



PATIENT

Chelsea Jones

PRESENTING CLINICAL SIGNS

Panting and vomited 5x today. Very lethargic. Bloodwork shows elevation in all kidney values and ALT with infection in the blood. Bloodwork attached. Cerenia inj, torbugesic inj given in the hospital. No heart murmur and normal chest sound.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

BREED

Golden Doodle

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

SEX

Female Spayed

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

7 Years

The heart is prominent and is occupying 4 intercostal spaces, the trachea is normally mildly diverging from the thoracic spine. In the VD view the heart is occupying approximately 80% of the thoracic width but there is moderate tilting of the thorax. The pulmonary vasculature is within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Truscott Animal Hospital

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.

REFERRING VET

Medhat Meawad

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

Abdomen

The surrounding bony structures are within normal limits.

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

The serosal detail is mildly decreased, and the serosal fat presents a mild irregular soft tissue striation.

DATE

11-16-21

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

**PATIENT**

splenic body and tail are considered normal for position, size, shape and opacity.

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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.

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The stomach is in its anticipated position and contains a moderate amount of fluid. A mild 'Gravel-sign' is noted in the pyloric region.

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Two thin linear metal opaque bodies, measuring approximately 1.1 cm in length are visible in the left mid abdomen.

SEX

Female Spayed

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

AGE

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RADIOGRAPHIC DIAGNOSIS

- Fluid filled stomach
- Suspect mild peritoneal effusion
- Two small migrating wires left abdomen
- Cardiomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluid filled stomach is consistent with gastric emptying disorder and functional disorder is considered most likely here and I consider the odds for a high ileus lower. There is no evidence of radiopaque foreign material within the stomach or intestinal tract but the small migrating wires. The latter are considered as an incidental finding and are commonly not related with clinical signs and can be located within the intestinal wall or peritoneal cavity. The possible mild peritoneal effusion can be a sequela to gastroenteritis, pancreatitis, hepatic disease, renal failure, peritonitis. Complementing workup by an abdominal ultrasound examination appears beneficial including tapping of the peritoneal effusion, if present.

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Medhat Meawad

The cardiomegaly is likely a normal anatomical variant, as no cardiac murmur is present, and the thoracic ultrasound was negative for disease. However, if not done so yet, a cardiac echo appears beneficial to rule out inflammatory changes such as endocarditis.

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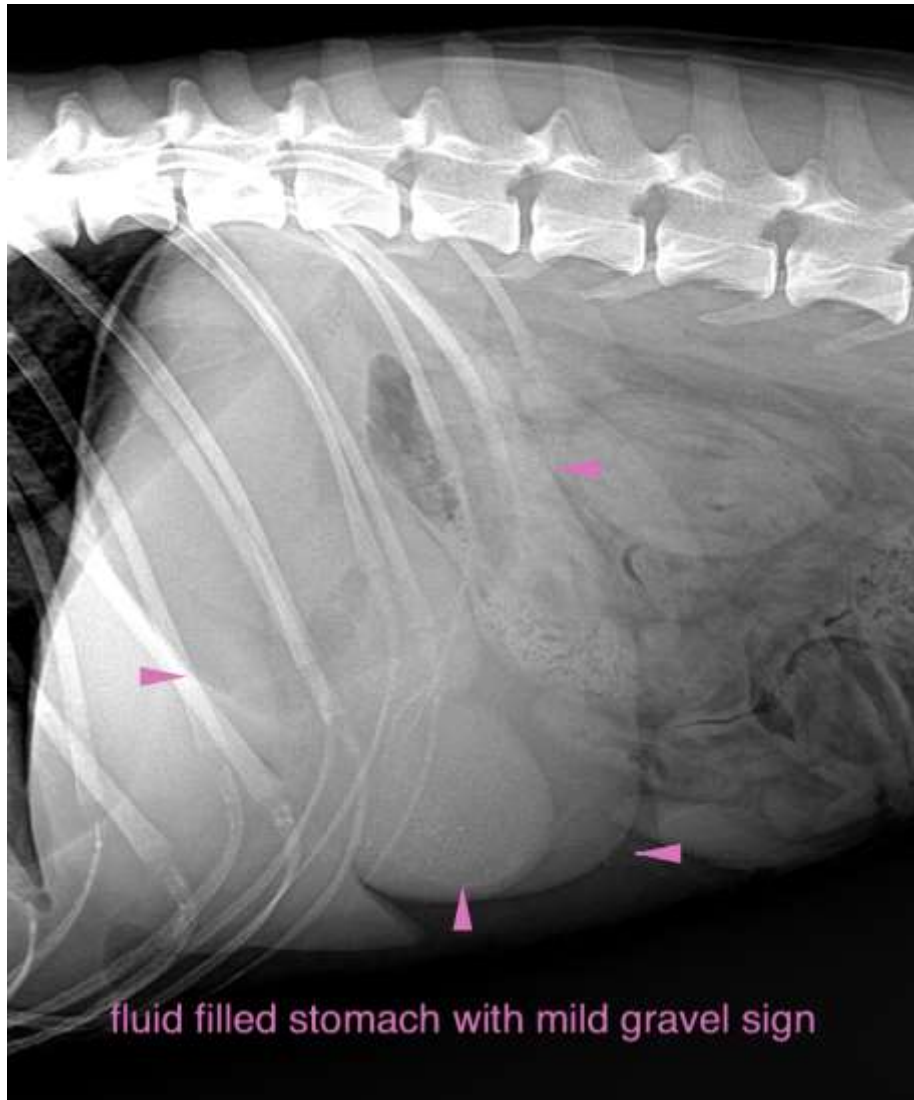
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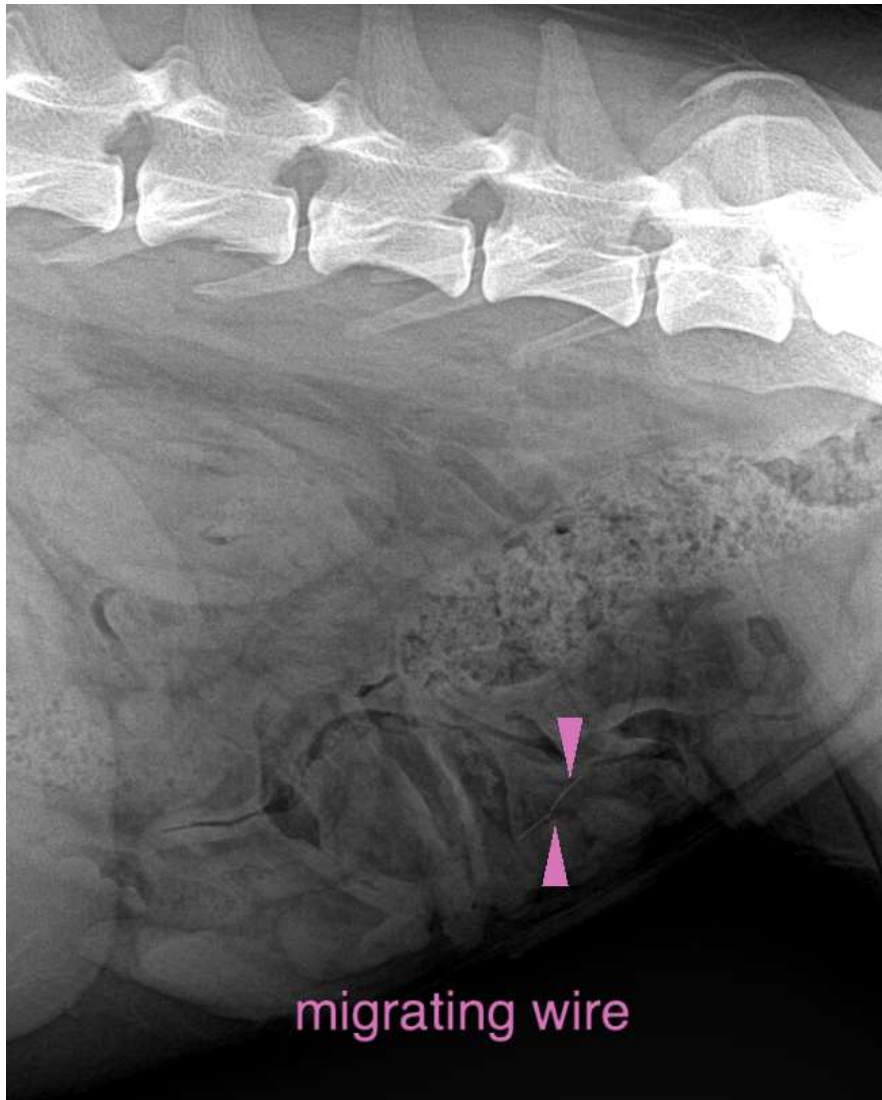
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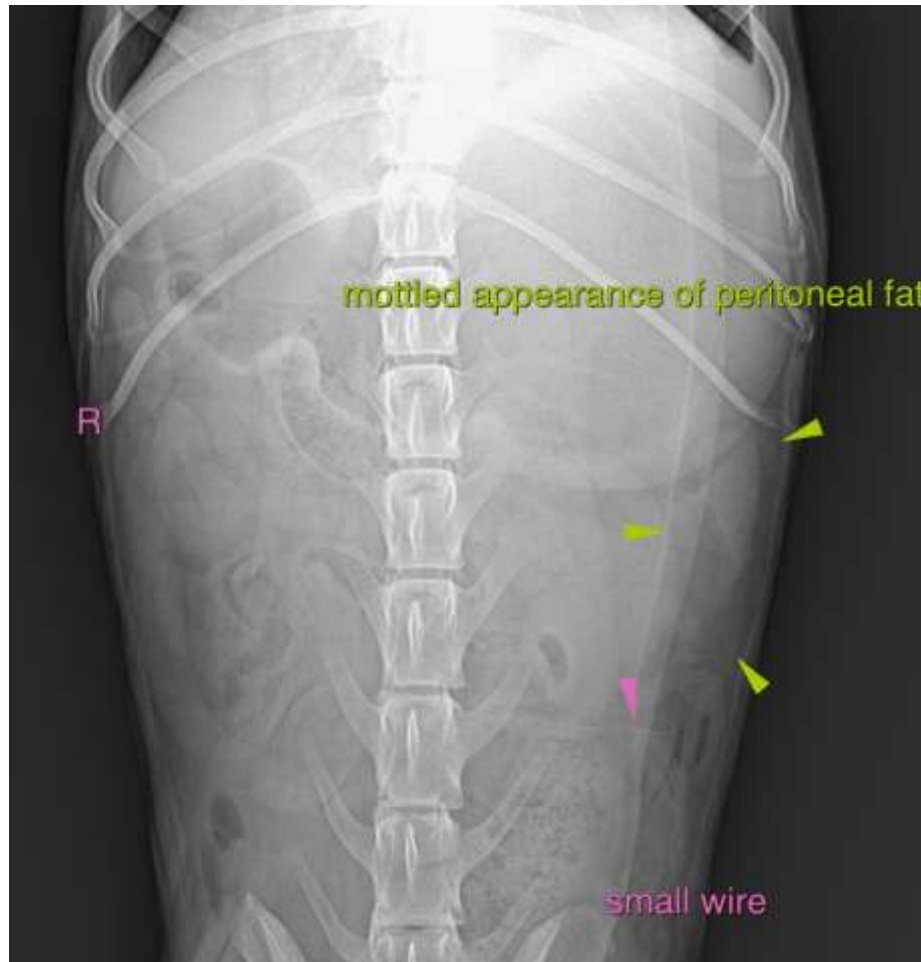
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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