



PATIENT

Zumba Clark

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

13Y

WEIGHT

26.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

MN, AS

HOSPITAL NAME

The Collegeway Animal
Hospital

REFERRING VET

Dr. Mina Nessiem,
DVM

INVOICE

73930

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- Vomiting
- Bloody Diarrhea
- Elevated kidney values
- Pancreatitis by IDEXX canine pancreatic lipase
- Unambulatory on hind limbs
- Would like to rule out obstruction vs pancreatitis vs others

Abnormal PE/Chem/CBC/UA Results: UREA 16.6 mmol/L 2.5 - 9.6 (today) 16.6 mmol/L (yesterday) CREA 154 µmol/L 44 - 159 (today) 182 µmol/L (yesterday) PHOS 1.78 mmol/L 0.81 - 2.20 (today) 2.38 mmol/L (yesterday) ALT 244 U/L 10 - 125 (today) 127 U/L (yesterday)

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

Multifocal along the cranial lumbar spine, moderate spondylosis formation is seen.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is decreased, and the peritoneal fat presents mild soft tissue striation. At the caudodorsal aspect of the urinary bladder, an irregular mineral attenuating nidus is seen.

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. A small amount of mineral opaque material is seen in the image plane of the renal pelvis bilaterally. The urinary bladder is in its anticipated position and significantly distended – displacing the intestinal loops cranially. No radiopaque calculi are noted throughout lower urinary tract.

The stomach is in its anticipated position and empty, but a small amount of gas accentuating the gastric rugal folds.

The proximal flexure of the duodenum is distended by gas (sentinel loop) and presents an increased radius. 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 mild to moderately distended by fluid and gas.

RADIOGRAPHIC DIAGNOSIS

- Gas distended proximal segment of the duodenum with increased radius of the proximal flexure
- Mild peritoneal effusion/peritonitis
- Gas and fluid distended colon
- Nephrolithiasis
- Suspect small dystrophic mineralization level with uterine stump
- Spondylosis deformans



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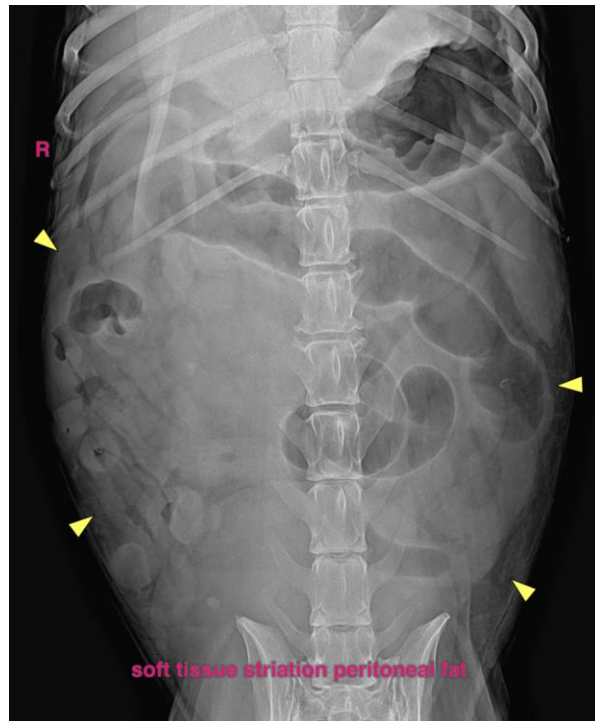
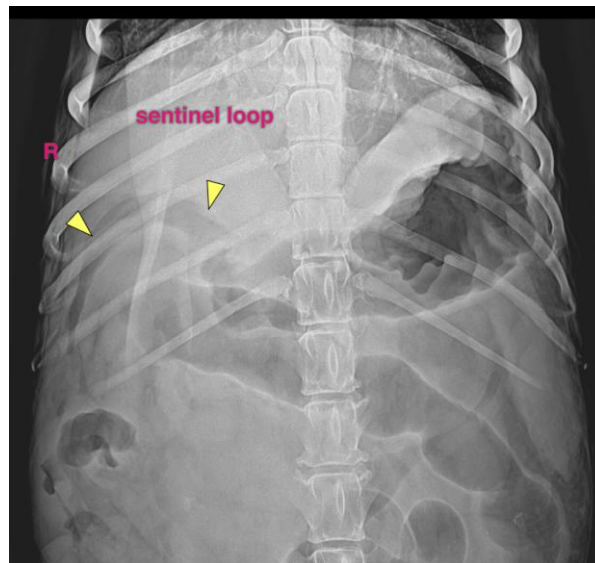
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sentinel loop sign of the proximal segment of the duodenum can be indicative for pancreatitis with swelling of the pancreas or increased pancreatic volume due to neoplastic infiltration (less likely). The peritoneal effusion can be a sequela to pancreatitis or accompanying acute (hemorrhagic) gastroenteritis. There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to therapy, recommend complementing workup by an abdominal ultrasound examination.





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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
info@sonopath.com