



**PATIENT PRESENTING CLINICAL SIGNS**

Nikki Cartisano

P IS A 12YR OLD INTACT FEMALE LABRADOR RETRIEVER PRESENTING TODAY FOR DIARRHEA AND CHECK EARS. O STATES NO BLOOD IN STOOL HAD ONE EPISODE OF VOMIT 3-4 DAYS AGO. ENERGY GOOD. O REQUESTS NAIL TRIM. O MOVED TO FORT LAUDERDALE FROM LONG ISLAND A MONTH AGO WILL BE GOING BACK END OF APRIL. O UNSURE IF P IS SPAYED GOT FROM RESCUE HAS NEVER HAD HEAT CYCLE. O HAS HAD P 6-7 YEARS. PAST 4 DAYS LIQUID DIARRHEA HAVING ACCIDENTS IN HOUSE. DECREASED APPETITE OVER PAST FEW DAYS ALTHOUGH P ATE WELL LAST NIGHT. O STATES P HAS HAD MILD GI UPSET IN PAST BUT NOT LIKE THIS. P ALSO BEEN SHAKING HEAD CONCERNED POSS EAR INFECTION. O STATES P SQUATS TO URINATE BUT ONLY DRIPS COME OUT P HAS HX OF UTI'S. NO OTHER PROBLEMS/CONCERNS.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

F

**AGE**

12 Years

Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 3-5% dehydration Mentation: BAR EENT: clear OU. clear, no debris AU. No cough on tracheal palpation. Oral cavity: Not examined--muzzled; tartar visible Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Caudal abdominal pain (repeatable), no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 7/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Alert and appropriate. No deficits noted CBC/chemistry panel in-house--all WNL

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

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 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. 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 contains a mild amount of gas and foamy material.

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 is empty.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Ward

**INVOICE**

50586

**DATE**

2-28-22



**PATIENT**

Nikki Cartisano

**RADIOGRAPHIC DIAGNOSIS**

- Empty gastrointestinal tract

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The empty gastrointestinal tract is a sequela to the history of diarrhea. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. Recommend empirical management including dietary changes.

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**SEX**

F

**AGE**

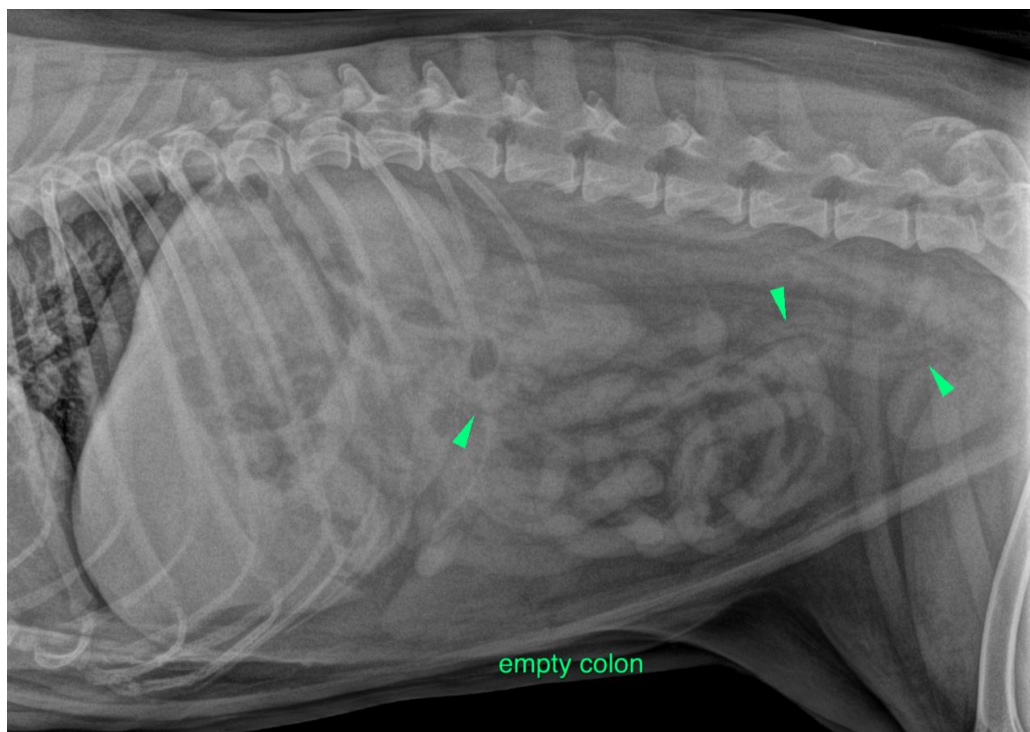
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

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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

**DATE**

2-28-22