



**PATIENT**

Sadie Niejadlik

**PRESENTING CLINICAL SIGNS**

history of eating cardboard material, then became less interested in food and was unbalanced for 1 day  
Abnormal PE/Chem/CBC/UA Results: unremarkable

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

Labradoodle

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

Female

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

**AGE**

5 Months

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 and foamy material is seen within the small intestinal loops and considered within normal limits.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

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

**RADIOGRAPHIC DIAGNOSIS**

- Alimentary pattern gastrointestinal tract

**REFERRING VET**

Dr. Boctor

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The material throughout the gastrointestinal tract is considered as chymus, there is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination; in some cases a high ileus may lack classical radiographic signs of mechanical obstruction.

**INVOICE**

56688

**DATE**

2-11-23



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**REFERRING VET**

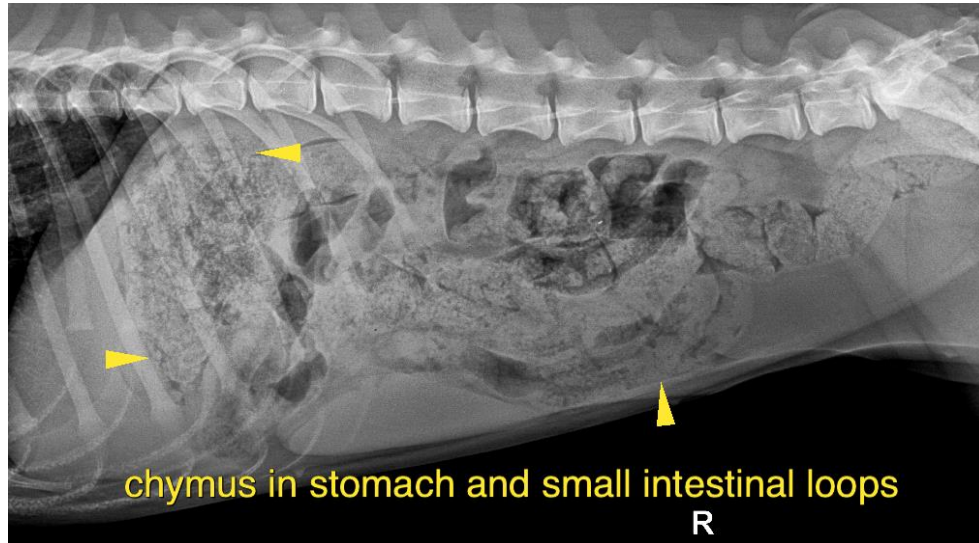
Dr. Boctor

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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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com