



PATIENT PRESENTING CLINICAL SIGNS

Santiago Machado History: Follow up from LeadER the day prior for vomiting and received inj Cerenia and inj Famotidine. Now lethargic and soft stool with blood. Recently had visitors that may have given P human food.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 18.3lb Temp: 99.3F HR: 128bpm RR: 36bpm MM/CRT: pale pink, tacky MM Physical Examination BCS: 6/9 Attitude/Appearance: BAR, anxious Oral Cavity/Teeth: grade 1 tartar, brief oral exam and muzzled for rest of exam Mucous Membranes: Pale pink, tacky mm, CRT 1-2sec Eyes/Orbit: OU - no ocular discharge, orbit and globe are symmetrical Ears: AU - No exudate or redness observed. Cardiovascular: No murmurs or arrhythmias, strong synchronous femoral pulses Respiratory: Normal bronchovesicular sounds diffusely - no apparent respiratory difficulty, no nasal discharge. Abdomen: Mildly tense upon palpation Musculoskeletal: Ambulatory x 4 Rectal: Not performed Integumentary: Healthy haircoat, no appreciable ectoparasites Nervous System: Mentally appropriate. No neurologic deficits or abnormalities. Glands/Lymph Nodes: No peripheral lymphadenopathy noted Urogenital: NSF - external genitalia appears normal Assessment: -Lethargy -Diarrhea/hematochezia Plan: Diagnostics: -Radiographs - overall unremarkable -Radiology consult pending -Bloodwork: CBC: NEU 16.65 (2.95-11.64) Chem: WNL cPL: normal Treatment: -LRS 300mL - SC Prescription: -Gabapentin 100mg caps, 1 cap BID PO #20caps -Metronidazole 250mg tabs, 1/2 tab BID PO for 5 days #5tabs - Provable caps, 1 cap in food SID -Sucralfate 1g, 1/2 tab in slurry BID PO #5tabs Discussion: - Discussed DDx such as dietary indiscretion vs GI sensitivity vs foreign body vs pancreatitis vs metabolic/endocrine/renal vs misc. Advised bland diet such as bland chicken and rice (no seasoning). Once GI signs resolves, can transition back to regular diet. If no improvement in next 2-3 days, advised recheck. Advised to limit human food exposure if due to dietary indiscretion. --- Joselys Ceballos, DVM

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

12 Years 6 Months

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

HOSPITAL NAME

DPC Veterinary
Hospital

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

REFERRING VET

Dr. Ceballos

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.

INVOICE

21289

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.

DATE

2/24/23



PATIENT 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.
Santiago Machado

SPECIES At the caudal aspect of the urinary bladder, level with the pelvic inlet, a roundish soft tissue opacity is seen occupying approximately 30% of the cross-sectional area of the cranial pelvic inlet.

Canine The stomach is in its anticipated position and is empty.

BREED The descending duodenum is distended by gas and appear adynamic – ‘sentinal loop’. The small intestinal loops are cointain a small amount of gas and are not dilated.

Shih Tzu Mix The colon is seen in the expected position and is empty.

RADIOGRAPHIC DIAGNOSIS

SEX

- Neutered Male
- Empty gastrointestinal tract
 - Mild gas distended adynamic appearing duodenum
 - Possible prostatomegaly

AGE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12 Years 6 Months The ‘sentinel loop’ sign can indicate local inflammation with reflectory relaxation of the respective intestinal loop, pancreatitis might be a consideration here. There is no evidence of radiopaque foreign material – but the small pieces of osseous material – or signs for gastrointestinal mechanical obstruction. If not done so yet, consider complementing workup by blood work ± cpli.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI As the prostate appears prominent in the radiographic study, concerning for neoplastic transformation in a neutered male dog, recommend complementing clinical workup by a digital rectal exam to check for pathologies.

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Ceballos

INVOICE

21289

DATE

2/24/23





PATIENT

Santiago Machado

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.

SPECIES

Canine

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

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

12 Years 6 Months

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Ceballos

INVOICE

21289

DATE

2/24/23