



**PATIENT**

Winston Meagher-Smith

**PRESENTING CLINICAL SIGNS**

Winston is a 10-year-old West highland terrier that was presented for 6 days of vomiting. He has a history of Lyme disease. In his initial visit 3 days ago, he was nauseous and lethargic. There was no report of diarrhea. He received a dosage of Cerenia that seems to not help with the vomiting. He also started to have diarrhea over the past 2 days. No specific findings on the examination apart from some degree of dehydration.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

West Highland Terrier

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

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

**SEX**

M

The serosal detail is maintained throughout the peritoneal and retroperitoneal space. Small mineral opaque structures are superimposed on the urinary bladder – seen bilaterally to the urinary bladder in the VD projection of the abdomen – compatible with dystrophic mineralization secondary to neutering.

**AGE**

10 Years

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 presents normal content.

**HOSPITAL NAME**

Beaches-Fallingbrook  
Veterinary Clinic

The small intestinal loops are of even mildly distended by gas, chymus and fluid and appear adynamic.

The colon is seen in the expected position and contains unformed fecal material.

**REFERRING VET**

Dr Sam Shahsavari

- Mild gas and fluid pattern of the small intestinal loops
- Suspect hypomotility of the small intestinal loops

**RADIOGRAPHIC DIAGNOSIS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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The gas and fluid pattern of the small intestinal loops is considered as a sequela to gastroenteritis. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If not done so yet, recommend complementing workup by complete blood workup including cpl to rule out pancreatitis. 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**

10-11-22



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**HOSPITAL NAME**

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Veterinary Clinic

**REFERRING VET**

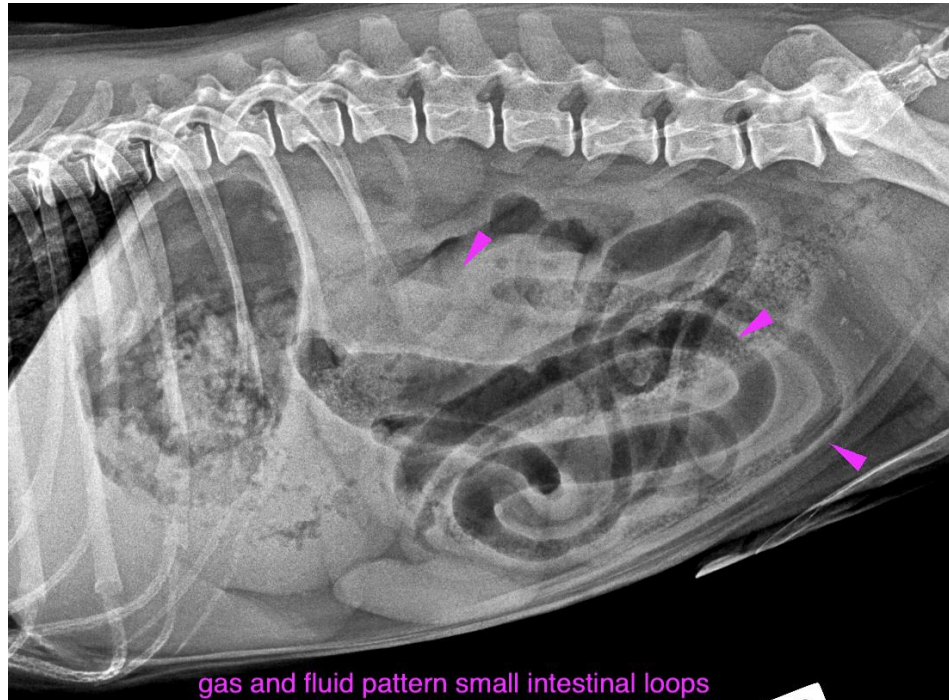
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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