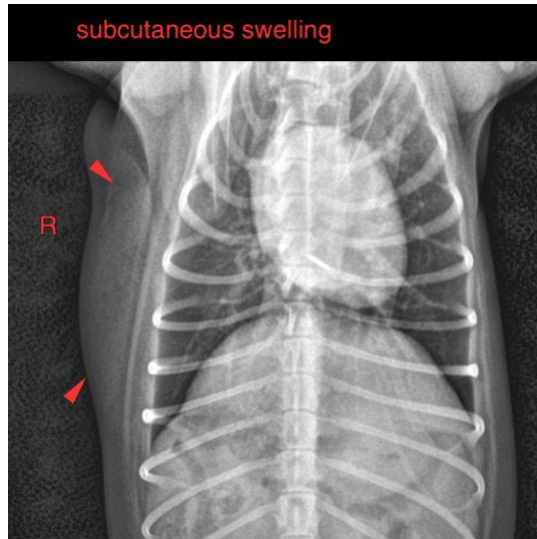
Dr. Feldt

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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.

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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