



PATIENT

Trooper Bogannam

PRESENTING CLINICAL SIGNS

P presented yesterday for diarrhea - was sent home with probiotic kit (paste and capsules). Came back today for bloody stool. BM frequency has increased from 3 hours to every 1-2 hours per O. Decreased appetite. O fed this morning (kibble and chicken).

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Retriever Mixed

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

Neutered Male

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

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.

AGE

10 Years, 2 Months

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 and chymus is seen within the small intestinal loops.

HOSPITAL NAME

The Pet Hospital of
Stratford

The colon is seen in the expected position and empty but a small to moderate amount of gas. The colonic wall is mildly corrugated.

RADIOGRAPHIC DIAGNOSIS

- Empty mildly corrugated colon

REFERRING VET

Dr. Robert Bashkin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The empty colon with the mildly corrugated wall is suggestive for enteritis/colitis with mild spasticity of the colon. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction and no underlying cause for the diarrhea is appreciated - rule out parasitic infection, dysbacteriosis, dietary indiscretion, other.

INVOICE

55803

DATE

12-22-22



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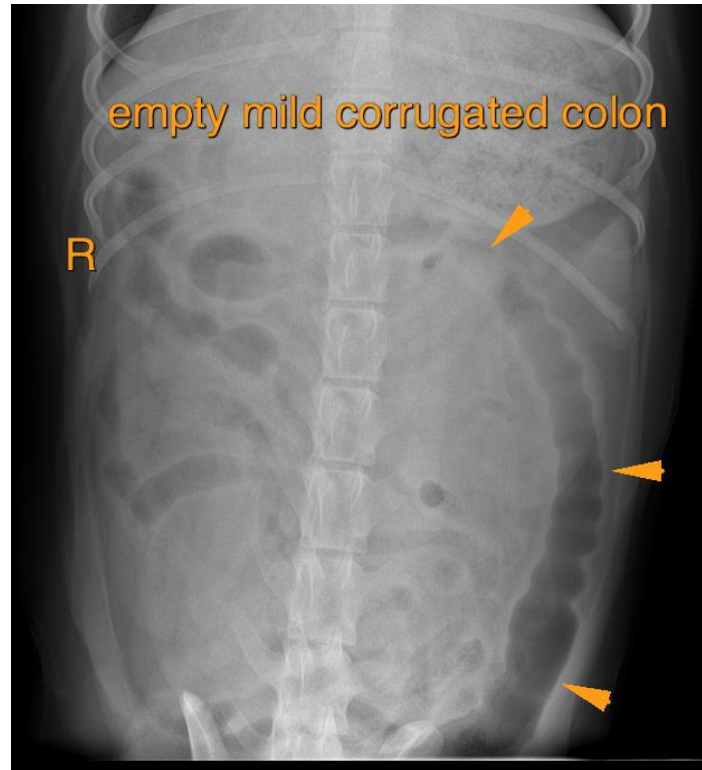
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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