



PATIENT

Molly Adams

PRESENTING CLINICAL SIGNS

Patient presented for vomiting that began 2 days ago. Today has vomited 10x in last 4 hours. Was at doggy day care so owner unsure if pet could have gotten something but unlikely. Pet has history of GI issues currently well managed on tylan powder and probiotics
 Abnormal PE/Chem/CBC/UA Results: Parvoviral enteritis positive

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Labrador Retriever

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

FS

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.

AGE

2 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Boca Park Animal Hospital

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.

REFERRING VET

Dr. Corinna Gorgon

RADIOGRAPHIC DIAGNOSIS

- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The radiographic study presents no abnormality, explaining the vomiting, there is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. Recommend empirical management. 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.

DATE

2-16-22



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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