



**PATIENT PRESENTING CLINICAL SIGNS**

Kai Hernandez History: P IS HERE FOR ON/OFF VOMITING SINCE 2/20 UNABLE TO KEEP FOOD DOWN FOR ALMOST 2 DAYS, GAVE I/D CANNED AND DRY VOMITING STOPPED FOR 2 DAYS, THEN P BEGAN TO VOMIT AGAIN ON/OFF, SOMETIMES WILL REGURGITATE FOOD 30MIN-1 HOUR LATER P IS GIVEN 10MG OF FAMOTIDINE FOR THE PAST 5 DAYS P ENERGY LEVEL IS GOOD, APPETITE IS GOOD

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Not examined today. EENT: Clear OU and AU. No nasal discharge. Oral cavity: N Musculoskeletal: BCS = 4/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No obvious FB, masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

**BREED**

Rottweiler Mix

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

**SEX**

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

**NM**

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**AGE**

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

11 Months

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

**INTERPRETED BY**

The liver is appropriate in position, size and presents uniform opacity.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

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.

DPC Veterinary Hospital

The stomach is in its anticipated position and empty.

**REFERRING VET**

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.

Dr. Rivera

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

**INVOICE**

- Empty stomach

56954

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

The radiographic study presents no abnormalities, explaining the history of vomiting. There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction. The presumptive diagnosis is gastritis/gastroenteritis. 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.

2-27-23



**PATIENT**

Kai Hernandez

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.

**BREED**

Rottweiler Mix

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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**SEX**

NM

**AGE**

11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

56954

**DATE**

2-27-23