



PATIENT PRESENTING CLINICAL SIGNS

Zero Bilger chronic intermittent vomiting and grass eating. He has had some gastrointestinal issues since 2015. He would have episodes of vomiting and also anxious colitis. He has a history of flea allergies and possible chicken allergies (although he ate some chicken that he stole off the counter recently and didn't have issues). He seems to have his more severe issues every 4-6 weeks. If he vomits multiple times in a week he feels worse. It often involves food but can be many hours if he eats. Tim remarks that his milder episodes start where he won't eat and will wake up where he whines and seems painful and he wants to eat grass. They will give a half slice of bread that seems to help and then he will eat his kibble. Recently this seems to be happening multiple times a week. If he eats he will then be the normal for most of the day. His stool often seems to have a yellow tinge with more mucus. In late August and early September wanting to eat a lot of grass. 2nd week of September vomiting. Gave Cerenia and omeprazole (doesn't think it helps when tried a 30 day trial). In the last week of October he he had a painful stomach (not bloated during this) HISTORY: Chronic pancreatitis. Has episodes of waking up in the middle of the night whining and needing to go out.

SPECIES

Canine

BREED

Mix

SEX

MN

Abnormal PE/Chem/CBC/UA Results: we are running cbc, chem ua TT4, fecal and a fecal dysbiosis - all pending

RADIOGRAPHIC STUDY OF THE ABDOMEN

AGE

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

10 Years

RADIOGRAPHIC FINDINGS

INTERPRETED BY

The vertebral endplates L1/L2 present mild spondylosis formation.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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

HOSPITAL NAME

Northshore
Veterinary Hospital

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.

REFERRING VET

Brita Kiffney

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.

INVOICE

55345

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

RADIOGRAPHIC DIAGNOSIS

DATE

11-23-22

- Mild spondylosis deformans L1/L2



PATIENT

Zero Bilger

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the abdomen presents without clinically relevant abnormalities. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction.

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REFERRING VET

Brita Kiffney

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.

INVOICE

55345

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
sebast.schaub@gmail.com

DATE

11-23-22