



**PATIENT PRESENTING CLINICAL SIGNS**

**Lakota Gambacort** History: 2 y/o n,m german shepherd presents for an upset stomach. P was gagging yesterday afternoon after being let out, did not want to eat after that yesterday or this morning. This morning he threw up around 8 am and threw up twice after that, last time at 10am. P has been drinking a lot of water since then. Vomit looked like it had food in it, the rest was very watery. O thinks he ate a lizard or around Tuesday afternoon, P ate tissues from trash.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Panting EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No 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 Findings: 1) CBC: RBC 8.96 (5.65-8.87), HGB 21.3 (13.1-20.5), NEU 11.80 (2.95-11.64), PLT 136 (148-484) 2) CHEM: WNL 3) cPL: ABNORMAL

**BREED**

**German Shepherd**

**SEX**

**NM**

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Radiographs of the abdomen in a right laterolaterale and ventrodorsal view are provided for review.

**AGE**

**2.5 Years**

**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.

**INTERPRETED BY**

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

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

The spleen is prominent, the splenic margins are smooth.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

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 is mildly distended by fluid.

**REFERRING VET**

Dr. Rivera

Some segments of the small intestinal loops are moderately distended by gas & fluid and there is a second population of small intestinal loops presenting a physiological diameter. In the lateral projection, cranial to the urinary bladder, a small intestinal loop is appreciated, containing striated foamy material.

**INVOICE**

57431

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

**RADIOGRAPHIC DIAGNOSIS**

- Suspect segmental small intestinal mechanical obstruction
- Mild fluid distended stomach
- Splenomegaly

**DATE**

3-26-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic changes are highly suggestive for small intestinal mechanical obstruction – possible



**PATIENT**

Lakota Gambacort

fabric material. If clinical signs persist, surgical intervention is recommended – follow up radiographs prior to surgical intervention can be used to confirm the radiographic pattern is stationary and the foreign material has not already been propelled into the colon.

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

NM

**AGE**

2.5 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

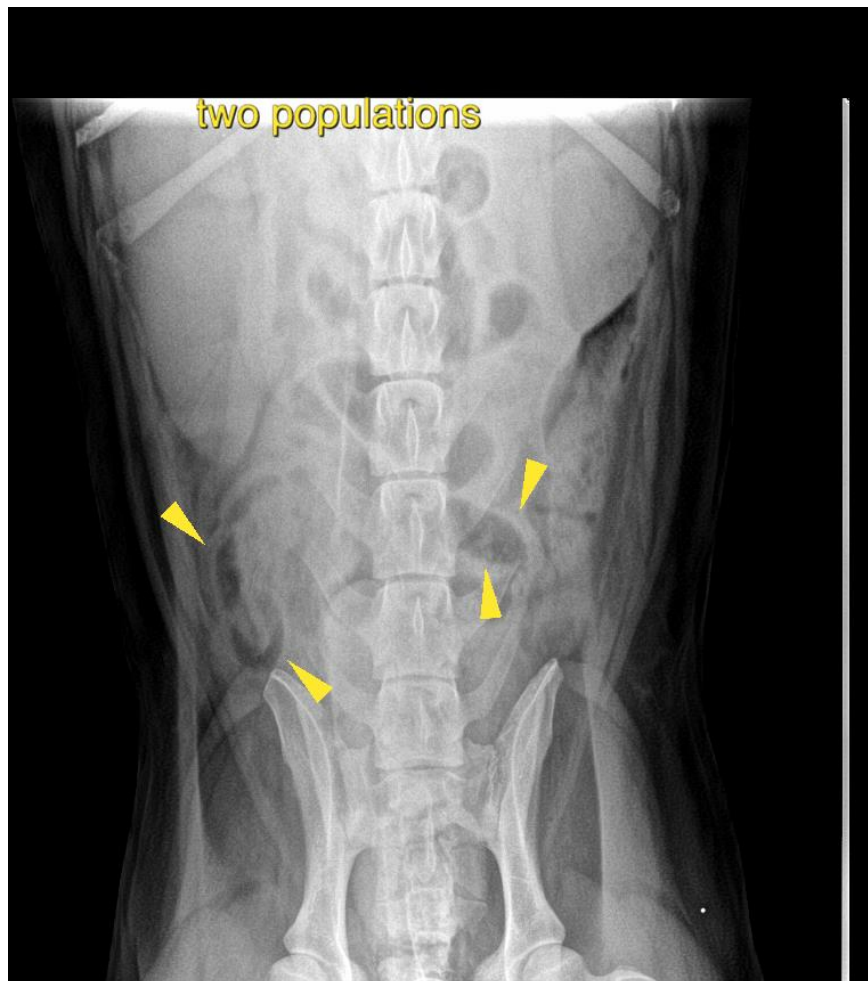
Dr. Rivera

**INVOICE**

57431

**DATE**

3-26-23





**PATIENT**

Lakota Gambacort

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

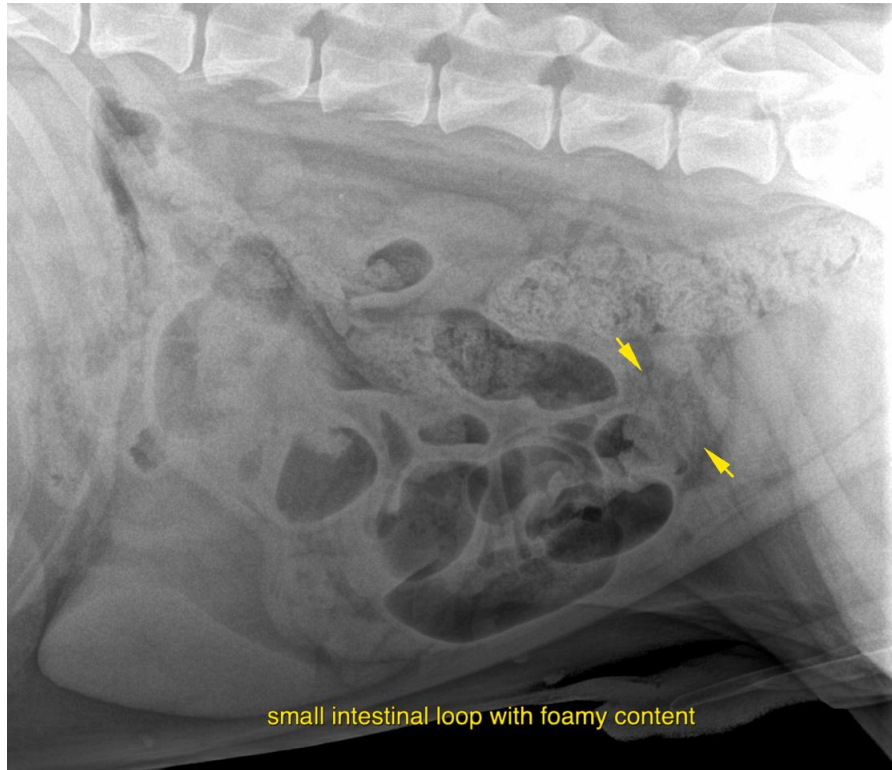
NM

**AGE**

2.5 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

57431

**DATE**

3-26-23

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  
sebast.schaub@gmail.com