



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Deohgi Rickard

**SPECIES**  
Canine

**BREED**  
Pitbull

**SEX**  
MN

**AGE**  
11 Years, 6 Months

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

**HOSPITAL NAME**  
Elizabeth Animal Hospital

**REFERRING VET**  
Allyn, DVM

**INVOICE**  
50581

**DATE**  
2-26-22

Came in 2-22-22 for a left eye issue; the left eye is better. Started the day after , 2-23-22, in the evening he started vomiting. The first vomit was food but now it is bile. He is not eating anything include home cooked food. Very lethargic, Steve took him to work and he did not run around like he usually does. 2-23-22 he had runny, loose stool. Steve has been at work so hasn't noticed stool. He has been gassy but better today. He was drooling this morning and vomited. This morning he had a runny nose. Steve hasn't been him poop in the past 2 days.

Abnormal PE/Chem/CBC/UA Results: LEFT EYE IMPROVED FROM 2/22 - VASCULAR/HEALING ULCER mucous membranes: Pink, TACKY, CRT <2 seconds FLUID FEEL TO ABDOMEN

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

A complete radiographic study of the abdomen is provided for review.

**RADIOGRAPHIC FINDINGS**

Multifocal moderate spondylosis formation is seen along the lumbar spine.

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 spleen is prominent.

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 empty.

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 contains a small amount of gas.

**RADIOGRAPHIC DIAGNOSIS**

- Empty gastrointestinal tract
- Splenomegaly
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The empty gastrointestinal tract is considered as a sequela to the history of vomiting, there is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If not done so yet, recommend complete blood work including cpl to rule in/out underlying



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pancreatitis. 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.

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The splenomegaly is not specific and most likely presents a normal anatomical variant. Other potentials include diffuse parenchymal disease of the spleen, such as nodular hyperplasia, extramedullary hematopoiesis, splenitis or neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling can be used as advanced diagnostic test.

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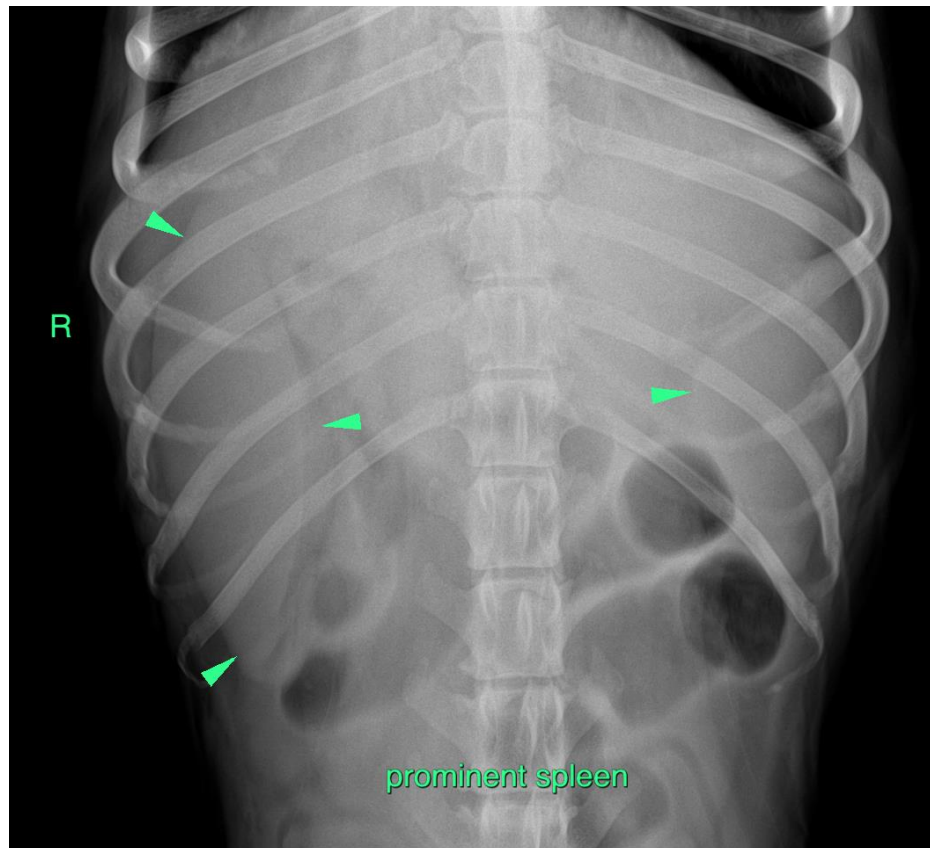
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**DATE**

2-26-22

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  
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