



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Stella Hopkins

SPECIES
K9

BREED
Pitbull

SEX
FS

AGE
9 Years

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

HOSPITAL NAME
Reid Veterinary Hospital

REFERRING VET
Jeff Popowich

INVOICE
50289

DATE
2-14-22

Presented for recheck hyporexia. Initially seen 2/8/2022, prescribed amoxicillin and mirtazapine. Pt continued to be hyporexic. Pt fed meal last night, then O found vomit containing some undigested kibble this morning. Pt also still lethargic, seeking more attention. O stopped amoxicillin and mirtazapine. Pt has hx of MCT on right pelvic limb, treated with diphenhydramine 75mg PO q12h. Recent labs unremarkable. D/u/d wnl, no d/c/s noted. Diet: lams chicken. Current meds/supplements: none.
Abnormal PE/Chem/CBC/UA Results: 6cm fluctuant SC mass on right pelvic limb at level of femur; abdomen tense on palpation but no pain response

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

The patient presents with an obese body condition.

The vertebral endplates of the lumbosacral junction present mild to moderate spondylosis formation.

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.

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.

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.

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

RADIOGRAPHIC DIAGNOSIS

- Obesity
- Mild spondylosis formation lumbosacral junction



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is negative for specific pathology, but the obesity of the patient. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If not done so yet, consider complementing blood work by cpl. An abdominal ultrasound examination can be used to rule out pathology of the parenchymal abdominal organs.

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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.

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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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