



PATIENT

Sonny Grabowski

PRESENTING CLINICAL SIGNS

P vomiting bile a few times daily for 1 week. No diarrhea. Per o did not get into anything. On rx food only for PLN - per o does not get into anything.
Abnormal PE/Chem/CBC/UA Results: tpr-wnl, no pain on palpation of abd

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Wheaton Terrier

RADIOGRAPHIC FINDINGS

Multiple vertebral endplates of the cranial lumbar spine present moderate spondylosis formation.

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

SEX

NM

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

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.

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The stomach is in its anticipated position and presents normal content.

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.

HOSPITAL NAME

The Pet Hospital of
Stratford

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

RADIOGRAPHIC DIAGNOSIS

- Spondylosis deformans, otherwise normal abdomen

REFERRING VET

Dr. Giuliani

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the abdomen presents without clinically relevant pathology, explaining the presenting clinical signs. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If not done so yet, consider blood work including cpl to rule out pancreatitis, versus other. If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination.

INVOICE

54391

DATE

10-3-22



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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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