



**PATIENT PRESENTING CLINICAL SIGNS**

Wilson Cruz Reason for Visit: ADR History: pet is here for difficulty walking, decreased appetite for a few days, yesterday ate deli turkey but no interest at all today in food or water. owner s states yesterday pet was shaking and whimpering. C/S/V/D: none owner states hard pebbles for stool E/D/U/D: no interest eating or drinking, urinating ok, defecating hard pebbles per owner  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: Right globe larger than left, blind OD. Diffuse corneal edema OD, temporal and nasal corneal pigment OD Oral Cavity: Missing vast majority of teeth, heavy tartar and gingivitis on canines, mobile remnant of tooth in area of 107. Lymph Nodes: N Skin: 3cm soft moveable sq mass ventral thorax between axilla. 2cm soft moveable sq mass right caudolateral thorax CV/Respiratory: N Abd/GI: very tense on abdominal palpation. Rectal exam - moderately firm left AG mass between BB and Pea-  
 Canine  
**BREED** Schnauzer, Mini  
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**SEX RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**RADIOGRAPHIC FINDINGS**

The intervertebral disc space L4/L5 is collapsed and the respective vertebral endplates present moderate spondylosis formation.

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 presents normal content.

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 presents with appropriate content.

**RADIOGRAPHIC DIAGNOSIS**

- Chronic discopathy L4/L5 with spondylosis formation.

**DATE**

3-15-22

**AGE**

12 Years, 11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary Hospital

**REFERRING VET**

Dr. Feldt

**INVOICE**

50953



**PATIENT**

Wilson Cruz

**SPECIES**

Canine

**BREED**

Schnauzer, Mini

**SEX**

NM

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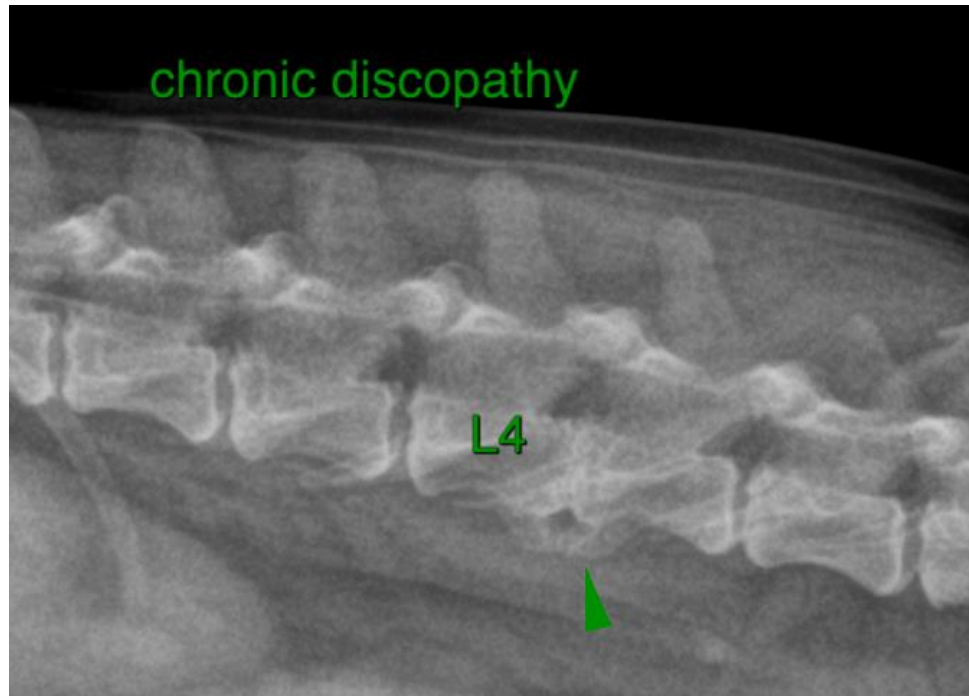
50953

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study presents no specific abnormality, explaining the current clinical signs. If not done so yet, recommend complete blood work including cpli to check for underlying pancreatitis. Rule out pain originating from the spine as well.



**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  
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