



PATIENT

Cousteau Barr

PRESENTING CLINICAL SIGNS

for the last 2 months the V happening more frequently vomitus = undigested food and bile P obviously looking skinnier, also poor energy previous DVM ran Young Adult w spec PL: hypoproteinemia/hypoalbuminemia and low normal RBC w marked regenerative process (retics 310); spec pl normal (58) - rec start hydrolyzed diet P unable to completely transition to hydrolyzed diet - refused to eat it - only got to 50%

SPECIES

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RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and abdomen is provided for review.

BREED

French Bulldog

RADIOGRAPHIC FINDINGS

Thorax

Multiple hemivertebra are appreciated along the thoracic spine. 14 thoracic vertebra are present and T14 presents with a broad based rib in the right aspect and a transverse process on the left.

SEX

Male Neutered

The extrathoracic soft tissues present homogeneous without abnormalities.

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.

AGE

4

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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

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

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

REFERRING VET

Dr. Castaneda

Abdomen

The vertebral endplates L1/L2 present mild spondylosis formation.

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

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The serosal detail is lost due to the lack of peritoneal fat. In the cranioventral abdomen, caudal to the stomach a homogeneous soft tissue opacification of the abdomen is seen and there appears to be a mass effect on the small intestinal loops, that are displaced caudally. Foamy gas opacities are superimposed on the soft tissue opacification in the cranial abdomen.

DATE

10-5-22

The splenic head is in the anticipated position and within normal limits for size 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.



PATIENT

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

Cousteau Barr

RADIOGRAPHIC DIAGNOSIS

- Soft tissue opacification cranial abdomen with possible interspersed gas
- Normal thorax, but multiple hemivertebra and thoracolumbar transitional vertebra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue opacification of the cranial abdomen might be caused by bunching and adhesions of the small intestinal loops with localized peritonitis. The foamy gas superimposed on the soft tissue opacified area of the cranial abdomen can present a foreign body within an intestinal loop, abscess formation (e.g. perforated foreign body) or superimposed fecal material – but the colon appears to be empty. Neoplasia with necrosis or granuloma (e.g. Gossypibom) might be a consideration in case of preceding surgical intervention.

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As the radiographic changes are not specific for a distinct entity, complementing workup by an abdominal ultrasound examination or CT study would be ideal for potential surgical planning. Depending on the clinical findings – possible palpatory mass – diagnostic celiotomy would be justifiable as well.

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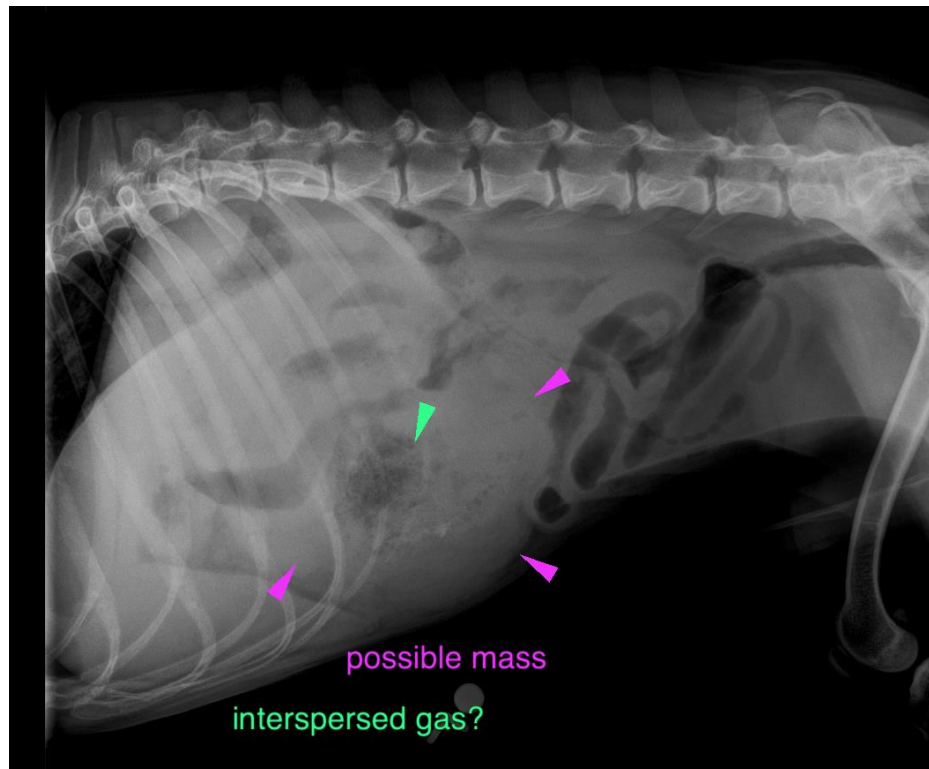
Dr. Castaneda

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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.

SPECIES

K9

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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